

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM GREENVILLE COUNTY
Court of Common Pleas

The Honorable J. Cornell Maddox, Jr., Circuit Court Judge

Case No. 2016-000569

Greenville Pharmaceutical Research, Inc., Appellant,

v.

Parham & Smith, LLC and Gerald H. Sokol, M.D., Defendants,
Of whom Gerald H. Sokol, M.D. is the Respondent.

RECEIVED
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RECORD ON APPEAL

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2/10/16

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE
IN THE COURT OF COMMON PLEAS

JUDGMENT IN A CIVIL CASE
FILED-CLERK OF COURT
CASE NO: 2014CP2305776
GREENVILLE CO. S.C.
PAUL B. WICKENSIMER

2016 FEB 10 10 13 06
Greenville Pharmaceutical Research Inc vs. Parham & Smith LLC

CHECK ONE:

- ☐ **JURY VERDICT.** This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
- ☐ **DECISION BY THE COURT.** This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.
- ☐ **ACTION DISMISSED (CHECK REASON):** ☐ Rule 12(b), SCRPC; ☐ Rule 41(a), SCRPC (Vol. Nonsuit); ☐ Rule 43(k), SCRPC (Settled); ☐ Other: _____
- ☐ **ACTION STRICKEN (CHECK REASON):** ☐ Rule 40(j) SCRPC; ☐ Bankruptcy; ☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; ☐ Other: _____
- ☐ **DISPOSITION OF APPEAL TO THE CIRCUIT COURT (CHECK APPLICABLE BOX):**
☐ Affirmed; ☐ Reversed; ☐ Remanded;
☐ Other: _____

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☐ See attached order; ☐ Statement of Judgment by the Court:

Dated at Greenville, South Carolina, this .

Court Reporter:

PRESIDING JUDGE -

This judgment was entered on the 10th day of February 2016, and a copy mailed first class this 10th day of February 2016, to attorneys of record or to parties (when appearing pro se) as follows:

Franklin Milton Mann Jr. 151 Harold Fleming Court
Spartanburg, SC 29303

T. David Rheney Gallivan; White & Boyd, P.A. P.O. Box
10589 Greenville, SC 29603
M. Dawes Cooke Jr. Barnwell Whaley Patterson & Helms,
LLC P.O. Drawer H Charleston, SC 29402-0197
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ATTORNEY(S) FOR THE PLAINTIFF(S)

ATTORNEY(S) FOR THE DEFENDANT(S)

Paul B. Wickensimer Greenville County Clerk Of Court
- Clerk of Court

STATE OF SOUTH CAROLINA FILED-CLERK OF COURT
IN THE COURT OF COMMON PLEAS
GREENVILLE
COUNTY OF GREENVILLE PAUL B. WICKENSIMMER
THIRTEENTH JUDICIAL CIRCUIT

CASE NO.: 2014-CP-23-5776
2016 FEB 10 PM 3 06

Greenville Pharmaceutical
Research, Inc.,

Plaintiff,

v.

Parham & Smith, LLC and
Gerald H. Sokol, M.D.

Defendants.

ORDER DENYING PLAINTIFF'S
MOTION FOR RECONSIDERATION

This matter came before the Court through the Plaintiff's Motion for Reconsideration.
After careful consideration and review, the Court finds that Plaintiff's Motion for
Reconsideration should be denied.

It is hereby ordered that Plaintiff's Motion for Reconsideration is denied.

IT IS SO ORDERED.


The Honorable J. Cordell Maddox, Jr.
South Carolina Tenth Judicial Circuit Court Judge

Anderson
Greenville, South Carolina

2/4, 2016

STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	THIRTEENTH JUDICIAL CIRCUIT
COUNTY OF PICKENS	)	C/A No.: 2014-CP-39-350
	)	
Alliance Biomedical Research, LLC,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	ORDER
	)	
Judith H. Parham, Personal	)	
Representative of the Estate of David	)	
Michael Parham, deceased and Parham &	)	
Smith, LLC,	)	
	)	
Defendants.	)	
	)	

This matter came before the Court on the Defendants' Motion for Summary Judgment and Request for Sanctions¹ pursuant to Rule 56 of the South Carolina Rules of Civil Procedure. A hearing was held on June 6, 2016 at the Pickens County Courthouse. Jeff Bogdan was present and argued on behalf of the Defendants. Milton Mann was present and argued on behalf of the Plaintiff. For the reasons set for below, Defendants' Motion is GRANTED.

BACKGROUND

Plaintiff, Alliance Biomedical Research, LLC (hereinafter "Alliance") stated in its Second Amended Complaint that this case "arises out of alleged conduct by [Defendants] as the representing firm" in an underlying medical malpractice action wherein Defendants represented John and Marilyn Bruce as the plaintiffs against Alliance and Greenville Pharmaceutical Research as the defendants (hereinafter the "Bruce Litigation"). After being dismissed from the Bruce Litigation with prejudice and without making any settlement payments, Alliance now

¹ While Defendants included the Request for Sanctions under Rule 11 and the South Carolina Frivolous Civil Proceedings Act, S.C. Code § 15-36-10, the claim for sanctions was not the focus of the hearing, as the summary judgment arguments were extensive. The Court will forego ruling on Defendants' request for sanctions at this time, and will allow Defendants to renew its request for sanctions, should it decide to continue its pursuit of the same.

claims that Defendants are liable to it for Abuse of Process and Malicious Prosecution because Defendants named them as Defendants to the Bruce Litigation without any reasonable basis. Alliance relies on Mr. Bruces' deposition testimony from the Bruce Litigation, where Alliance claims that he testified that "he had never spoken with anyone from [Alliance]; did not know of any meetings with anyone from [Alliance]; and never had any contact with anyone from [Alliance]." The crux of Alliance's claims is its allegation that Defendants did no internal investigation prior to naming Alliance in the Bruce Litigation and that, if they had, they would have learned that Alliance was not a proper party.

Defendants filed this Motion for Summary Judgment, arguing that Plaintiff does not have and never has had any evidence to carry its threshold burden in this case of proving that Defendants were acting out of personal motives, as opposed to acting solely on behalf of their clients – the Bruces. Plaintiff did not present any evidence in response, and instead continued to rely solely on Mr. Bruce's testimony from the Bruce Litigation.

STANDARD

The party seeking summary judgment has the burden of clearly establishing the absence of a genuine issue of material fact. McCall v. State Farm Mut. Auto. Ins. Co., 359 S.C. 372, 597 S.E.2d 181 (Ct. App. 2004). Once the party moving for summary judgment meets the initial burden of showing an absence of evidentiary support for the opponent's case, the opponent cannot simply rest on mere allegations or denials contained in the pleadings. Regions Bank v. Schmauch, 354 S.C. 648, 582 S.E.2d 432 (Ct. App. 2003). Rather, the nonmoving party must come forward with specific facts showing there is a genuine issue for trial. Miller v. Blumenthal Mills, Inc., 365 S.C. 204, 220, 616 S.E.2d 722, 730 (Ct. App. 2005). SCRCP 56(e).

LAW/ANALYSIS

Generally, in South Carolina a third party may not sue a lawyer for acts and omissions done while acting as counsel for his/her client. Stiles v. Onorato, 318 S.C. 297, 300, 457 S.E.2d 601, 602 (1995). An attorney who acts in good faith with the authority of his client is not liable to a third party in an action for malicious prosecution. Gaar v. N. Myrtle Beach Realty Co., Inc., 287 S.C. 525, 528-29, 339 S.E.2d 887, 889 (Ct. App. 1986). The South Carolina Supreme Court has held that an attorney is immune from liability to third persons arising from the performance of his professional activities as an attorney on behalf of and with the knowledge of his client. Argoe v. Three Rivers Behavioral Center and Psychiatric Solutions, 388 S.C. 394, 400, 697 S.E.2d 551, 554 (2010).

In Gaar, the Court further noted:

The attorney normally conducts the litigation solely in his professional capacity. He has no personal interest in the suit. In his professional capacity the attorney is not liable ... for injury allegedly arising out of the performance of his professional activities.... *Even if the attorney who initiates civil proceedings for his client has no probable cause to do so, he is still not liable if he acts primarily for the purpose of aiding his client in obtaining a proper adjudication of the client's claim.*

Gaar, 287 S.C. at 528-29, 339 S.E.2d at 889 (emphasis added).

The South Carolina Supreme Court has expressed this legal maxim very clearly in Stiles, finding that an attorney is immune from liability for actions that were taken in the attorney's professional capacity of representing a client, but is not immune for actions the attorney takes outside of the scope of the professional representation. Stiles, 318 S.C. at 299, 457 S.E.2d at 602.

Here, Plaintiff has not presented any evidence to show that the Defendant attorneys acted out of personal or malicious motives. Defendants' numerous discovery requests, which include

one set of requests for production, one set of requests for admission, and two sets of interrogatories, asked Alliance specifically and repeatedly to identify and produce evidence that Defendants acted outside of their professional representation of the Bruces in bringing Alliance into the Bruce Litigation. Alliance also authorized Dr. Feldman to speak for it at his deposition. Alliance has not identified or produced one piece of evidence to show that Defendants were acting outside of the scope of their professional representation of the Bruces. Dr. Feldman testified that Alliance has no such evidence, and was hoping to find some in discovery. Discovery is now closed and Alliance did not even attempt to uncover any evidence.

Alliance seems to rely on Mr. Bruce's deposition testimony in the Bruce Litigation as evidence to prove that Defendants were acting outside of the scope of their professional representation of the Bruces. Alliance appears to be relying entirely on the following excerpt from Mr. Bruce's deposition transcript to support this case:

Q: Now, there's a company called Alliance Biomedical Group. Do you recall ever talking with anyone from a group named Alliance Biomedical Group?

A: No, sir.

Q: If you met somebody that worked with that group, you don't know it, do you?

A: No, sir, I don't.

Mr. Bruce's deposition testimony from the Bruce Litigation is a far cry from evidence that Defendants were acting outside of the scope of their representation of the Bruces when they included Alliance as a Defendant in the Bruce Litigation. Aside from this deposition excerpt, Plaintiff simply pointed to allegations it made in its Complaint in an effort to defeat Defendants' Motion for Summary Judgment, which is inappropriate. Blumenthal Mills, Inc., 365 S.C. at 220, 616 S.E.2d at 730. As such, Plaintiff has not advanced any evidence to show that Defendants were doing anything other than attempting to gain leverage for a larger settlement for the Bruces

and, even if Defendants did not have probable cause to assert claims against Alliance in the Bruce Litigation, that is not a basis for Alliance's current claim under the Gaar analysis. Further, Plaintiff admitted at the hearing that, while Alliance and Greenville Pharmaceutical Research were not connected to each other, there was common ownership between Alliance and Greenville Pharmaceutical Research.

Finally, as stated in Gaar, there were other remedies available to Alliance, such as seeking sanctions against Defendants under Rule 11 of the South Carolina Rules of Civil Procedure or the South Carolina Frivolous Civil Proceedings Act, neither of which Alliance pursued.

Accordingly, Defendants are not liable to Alliance under causes of action for Malicious Prosecution or Abuse of Process and Defendants are entitled to summary judgment.

IT IS HEREBY ORDERED THAT:

Defendants' Motion for Summary Judgment is GRANTED

Perry H. Gravely
Presiding Judge

June __, 2016



Pickens Common Pleas

Case Caption: Alliance Biomedical Research LLC VS Judith H (Per Rep) Parham ,
defendant, et al
Case Number: 2014CP3900350
Type: Order/Summary Judgment

Motion/Order Granted

s/ Honorable Perry H. Gravely, #2755

Electronically signed on 2016-06-29 16:39:03 page 6 of 6

2/19/15

FORM 4

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE

FILED-CLERK OF COURT

JUDGMENT IN A CIVIL CASE
CASE NUMBER 2014CP2305776

IN THE COURT OF COMMON PLEAS

GREENVILLE CO., S.C.

Greenville Pharmaceutical
Research Inc

PAUL B. WICKENS

Parham & Smith LLC

Gerald H Sokol

2015 FEB 19 PM 1 16

PLAINTIFF(S)

DEFENDANT(S)

Submitted by: Gerald H. Sokol

Attorney for: ☐ Plaintiff ☒ Defendant
☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

- ☐ **JURY VERDICT.** This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
- ☐ **DECISION BY THE COURT.** This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered. ☐ See Page 2 for additional information.
- ☒ **ACTION DISMISSED (CHECK REASON):** ☒ Rule 12(b), SCRPC; ☐ Rule 41(a), SCRPC (Vol. Nonsuit);
☐ Rule 43(k), SCRPC (Settled); ☐ Other: _____
- ☐ **ACTION STRICKEN (CHECK REASON):** ☐ Rule 40(j) SCRPC; ☐ Bankruptcy;
☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; ☐ Other: _____
- ☐ **DISPOSITION OF APPEAL TO THE CIRCUIT COURT (CHECK APPLICABLE BOX):**
☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other: _____

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☐ See attached order; (formal order to follow) ☒ Statement of Judgment by the Court:

ORDER INFORMATION

This order ☒ ends ☐ does not end the case.

Additional Information for the Clerk: Defendant's motion to dismiss is granted.

INFORMATION FOR THE JUDGMENT INDEX

Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.

Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled (List amount(s) below)

If applicable, describe the property, including tax map information and address, referenced in the order:

The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk. Note: Title abstractors and researchers should refer to the official court order for judgment details.

Circuit Court Judge

2131

Judge Code

2/12/2015

Date

CPFORM4Cm
SCCA SCRPC Form 4C (Revised 3/2013)

ENTERED COMPUTER

2/19/15

2/19/15

This judgment was entered on , and a copy mailed first class or placed in the appropriate attorney's box on , to attorneys of record or to parties (when appearing pro se) as follows:

Franklin Milton Mann Jr. 151 Harold Fleming Court
Spartanburg, SC 29303

T. David Rheney Gallivan, White & Boyd, P.A. P.O. Box
10589 Greenville, SC 29603
M. Dawes Cooke Jr. Barnwell Whaley Patterson & Helms,
LLC P.O. Drawer H Charleston, SC 29402-0197
Alissa D. Fleming Barnwell Whaley Patterson & Helms, LLC
P.O. Drawer H Charleston, SC 29402-0197

ATTORNEY(S) FOR THE PLAINTIFF(S)

ATTORNEY(S) FOR THE DEFENDANT(S)

Court Reporter

Paul B. Wickensimer. Greenville County Clerk Of
Court - Clerk of Court

ADDITIONAL INFORMATION REGARDING DECISION BY THE COURT AS REFERENCED ON PAGE 1.

This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

Greenville Pharmaceutical Research, Inc.,

Plaintiff,

vs.

Parham & Smith, LLC and Gerald H.
Sokol, M.D.,

Defendants.

IN THE COURT OF COMMON PLEAS
THIRTEENTH JUDICIAL CIRCUIT

COMPLAINT
(Jury Trial Demanded)

Case No. 2014-CP-23-

05776

FILED-CLERK OF COURT
GREENVILLE CO. S.C.
PAUL B. WICKENSINGER
2014 OCT 20 PM 3 38

Now comes the Plaintiff complaining of the Defendants and allege:

Venue and Jurisdictional Allegations

1. The Plaintiff, Greenville Pharmaceutical Research, Inc., ("GPR") is a corporation in good standing, formed within the State of South Carolina with its principal place of business in Greenville County.
2. Upon information and belief, Parham & Smith, LLC is a corporation in good standing, formed within the State of South Carolina with its principal place of business in Greenville County.
3. Upon information and belief, Gerald H. Sokol, M.D. ("Sokol") is a resident of the State of Florida, with substantial ties to South Carolina through his paid-for witness services and therefore this court has personal jurisdiction over him.
4. Venue and jurisdiction are vested in the Circuit Court of the Thirteenth Judicial Circuit in and for Greenville County, South Carolina.

General Factual Allegations

5. This action arises out of alleged conduct by David Michael Parham, Esquire, ("Parham") as an attorney with Parham & Smith, LLC, Plaintiff's counsel and Sokol as a paid-for witness in a prior lawsuit captioned *John L. Bruce and Marilyn Bruce v. Greenville Pharmaceutical Research, Inc. and Alliance Biomedical Group*, ("underlying action" or "Bruce litigation") filed on October 20, 2011 in the Court of Common Pleas for Greenville County, Thirteenth Judicial Circuit, case number 2011-CP-23-6967.
6. According to the Bruce litigation court records, Parham served Plaintiff with the Notice of Intent to File Suit on or about July 13, 2011, which is required pursuant to §15-79-125 South Carolina Code of Laws in order to bring a medical malpractice claim within South Carolina.
7. Sokol's affidavit was offered in compliance with §15-7-125 South Carolina Codes of Law, a copy of which is attached herewith and incorporated herein as Exhibit A.
8. In the Bruce litigation, John L. Bruce and Marilyn Bruce ("Bruces"), through their attorney, Parham, alleged that Greenville Pharmaceutical Research, Inc. ("GPR") and Alliance Biomedical Research Group, LLC, failed "to possess the degree of care, competence and skill ordinarily and customarily possessed by similar healthcare providers in similar circumstances or failing to exercise that degree of care, competence and skill ordinarily and customarily exercised by similar health-care providers under similar circumstances and in deviating from ordinary and customary standards of medical care", and acted in a fashion of "negligence, carelessness,

recklessness, willfulness and wantonness", which caused the Plaintiffs to suffer real and immediate injury.

FIRST CAUSE OF ACTION
(Fraud as to Sokol)

9. Plaintiff realleges all of the above paragraphs, to the extent not inconsistent herewith, as if each is set forth *in toto* hereunder.
10. Sokol is a licensed physician and a member of the American Medical Association, who is engaging in the service of providing paid-for testimony and affidavits in many states, including the State of South Carolina, and has testified in several hundred medical negligence cases.
11. There is a high probability that Sokol will continue selling his testimony and affidavits in South Carolina in the future.
12. South Carolina Code of Laws §15-79-125 is meant to protect the public and to discourage or eliminate the filing of the lawsuits without credible expert support in the form of a pre-suit affidavit, or a certificate of merit from a physician.
13. If physicians deliver dishonest or fraudulent medical testimony and affidavits, they discredit physicians as a group, unjustly cause meritless litigation and endanger the public's trust in physicians, as well as the legal system.
14. South Carolina requires an individual bringing a medical malpractice claim to file an expert affidavit in a proceeding called the Pre-Suit Notice of Intent, §15-79-125 South Carolina Code of Laws.
15. In South Carolina, the expert witness is required to specify at least one negligent act or omission claimed to exist, by an Affidavit, before a Notice of Intent may be filed §15-36-100, South Carolina Code of Laws.

16. Sokol was recruited to provide a deviation of the standard of care affidavit pursuant to §15-79-125, South Carolina Code of Laws, regarding GPR for Bruce.
17. Sokol knew very well about this South Carolina requirement respecting affidavit by virtue of his years at selling his testimony and affidavits.
18. Parham prepared and presented the affidavit attached as Exhibit A to Sokol, who signed it without modification or sufficient information to form good faith opinions.
19. During his recruitment, Sokol received a letter from Parham by way of his handler, Ellen Rieback, RN, in which he advised Sokol that a pre-suit affidavit was required for Parham to bring suit.
20. Parham's letter stated that the medical records provided were incomplete.
21. Sokol never requested any additional medical records.
22. The standard of the profession for providing expert testimony in medical negligence liability cases requires that they be willing to evaluate cases objectively and derive an independent opinion, not simply sell their credentials.
23. The South Carolina requirement of a sworn statement is meant to prevent frivolous claims before they make it into the court system.
24. In his affidavit, Sokol fraudulently claimed that he had based his opinion as to liability upon his review of medical records.
25. Sokol received limited medical records and no records indicating medical care allegedly given by GPR.
26. Sokol thereby made false and material misrepresentations, which he knew to be false or had a reckless disregard for its truth or falsity, which he intended said representations to be acted upon, by the hearer's ignorance of its falsity, hearer's

reliance on its truth, hearer's right to reply, and consequence and proximate injury by signing Parham's Affidavit.

27. During Sokol's deposition, he was clearly unfamiliar with the facts of the case, and spoke only in generalities.
28. Sokol candidly admitted he only testifies for Plaintiffs' counsel.
29. Sokol refused to answer questions about his prior work as a paid-for witness during his deposition.
30. Ultimately, Sokol left his deposition before its conclusion, thereby necessitating it being reconvened at a later time.
31. Upon reconvening Sokol's deposition, he admitted he had insufficient evidence and would not opine as to any standard of care that may have applied to Greenville Pharmaceutical Research.
32. Sokol's actions clearly established he sold his signature fraudulently to Parham.
33. Sokol intentionally marketed and sold his medical license by executing a fraudulent Affidavit merely for the purpose of circumventing the pre-suit requirements of §15-79-125 South Carolina Code of Laws.
34. Sokol clearly intended to appease his handler, Ellen Rieback, RN, as it was in his best economic interest to continue a positive and prosperous business relationship in order to obtain future Plaintiff's cases.
35. At all times material, Sokol was willing to state anything requested by Parham, regardless of its truth, veracity and medical accuracy.
36. Sokol provided no medical literature to support his opinion.

37. Plaintiff has suffered damages, loss and harm, including but not limited to their reputations, money, emotional tranquility, and privacy.
38. That said damages, loss and harm was the proximate and legal result of the aforementioned fraud.

SECOND CAUSE OF ACTION
(Defamation Per Se as to Parham & Smith, LLC)

39. Plaintiff realleges all of the above paragraphs, to the extent not inconsistent herewith, as if each is set forth *in toto* hereunder.
40. Parham took the deposition of Gregory J. Feldman, M.D. ("Feldman"), on March 12, 2012.
41. Feldman produced numerous pieces of medical literature at said deposition.
42. Feldman's medical literature was the only medical literature produced in the underlying lawsuit.
43. Sokol did not provide any medical literature to refute or counter that of Feldman.
44. Based upon Sokol's deposition testimony, admissions that he was not prepared to offer testimony against the Plaintiff respecting liability as to standard of care, and lack of supportive medical literature, it was unreasonable for Parham to rely on Sokol.
45. However, subsequent to the depositions of Sokol and Feldman, Parham sent a letter to the Institutional Review Board ("IRB") dated June 4, 2012, a copy of which is attached hereto and incorporated herein as Exhibit B.
46. The IRB is a third-party regulatory body that oversees pharmaceutical studies, which is the primary function of GPR.

47. The IRB ensures that FDA protocols are followed by the sponsor and pharmaceutical research entity, including that non-eligible participants are not permitted to participate in a study.
48. In the letter to the IRB, Parham stated that Mr. Bruce suffered from Stage IV Lung Cancer and his "involvement in a Glaxo study has caused this."
49. Further, Parham wrote that GPR did not follow the protocols.
50. Parham alleges in his letter to the IRB that Mr. Bruce's inoperable cancer and death was caused by GPR, which is manifestly against the information that he had, and therefore reckless and/or untruthful.
51. The IRB and medical community takes very seriously the allegations that a pharmaceutical research entity caused the death of any person.
52. Parham was fully aware of the seriousness of his allegations made in the IRB letter against Plaintiff.
53. Parham knew the importance of the IRB to clinical research entities such as GPR based upon the sworn testimony in several prior depositions.
54. Parham crafted the letter to the IRB after Sokol had been discredited, and Feldman had provided undisputed medical literature, in a reckless and intentional effort to force a settlement with GPR.
55. Parham knew of the untruthfulness or he had a reckless disregard as to the truthfulness of the IRB letter at the time the letter was sent.
56. Parham sent the IRB letter with the full knowledge that John Bruce was never accepted as a volunteer for a GSK research study; that John Bruce "screen failed" and

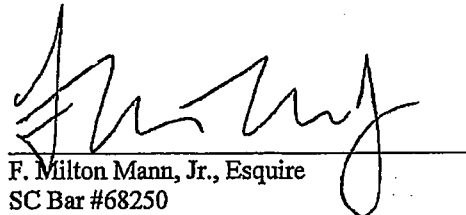
thus never participated in the GSK study at issue, never had any procedures performed at GPR and never took the GSK study medicine.

57. Parham made false and defamatory statements in the IRB letter against Plaintiff, to third parties, through the fault of Defendant Parham & Smith, LLC which caused harm to Plaintiff by harming its reputation, by lowering it in the estimation of the community, and/or deterring third persons from associating or dealing with it.
58. Plaintiff has suffered damages, loss and harm, including but not limited to their reputations, money, emotional tranquility, and privacy.
59. That said damages, loss and harm was the proximate and legal result of the defamation per se aforementioned.

WHEREFORE, having fully set forth its Complaint above, the Plaintiff prays:

- a. For a jury trial to be conducted in this matter;
- b. For actual and compensatory damages in an amount to be determined by the jury;
- c. For punitive damages in an amount to be determined by the jury; and
- d. For the cost of this action, including reasonable attorney's fees and for other such relief as appears just and equitable in the premises.

Dated: 10/20/14



F. Milton Mann, Jr., Esquire
SC Bar #68250
151 Harold Fleming Court
Spartanburg, SC 29303
864/680-5079

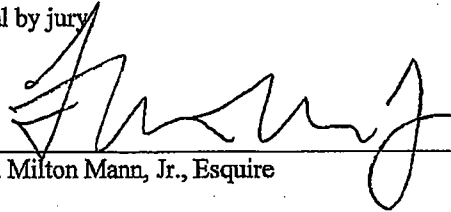
Attorney for Plaintiff

JURY REQUEST

The Plaintiff hereby respectfully requests a trial by jury

Dated: _____

10/20/14



F. Milton Mann, Jr., Esquire

EXHIBIT "B"

AFFIDAVIT OF GERALD H. SOKOL, MD

1. I am over eighteen (18) years of age and legally competent to make this Affidavit based upon my background, education, training and experience, as well as a review of the medical records from Greenville Pharmaceutical Research, Upstate Lung and Critical Care Specialists, PC and Greenville Radiology a part of GHS Partners in Health INC. regarding John L. Bruce. My qualifications and background are listed in my attached *Curriculum Vitae*.
2. In this case, based upon my review of the medical records as stated, specifically the radiology report of Nayan Desai, MD on Mr. Bruce's chest film of January 26, 2010, there is at least one negligent deviation from the standard of care on behalf of Nayan Desai, M.D., North Hills Medical Center, and Greenville Pharmaceutical Research in the care given to John Bruce.
3. According to the Medical Records, John Bruce began participating in a research study for COPD with Greenville Pharmaceutical Research in 2006. This study required Mr. Bruce to have a chest x-ray on January 26th, 2010. Dr. Nayan Desai of North Hills Medical Center read Mr. Bruce's chest x-ray on January 28th, 2010. Dr. Desai's conclusion was that there was a suggestion of a small soft tissue density measuring 1.8 cm in size in the right upper lung field medially at about T5 level. He recommended a CAT scan with and without contrast for further evaluation.
4. Mr. Bruce never received the information found in the January 26th 2010 x-ray. He was never informed that he had a 1.8 cm density in his upper right lung, nor was he told that he should have a CAT scan for further evaluation.
5. The Greenville Pharmaceutical Research study required Mr. Bruce to have another chest x-ray in August of 2010. Dr. Desai generated the x-ray report on August 3, 2010 and his conclusion that of an abnormal density seen in the right upper lung field medially and posteriorly. Dr. Desai stated that the density had increased in size in comparison to the 1/26/2010 x-ray, and the density currently measured 3.05 cm in size. Dr. Desai strongly recommended a CT scan, and concluded that the rest of the chest was within normal limits.

COMPLAINT EXHIBIT
"A"

10.

6. Mr. Bruce was informed of the August 2010 x-ray results and a CT scan was done of his chest with and without contrast on 8/19/2010. The CT scan was interpreted by Paresh Shah, M.D. at North Hills Medical Center. Dr. Shah's impression of the study was that Mr. Bruce had a 4 cm x 3 cm sized mass in the right upper lobe posteriorly or it could be in superior segment of the right lower lobe. It probably represented carcinoma of the lung, and there was lymph node enlargement in the right hilum and mediastinum, probably representing a metastatic disease. Dr. Shah suggested a percutaneous biopsy. The cancer had grown and spread.
7. Mr. Bruce underwent a needle biopsy on 8/26/2010 which revealed T2 N3 squamous cell carcinoma of the lung. It was determined that Mr. Bruce's large cell carcinoma had metastasized and was non-operable. He began radiation and chemotherapy treatments.
8. Mr. Bruce's prognosis at stage 3(B) squamous cell carcinoma is grim to incurable.
9. In my opinion, more probably than not to a reasonable degree of medical certainty, had the results of Mr. Bruce's January 26th, 2010 chest x-ray been reported to his treating physicians and had those physicians acted appropriately upon that information, Mr. Bruce would have undergone a CAT scan with and without contrast and a needle biopsy which would have revealed that the 1.8 cm density in his lung was stage one squamous cell carcinoma and that his tumor was operable.
10. It is further my opinion that had Mr. Bruce's tumor been diagnosed and treated at the time of the January 26th, 2010 x-ray, he more probably than not to a reasonable degree of medical certainty would have had a prognosis of greater than fifty percent for survival.
11. There may be other deviations from the standard of care and there may be additional bases for the opinions expressed herein that may be discussed or discovered at a later time. As a result, I reserve the right to modify, change and/or supplement these opinions in the future.

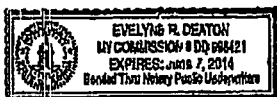
Dated this 26 day of May, 2011.


GERALD H. SOKOL, MD

11

Subscribed and sworn to before me this
26 day of May, 2011.

Wesley R. Deaton
Notary Public
In and For the State of Florida
My Commission Expires: June 7, 2014



June 4, 2012

Schulman Associates
Attention: Legal Department
4290 Glendale-Milford Road
Cincinnati, Ohio 45242

Via: Fed-Ex Delivery

Re: GlaxoSmithKline studies GSK573719 and GW642444 in subjects with COPD
Our client: John L. Bruce
Date of study: January, 2010

Dear Ladies and Gentlemen:

Please be advised that we hereby submit a contractual claim for medical bills and other expenses which are attached hereto as exhibit A.

We represent John Bruce, a 65 year old gentleman that has a history of Chronic Obstructive Pulmonary Disease. This veteran of our Armed Forces has been diligent in seeking medical treatment and care. From time to time, John would be asked to engage in various "research studies" wherein he would receive experimental treatment. He was a compliant and conscientious patient.

Today, John is dying. John suffers from Stage IV Lung Cancer. This should not have occurred. John's involvement in a Glaxo study has caused this. Medical bills and expenses have occurred as a result of a physical injury suffered by John during a procedure that was performed only because he was participating in this study. The study that your company commissioned involved John undergoing a variety of "pre-screens." Everything was done "on site" save a chest X-ray which was required but done off site. Off site, the chest x-ray was read correctly by the radiologist contracted to review a batch of films. Dr. Desai properly noted that lurking within John's lung was a lesion measuring 1.8 cm. Contrary to the policy which had been instituted, neither the film nor the report was ever reviewed by the entity known as Greenville Pharmaceutical Research, which was carrying out the study.

The evidence shows the chest x-ray was delivered to Greenville Pharmaceutical Research by the North Hills Medical Clinic in a batch delivery which was promptly paid for by Greenville

COMPLAINT EXHIBIT
"B"

Pharmaceutical. Therefore, it is our position that the chest x-ray was, in some way, disregarded, or its interpretation was mis-placed. One plausible argument to be made for allowing John to fall through the cracks (as he was told by the Greenville Pharmaceutical Director) was the fact that after the chest x-ray was taken off site and correctly interpreted, but before the results of the film were made known to him, is that he had failed the EKG portion of his screening and he had therefore been exempted from the study.

Although John had "washed out" of the study, the policies and protocols were clear in that all of the information requested had to be reviewed. The study itself references the WMA Declaration of Helsinki as well. All of these protocols were for the protection of the patient and were not followed. We learned this from the written policies and the sworn testimony of the Primary Investigator.

Upon return to apply for another study in August, 2010, another chest x-ray was performed off site and when the results were received by way of interpretation from the radiologist, the previous 1.8 centimeter lesion had grown to 3.05 centimeters. A subsequent CT scan showed the lesion to have dimensions of four centimeters by three centimeters (4 cm x 3 cm) on 8-19-2010. The President of Greenville Pharmaceutical Research then advised John that he had "fallen through the cracks" in January and this gentleman, who is a nurse practitioner was very kind in speaking with John. He shared his sorrow for the tragic mistake which occurred as a result of the study. Had John not signed for the August study, he would have been totally unaware of the existence of the lesion which went un-reported to him in January. Therefore, its suggestion in the interpretive report of a CT scan was also un-reported.

By the time of the August study, when a second chest x-ray was performed, Greenville Pharmaceutical learned of the growth of the tumor and surgery for treatment was out of the question. As of today, all chemotherapy and radiation has ceased to be administered so that Mr. Bruce may have *some* quality to the rest of his life. He is trying to enjoy his last days with his loving wife. Unfortunately, the quality is not very good at this time.

We recognize that your responsibility is only to pay medical expenses which generated as a result of this delayed diagnosis. Again, those expenses are attached hereto and included herein as exhibit A. As a result of John's condition at this time, we must ask that you accept and pay these sums immediately. John has very little time within which to operate.

If we fail to hear from you or your representative with reference to this claim and payment of these expenses, we shall proceed with the filing of a contractual action, pursuant to the terms of the informed consent agreement which Mr. Bruce signed to enter this study.

We thank you in advance for your attention to this matter.

I remain,

Yours very truly,

Michael Parham

MP:ae
Enclosures

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

Greenville Pharmaceutical Research, Inc.,

Plaintiff,

v.

Parham & Smith, LLC and Gerald H. Sokol,
M.D.,

Defendants.

IN THE COURT OF COMMON PLEAS
THIRTEENTH JUDICIAL CIRCUIT

C.A. No.: 2014-CP-23-5776

**MOTION TO DISMISS DEFENDANT
GERALD H. SOKOL, M.D.**

**TO: GREENVILLE PHARMACEUTICAL RESEARCH, INC., PLAINTIFF, AND F.
MILTON MANN, ITS ATTORNEY**

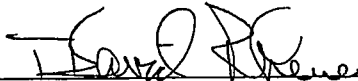
YOU WILL PLEASE TAKE NOTICE that ten (10) days after the service hereof, or at such time and place as the Court may deem appropriate, the defendant, Gerald H. Sokol, M.D. (hereinafter "Dr. Sokol"), will move for an Order pursuant to Rule 12(b)(6) of the South Carolina Rules of Civil Procedure, dismissing the first cause of action in the plaintiff's complaint. The grounds for said motion are that the complaint fails to state facts sufficient to constitute a cause of action against Dr. Sokol, and should be dismissed as a matter of law.

Pursuant to SCRCPP 12(b)(3), 12(g), and 12(h), Dr. Sokol specifically reserves and does not waive the right to challenge the placement of venue in Greenville County. See *Harmon v. Graham*, 247 S.C. 54, S.E.2d 521 (1965) (holding that a defendant does not waive the right to challenge venue if the right is specifically reserved in the defendant's first responsive pleading).

The defendant submits the pleadings in this matter and such memorandum of law as may be submitted to the court prior to the hearing of this motion in support hereof.

Respectfully submitted,

GALLIVAN, WHITE & BOYD, P.A.


T. David Rheney, Esq. (S.C. Bar No. 13148)
Nicholas A. Farr, Esq. (S.C. Bar No. 78769)
Post Office Box 10589
Greenville, SC 29603
(864) 271-9580 (phone)
(864) 271-7502 (fax)
drheney@gwblawfirm.com
nfarr@gwblawfirm.com

Attorneys for Defendant Gerald H. Sokol, M.D.

Greenville, South Carolina
December 23, 2014

Pursuant to Rule 11 of the South Carolina Rules of Civil Procedure, counsel for Dr. Sokol affirms that he is not required to consult with opposing counsel prior to the filing of this motion.


T. David Rheney, Esq. (S.C. Bar No. 13148)

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

Greenville Pharmaceutical Research, Inc.,

Plaintiff,

v.

Parham & Smith, LLC and Gerald H. Sokol,
M.D.,

Defendants.

IN THE COURT OF COMMON PLEAS
THIRTEENTH JUDICIAL CIRCUIT

C.A. No.: 2014-CP-23-5776

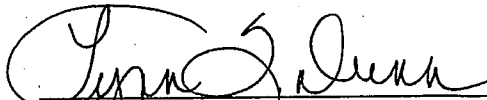
CERTIFICATE OF SERVICE

I hereby certify that I am an employee of the law firm of Gallivan, White & Boyd, P.A., counsel for Defendant, Gerald H. Sokol, M.D., and I have, this date written below, served the within **Motion to Dismiss Defendant Gerald H. Sokol, M.D.** upon all counsel of record, by depositing a copy thereof in the United States Mail, postage prepaid, and addressed as follows:

F. Milton Mann, Jr., Esq.
151 Fleming Court
Spartanburg, SC 29302

M. Dawes Cooke, Jr., Esq.
Alissa Fleming, Esq.
Barnwell Whaley Patterson & Helms, LLC
P.O. Drawer H
Charleston, SC 29402-0197

Signed this 23rd day of December, 2014.


Lynn S. Dunn

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

Greenville Pharmaceutical Research, Inc.,

Plaintiff,

v.

Parham & Smith, LLC and Gerald H. Sokol, M.D.,

Defendants.

IN THE COURT OF COMMON PLEAS
THIRTEENTH JUDICIAL CIRCUIT

C.A. No.: 2014-CP-23-5776

**DEFENDANT SOKOL'S
MEMORANDUM IN SUPPORT OF
MOTION TO DISMISS**

This matter is before the Court on defendant Gerald Sokol's (hereinafter "Dr. Sokol") Motion to Dismiss the complaint pursuant to Rule 12(b)(6) of the *South Carolina Rules of Civil Procedure*. The complaint in this matter, including the exhibits attached thereto and hereto, fails to state facts sufficient to constitute a cause of action upon which relief may be granted against Dr. Sokol and, therefore, the complaint should be dismissed as a matter of law.

FACTS

This lawsuit arises from a previous lawsuit filed by John L. Bruce and Marilyn Bruce (hereinafter "Bruce") against Alliance Biomedical Research, LLC (hereinafter "Alliance"), Greenville Pharmaceutical Research, Inc. (hereinafter "GPR"), Dr. Nayan Desai and North Hills Medical Center, alleging a claim for medical malpractice arising from the care of Mr. Bruce during the course of a study he participated in for treatment of his COPD. During the course of that study, in January 2010, an x-ray was taken of Mr. Bruce's chest and reviewed by Dr. Desai, who noted a 1.8 cm mass in the right upper lobe. A CT scan was recommended. Mr. Bruce denied that anyone ever told him about the findings on the x-ray or of the need for further tests. During a follow-up visit in August 2010, another x-ray was taken which showed that the mass had increased to 3.05 cm, and at that time Mr. Bruce was told of the need for a CT scan. The CT

scan confirmed the mass had enlarged and also that lymph nodes in the lung had enlarged as well. That led to a fine needle aspiration of the mass, which determined that it was large cell lung cancer. By the time of that diagnosis the mass was non-operable. Mr. Bruce then underwent 35 treatments of radiation and 9 treatments of chemotherapy.

The Bruces were represented in the underlying lawsuit by Michael Parham, (hereinafter "Parham"), now deceased. In or about late March 2011, Parham, through Ellen Rieback of Rieback Medical-Legal Consultants, Inc. sought an opinion from Dr. Sokol on several issues. A copy of Parham's letter to Ms. Rieback, referenced in paragraphs 19 and 20 of the complaint, is attached hereto as Exhibit "A". In that letter Parham requested that Dr. Sokol provide opinions regarding the following issues:

1. Did Dr. Desai deviate from ordinary and customary standards of care in failing to inform the patient and/or the referring physician of the existence of the lesion in January 2010?
2. Did Dr. Desai deviate from ordinary and customary standard of care in failing to advise the patient and/or the referring physician of the need for follow-up with CT scan following the study of January, 2010?
3. Had diagnosis of this lesion been made in January 2010, was the lesion, in your opinion, to a reasonable degree of medical certainty, most probably an operable lesion?
4. Due to the pathology of the lesion and its small size without metastasis in January 2010, had surgery taken place would Mr. Bruce, most probably, live his full and complete life expectancy?
5. Had Mr. Bruce undergone surgical intervention in January 2010 with reference to this lesion, would he most probably have avoided the necessitation of having to undergo both radiation and chemotherapy?

On or about May 26, 2011, Dr. Sokol submitted an affidavit in the underlying lawsuit. That affidavit is attached as Exhibit "A" to the plaintiff's complaint. In his affidavit, Dr. Sokol stated that he had reviewed the records provided to him from Greenville Pharmaceutical Research, Upstate Lung and Critical Care Specialists, PC and Greenville Radiology regarding Mr. Bruce. Based upon that, as well as his background, education, training and experience, Dr. Sokol stated that in his opinion there had been "at least one negligent deviation from the standard of care on behalf of Nayan Desai, M.D., North Hills Medical Center, and Greenville Pharmaceutical Research in the care given to John Bruce." After a brief review of the history of Mr. Bruce's treatment, Dr. Sokol stated that Mr. Bruce's prognosis "at stage 3(B) squamous cell carcinoma [was] grim to incurable". He also stated that to a reasonable degree of medical certainty, had Mr. Bruce's January 2010 x-ray been reported to his treating physicians and a CT scan performed at that time, the scan would have revealed that the mass was "stage one squamous cell carcinoma and that his tumor was operable." Finally, Dr. Sokol offered his opinion that had the mass been correctly diagnosed in January 2010, Mr. Bruce would have had "a prognosis of greater than 50 percent for survival." He also reserved the right to modify, change or supplement his opinions in the future.

Eventually the Bruce lawsuit was settled. Greenville Pharmaceutical Research, through its insurer, MAG Mutual Insurance Company, paid Mr. and Mrs. Bruce \$325,000.00 to settle their claims. A copy of the release is attached hereto as Exhibit "B".

In June 2014, Alliance Biomechemical filed a similar lawsuit to this one against Dr. Sokol and Michael Parham (personally) in the Pickens County Court of Common Pleas. In that lawsuit Alliance asserted claims against Dr. Sokol for negligence *per se* for violation of S.C. Code Ann. §15-79-125 (2005), and also for common law fraud, as the plaintiff has done here.

Dr. Sokol filed a motion to dismiss that case as well, and following a hearing before Judge Steven John on October 2, 2014, the case was thrown out. A copy of the order granting Dr. Sokol's motion to dismiss is attached as Exhibit "C".

In this lawsuit, the plaintiff has asserted claims against Dr. Sokol for common-law fraud. Because the complaint fails to state facts sufficient to constitute a cause of action against Dr. Sokol, it should be dismissed as to him.

DISCUSSION

In South Carolina, prior to the filing of a civil action alleging injury as a result of medical malpractice, a plaintiff must file a notice of intent to file suit as well as an affidavit from an expert witness. *S.C. Code Ann.* §15-79-125 (2005). The affidavit must comply with the requirements of *S.C. Code Ann.* §15-36-100 (2005). According to that statute, the affidavit "must specify at least one negligent act or omission claimed to exist and the factual basis for each claim based on the available evidence at the time of the filing of the affidavit." *Id.* Without such an affidavit, a civil action for medical malpractice may not be pursued.

The statutes require only that the affidavit be based upon the evidence available at the time. They do not even require, in the end analysis, that the affidavit be correct. The consequence to a potential plaintiff for failing to file an affidavit in a medical malpractice case is the inability to file a lawsuit at all. Likewise, the consequence to a plaintiff for having his expert's opinions disproven as a matter of law, whether stated in the initial affidavit or subsequent thereto, is dismissal of his case.

To establish a common-law cause of action for fraud, a plaintiff must plead and prove the following nine essential elements:

- 1) the representation;

- 2) its falsity;
- 3) its materiality;
- 4) knowledge of its falsity or a reckless disregard for its truth or falsity;
- 5) intent that the plaintiff act upon the representation;
- 6) the plaintiff's ignorance of its falsity;
- 7) the plaintiff's reliance on its truth;
- 8) the plaintiff's right to rely thereon; and
- 9) the plaintiff's consequent and proximate injury.

McLaughlin v. Williams, 665 S.E.2d 667 (S.C. App. 2008); *Ardis v. Cox*, 431 S.E.2d 267 (S.C. App. 1993); *Warr v. Carolina Power & Light*, 115 S.E.2d 799 (S.C. 1960). In addition, it is insufficient to simply assert the elements of fraud without setting forth in the complaint particular facts to support those elements. "It is essential that the facts and circumstances which constitute the fraud should be set out clearly. (Citation omitted). The complaint must allege facts which would afford a basis upon which a jury could properly find support for each of the elements [of fraud], and if the complaint fails to allege facts to support any one of the elements of fraud and deceit, then the complaint is fatally defective." *Warr*, 115 S.E.2d at 802; *See also Ardis*, *supra*. "In all averments of fraud or mistake, the circumstances constituting fraud or mistake shall be stated with particularity." Rule 9(b) *South Carolina Rules of Civil Procedure*. "Where the complaint omits allegations on any element of fraud, the trial court should grant the defendant's motion to dismiss the claim." *Ardis*, 431 S.E.2d at 269.

ARGUMENT

Here, the plaintiff's complaint completely fails to meet the requirements necessary to establish a cause of action for fraud against Dr. Sokol because the plaintiff has neither set forth the elements of fraud as they relate to the plaintiff, nor particular facts to support each element of fraud. It is axiomatic that to assert a claim for fraud the alleged intentionally false representation must be made by the defendant *to the plaintiff*. In addition, *the plaintiff* must have relied upon

the truth of the representation and taken some action based upon the false representation to its detriment/injury. Here, an examination of the allegations of the complaint reveal that the plaintiff has merely mechanically asserted the elements of fraud to try to create a cause of action where none exists. It does not allege that Dr. Sokol ever made any representation to it at all, false or otherwise, much less that it relied upon any such false statement to its detriment. Instead, it merely alleges that Dr. Sokol "made false and material misrepresentations" without alleging to whom, or who he expected to act upon the false representation. Thereafter the complaint, attempting to track case law, merely alleges that the "hearer" was ignorant of the falsity, that the "hearer" rightfully relied upon the truthfulness of the statement, and that the "hearer" was injured, without bothering to allege who the "hearer" is. (Complaint @ 26). The "hearer" is left unidentified because, quite clearly, the "hearer" is not the plaintiff, and that without all of the elements of fraud cannot be established, much less even one of them.

The plaintiff does allege in paragraph 32 of the complaint that Dr. Sokol sold his signature fraudulently to Parham, and in paragraph 34 that Dr. Sokol intended to appease his handler, Ellen Rieback, but again it fails to mention itself as a recipient of any of that information or insinuations from Dr. Sokol. All of that might be well and good if Parham or Rieback were suing Dr. Sokol, but they aren't. The plaintiff is the one that brought this lawsuit, and the plaintiff has utterly failed to allege any element of fraud that might apply to it.

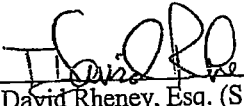
In addition, the plaintiff has also completely failed to allege any facts with particularity to support any of the nine elements of fraud. It merely alleges in conclusory terms that Dr. Sokol made false and material misrepresentations, that he fraudulently claimed that he based his opinion as to liability upon his review of medical records, that he fraudulently sold his signature to Parham and that he was merely attempting to appease Ms. Rieback. However, the plaintiff

fails to allege any facts to establish for the Court, even when construed most favorably to the plaintiff, how the statements were false or fraudulent, that it relied upon the statements or that it was damaged by any such reliance. To the contrary, a reading of the complaint clearly establishes that Dr. Sokol never made any representations at all to the plaintiff, and also that the plaintiff disputed those alleged false representations throughout the underlying litigation. It never could have, or would have, relied upon the alleged false representations to its detriment for any reason whatsoever, and there are not and could not be any facts to support any argument to the contrary. Otherwise the plaintiff would have admitted liability in the underlying case, which clearly it did not do, even as it paid \$325,000 to settle that case.

CONCLUSION

For all of the foregoing reasons, Dr. Sokol requests that this Court dismiss the plaintiff's claim against him, with prejudice. The plaintiff has utterly failed, for the second time, to either assert the nine essential elements of fraud as they relate to this plaintiff and this defendant, and has failed to state any facts with particularity to support the allegations of fraud. Accordingly, Dr. Sokol is entitled to dismissal of the complaint as a matter of law.

GALLIVAN, WHITE & BOYD, P.A.



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Nicholas A. Farr, Esq. (S.C. Bar No. 78769)
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nfarr@gwblawfirm.com

Greenville, South Carolina
February 6, 2015

Attorneys for Defendant Gerald H. Sokol, M.D.

EXHIBIT A

PARHAM & SMITH, L.L.C.

Attorneys At Law

MICHAEL PARHAM
B. BLAKELY SMITH

M. BROOKE ARCHENHOLD
JAMIE FARVINGS-DEMINT
ROBERT W. JONES

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GREENVILLE, SC 29602
Fax (864) 271-0155

BARNEY Q. SMITH, JR.
(1952-1995)

March 29, 2011

Via FED-EX DELIVERY

Ms. Ellen Rieback, RN
Rieback Medical-Legal Consultants, Inc.
772 N.W. 100th Terrace
Fort Lauderdale, FL 33324

Re: John Bruce - Requested Reviewer: Gerald H. Sokol, MD

Dear Ellen:

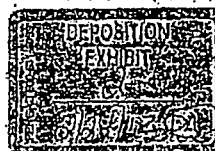
I hope this letter finds you well.

Pursuant to your recent communication with our office, please find enclosed herewith the pertinent medical records relating to our client John Bruce. John is a retired trucker who lives in the Greenville area of South Carolina.

We are now in the early stages of investigating a potential claim which involves Mr. Bruce and his medical treatment and care rendered by physicians and physician extenders at Greenville Pharmaceutical Research, a local research entity established by several physicians in Greenville and Spartanburg Counties. Mr. Bruce tells us that he has COPD. His sister-in-law had, from time to time, become a patient at Greenville Pharmaceutical Research herself and had mentioned that he might go with her to Greenville Pharmaceutical Research to seek relief from his complaints of trouble breathing. Shortly thereafter, Mr. Bruce went with his sister-in-law to Greenville Pharmaceutical Research and was treated and evaluated by members of their staff.

When Mr. Bruce first appeared, he advised Greenville Pharmaceutical Research of his thirty year past history of smoking, however, he had quit smoking twelve

PLAINTIFF'S AMENDED
COMPLAINT EXHIBIT
"C"



years earlier. He also revealed his diagnosis of COPD. As a part of his study, he was required to obtain a chest x-ray by the group's personnel on January 26, 2010. This x-ray was read by Nayan R. Desai, MD, a local radiologist, who runs a Medicaid clinic in Greenville, South Carolina. The report of the film on January 26, 2010 is neither signed or nor does it indicate that it was ever seen by any physician. On this particular x-ray, Dr. Desai noted a small soft mass measuring 1.8 cm in the right upper lobe and a CT scan was recommended. Mr. Bruce denies that anyone either told him of this finding or of the need to obtain a CT scan. 1/26/10 7/10

When Mr. Bruce returned for a follow-up in August of 2010, another film was obtained. The initial lesion appeared to now be 3.05 cm in size and Mr. Bruce was notified of the need for a CT scan. This led to a fine needle aspiration and diagnosis of large cell lung cancer which had metastasized. It was noted that the growth of the lesion and its metastasis caused it to be non-operable. Mr. Bruce recently finished 35 treatments of radiation and 9 treatments of chemotherapy.

Mr. Bruce seems to be a fine gentleman. He has been married for the past 44 years. He has no children. He left the workforce in 2003 and his wife is on disability for her back.

We have attempted to organize the records in the best way we can. They have not been forwarded to us in any timely or organized fashion. Two things to draw from the records, however, are clear. This large cell carcinoma was not reported to either the patient or another physician in January of 2010 as it should have been. Secondly, once reported, following the August study, Mr. Bruce had ceased to be a surgical candidate and had to undergo excruciating chemotherapeutic and radiation therapy. While I am pleased to enclose herewith certain recent radiographic studies of March 18, 2011 indicating some significant response to chemotherapy and radiation, I think that all of us are aware of the usual customary course of this disease once allowed to metastasize.

As per our previous conversation, I would appreciate your best efforts in obtaining from Dr. Sokol his opinion upon several issues:

1. Did Dr. Desai deviate from ordinary and customary standards of care in failing to inform the patient and/or the referring physician of the existence of the lesion in January of 2010?
2. Did Dr. Desai deviate from ordinary and customary standards of care in failing to advise the patient and/or the referring physician of the need for follow-up with CT scan following the study of January, 2010?

3. Had diagnosis of this lesion been made in January of 2010, was the lesion, in your opinion, to a reasonable degree of medical certainty, most probably an operable lesion?

4. Due to the pathology of the lesion and its small size without metastasis in January of 2010, had surgery taken place would Mr. Bruce, most probably, live his full and complete life expectancy?

5. Had Mr. Bruce undergone surgical intervention in January of 2010 with reference to this lesion, would he most probably have avoided the necessitation of having to undergo both radiation and chemotherapy?

If Dr. Sokol can be positive on these issues, we would be pleased to prepare for his review the appropriate Affidavit which would then allow us to place this matter in early litigation. As you know, here in South Carolina we cannot sue the physician directly. Rather, we bring an action known as a Notice of Intent to File Suit and then proceed for 120 days to mediation in which all parties hope that some type of closure can be brought to the matter prior to the filing of a formal complaint.

As you might guess, our client is anxious to proceed. He cherishes each day of his life, however, he is aware of how uncertain day to day living has become. He continues to be tortured with terrible coughing spasms since his radiation and chemotherapy. If Dr. Sokol can help, we need to move quickly.

We thank you in advance for your cooperation and assistance with this matter. Upon completion of Dr. Sokol's review, I ask that he please contact my assistant Christen Blom so that she can arrange a telephone conference wherein we can discuss his thoughts and opinions regarding this case. Christen can be reached in the office at 864-242-9008.

I remain,

Yours very truly,

Michael Parham
MP;cb

Enclosures

Cc: Mr. John Bruce
P.O. Box 24
Marietta, SC 29661

EXHIBIT B

STATE OF SOUTH CAROLINA)
)
COUNTY OF GREENVILLE)

RELEASE

KNOW ALL MEN BY THESE PRESENTS, that we, the undersigned, John L. Bruce and Marilyn Bruce, for and in consideration of the sum of Three Hundred and Twenty-Five Thousand Dollars (\$325,000.00), paid in hand by Greenville Pharmaceutical Research, Inc., and MAG Mutual Insurance Company, the receipt of which is hereby acknowledged, we being of lawful age, for ourselves, our heirs, administrators, executors, grantees, successors and assigns DO HEREBY RELEASE AND FOREVER DISCHARGE Greenville Pharmaceutical Research, Inc.; Glaxo-SmithKlein; Schulman Associates IRB; and MAG Mutual Insurance Company and their successors and assigns, each of their associates, heirs, executors, stockholders, officers, agents, representatives, servants, employees, and purchasers, whether herein named or referred to or not, of and from: any and every claim, demand, right or cause of action of whatever kind or nature, whether in law or equity, and/or any liability arising from, growing out of or in any way connected with: any injury, injuries and/or damage to the property or persons of John L. Bruce and Marilyn Bruce, which is alleged to have been caused by or a result of or related in any way to treatment rendered or actions taken by Greenville Pharmaceutical Research, Inc., and/or which is related in any way to each and every cause of action, whether in law or in equity, arising out of, encompassed in or in any way related to the litigation styled John L. Bruce and Marilyn Bruce v. Greenville Pharmaceutical Research, Inc. and Alliance Biomedical Group, Civil Action No., 2011-CP-23-6967 filed in the Greenville County Court of Common Pleas for the State of South Carolina, for which the undersigned has claimed the said Greenville Pharmaceutical Research, Inc. and MAG Mutual Insurance Company to be legally liable, all of which liability is expressly denied.

The undersigned agrees that neither they nor their attorney nor their representatives shall reveal to anyone, other than as may be mutually agreed upon in writing, any of the terms of this Settlement Agreement, receipt and general Release in full, or any of the amounts, numbers, or terms and conditions or any sums payable to John L. Bruce and Marilyn Bruce hereunder.

The undersigned understands that this settlement is a compromise of a doubtful and disputed claim and that payment is not to be construed as an admission of liability on the part of Greenville Pharmaceutical Research, Inc., and that any such alleged liability is expressly denied.

John L. Bruce and Marilyn Bruce hereby assume any and all responsibility for the payment, if any, of any liens for medical payments made in their behalf for medical care rendered by any and all healthcare providers, relating to any medical treatment which is the subject of the above-cited lawsuit and settlement herein which may exist on behalf of any health insurance company, Medicare, or Medicaid.

Further, Parham & Smith, LLC, acknowledge, to the extent allowed by law, their firm will not bring any suits, now or in the future, against any entity owned, in whole or in part, by Gregory J. Feldman and/or Joseph A. Boscia, III, and/or Anna Buice, and/or Steve Clemons and/or Haley Williams, including, but not limited to the entities listed in Exhibit A attached hereto.

IN WITNESS WHEREOF, we hereunto each set our hand and seal this 1 day of October, 2012.

Robert J. [Signature]
Witness
Phyllis Edwards
Witness

READ CAREFULLY BEFORE SIGNING

Marilyn Bruce as personal representative of the estate of John L. Bruce
John L. Bruce
Marilyn Bruce
Marilyn Bruce

Donna Vitty
Witness

S. Blakely Smith
S. Blakely Smith, Esquire for
Parham & Smith, LLC

On this 1st day of October, 2012, before me personally appeared John L. Bruce and Marilyn Bruce to me known to be the persons named in and who executed the above Release, and acknowledge that they executed the same as their own free act and deed.

SWORN to before me this 1st
day of October, 2012.

Notary Public for South Carolina

My commission expires: 6-6-15

Ashlee Edwards

STATE OF SOUTH CAROLINA)

COUNTY OF GREENVILLE)

RELEASE

KNOW ALL MEN BY THESE PRESENTS, that we, the undersigned, John L. Bruce and Marilyn Bruce, for and in consideration of the sum of Three Hundred and Twenty-Five Thousand Dollars (\$325,000.00), paid in hand by Greenville Pharmaceutical Research, Inc., and MAG Mutual Insurance Company, the receipt of which is hereby acknowledged, we being of lawful age, for ourselves, our heirs, administrators, executors, grantees, successors and assigns DO HEREBY RELEASE AND FOREVER DISCHARGE Greenville Pharmaceutical Research, Inc.; Glaxo-SmithKlein; Schulman Associates IRB; and MAG Mutual Insurance Company and their successors and assigns, each of their associates, heirs, executors, stockholders, officers, agents, representatives, servants, employees, and purchasers, whether herein named or referred to or not, of and from: any and every claim, demand, right or cause of action of whatever kind or nature, whether in law or equity, and/or any liability arising from, growing out of or in any way connected with: any injury, injuries and/or damage to the property or persons of John L. Bruce and Marilyn Bruce, which is alleged to have been caused by or a result of or related in any way to treatment rendered or actions taken by Greenville Pharmaceutical Research, Inc., and/or which is related in any way to each and every cause of action, whether in law or in equity, arising out of, encompassed in or in any way related to the litigation styled John L. Bruce and Marilyn Bruce v. Greenville Pharmaceutical Research, Inc. and Alliance Biomedical Group, Civil Action No., 2011-CP-23-6967 filed in the Greenville County Court of Common Pleas for the State of South Carolina, for which the undersigned has claimed the said Greenville Pharmaceutical Research, Inc. and MAG Mutual Insurance Company to be legally liable, all of which liability is expressly denied.

The undersigned agrees that neither they nor their attorney nor their representatives shall reveal to anyone, other than as may be mutually agreed upon in writing, any of the terms of this Settlement Agreement, receipt and general Release in full, or any of the amounts, numbers, or terms and conditions or any sums payable to John L. Bruce and Marilyn Bruce hereunder.

The undersigned understands that this settlement is a compromise of a doubtful and disputed claim and that payment is not to be construed as an admission of liability on the part of Greenville Pharmaceutical Research, Inc., and that any such alleged liability is expressly denied.

John L. Bruce and Marilyn Bruce hereby assume any and all responsibility for the payment, if any, of any liens for medical payments made in their behalf for medical care rendered by any and all healthcare providers, relating to any medical treatment which is the subject of the above-cited lawsuit and settlement herein which may exist on behalf of any health insurance company, Medicare, or Medicaid.

Further, Parham & Smith, LLC, acknowledge, to the extent allowed by law, their firm will not bring any suits, now or in the future, against any entity owned, in whole or in part, by Gregory J. Feldman and/or Joseph A. Boscia, III, and/or Anna Buice, and/or Steve Clemons and/or Haley Williams, including, but not limited to the entities listed in Exhibit A attached hereto.

IN WITNESS WHEREOF, we hereunto each set our hand and seal this 1 day of October, 2012.

Ralph J. [Signature]
Witness
John Edwards
Witness

READ CAREFULLY BEFORE SIGNING

Marilyn Bruce as personal representative of the estate of John L. Bruce
John L. Bruce
Marilyn Bruce
Marilyn Bruce

Dana Gilly
Witness

S. Blakely Smith
S. Blakely Smith, Esquire for
Parham & Smith, LLC

On this 1st day of October, 2012, before me personally appeared John L. Bruce and Marilyn Bruce to me known to be the persons named in and who executed the above Release, and acknowledge that they executed the same as their own free act and deed.

SWORN to before me this 1st
day of October, 2012.

Notary Public for South Carolina
My commission expires: 6-6-15

Ashlee Edwards

EXHIBIT A

Upstate Lung & Critical Care Specialists, PC
Greenville Pharmaceutical Research, Inc.
Alliance Biomedical Research, LLC
Greenville Research Properties, LLC
FB&E, LLC
FBE&D, LLC
S. Carolina Pharmaceutical Research, Inc.
North Grove Medical Investors, LLC
Upstate Chest Partners, LLC
Upstate Lung Investors, LLC
S. Carolina Investors, LLC
Roper Circle Medical Investors, LLC
Westside Vision, LLC
Alliance Biomedical Group International, LLC
Duluth Biomedical Research, LLC
Duluth Medical Investors, LLC
Clinchfield, LLC
Reedy River Medical Investors, LLC
Union Pharmaceutical Research, Inc
Gaffney Medical Investors, LLC
Gaffney Pharmaceutical Research, Inc
Pharmacircuit, LLC
M&F Westside, LLC

EXHIBIT C

STATE OF SOUTH CAROLINA

COUNTY OF PICKENS

Alliance Biomedical Research, LLC,

Plaintiff,

v.

Judith H. Parham, Personal Representative of
the Estate of David Michael Parham,
Deceased, and Gerald H. Sokol, M.D.,

Defendants.

IN THE COURT OF COMMON PLEAS
THIRTEENTH JUDICIAL CIRCUIT

C.A. No.: 2014-CP-39-350

**ORDER GRANTING
MOTION TO DISMISS
OF
GERALD H. SOKOL, M.D.**

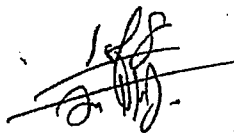
This matter is before the Court on defendant Gerald H. Sokol, M.D.'s motion to dismiss pursuant to Rule 12(b)(6) of the South Carolina Rules of Civil Procedure. A hearing was held in Pickens, South Carolina on October 2, 2014. Based upon the arguments presented at the hearing, the memoranda of law submitted by the parties and the applicable statutory and common law, the Court hereby grants the motion to dismiss Dr. Sokol, with prejudice.

BACKGROUND

This matter was commenced with the filing of an amended summons and complaint by the plaintiff on June 10, 2014. Attached as exhibits to the complaint were the affidavit of Dr. Sokol at issue here, an April 16, 2012 letter from defendant Michael Parham (hereinafter "Parham") to Ashby Davis, and a March 29, 2011 letter from Parham to Ellen Rieback. Pursuant to Rule 10(c) of the South Carolina Rules of Civil Procedure, all exhibits attached to the complaint are considered a part thereof for the purposes of consideration of this motion.

FACTS

This lawsuit arises from a previous lawsuit filed by John L. Bruce and Marilyn Bruce (hereinafter "Bruce") against Alliance Biomedical Research, LLC (hereinafter "Alliance"),

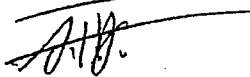


Greenville Pharmaceutical Research, Inc. (hereinafter "GPR"), Dr. Nayan Desai and North Hills Medical Center, alleging a claim for medical malpractice arising from the care of Mr. Bruce during the course of a study he participated in for treatment of his COPD. In January 2010, an x-ray was taken of Mr. Bruce's chest and reviewed by Dr. Desai, who noted a 1.8 cm mass in the right upper lobe. A CT scan was recommended. Mr. Bruce denied that anyone ever told him about the findings on the x-ray or of the need for further tests. During a follow-up visit in August 2010, another x-ray was taken which showed that the mass had increased to 3.05 cm, and at that time Mr. Bruce was told of the need for a CT scan. The CT scan confirmed the mass had enlarged and also that lymph nodes in the lung had enlarged as well. That led to a fine needle aspiration of the mass, which determined that it was large cell lung cancer. By the time of that diagnosis the mass was non-operable. Mr. Bruce then underwent 35 treatments of radiation and 9 treatments of chemotherapy.

The Bruces were represented in the underlying lawsuit by Parham, now deceased. In or about late March 2011, Parham, through Ellen Rieback of Rieback Medical-Legal Consultants, Inc. sought an opinion from Dr. Sokol on several issues. A copy of Parham's letter to Ms. Rieback is attached to the complaint as Exhibit "C". In that letter Parham requested that Dr. Sokol provide opinions regarding the following issues:

1. Did Dr. Desai deviate from ordinary and customary standards of care in failing to inform the patient and/or the referring physician of the existence of the lesion in January 2010?
2. Did Dr. Desai deviate from ordinary and customary standard of care in failing to advise the patient and/or the referring physician of the need for follow-up with CT scan following the study of January, 2010?
3. Had diagnosis of this lesion been made in January 2010, was the lesion, in your opinion, to a reasonable degree of medical certainty,

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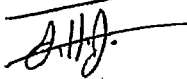
most probably an operable lesion?

4. Due to the pathology of the lesion and its small size without metastasis in January 2010, had surgery taken place would Mr. Bruce, most probably, live his full and complete life expectancy?
5. Had Mr. Bruce undergone surgical intervention in January 2010 with reference to this lesion, would he most probably have avoided the necessitation of having to undergo both radiation and chemotherapy?

Most significantly, in Parham's letter there is no request for any opinion related to the plaintiff in this lawsuit, Alliance. In fact, there is no mention whatsoever of the plaintiff in that letter.

On or about May 26, 2011, Dr. Sokol submitted an affidavit in the underlying lawsuit. That affidavit is attached as Exhibit "A" to the plaintiff's complaint. In his affidavit, Dr. Sokol stated that he had reviewed the records provided to him from Greenville Pharmaceutical Research, Upstate Lung and Critical Care Specialists, PC and Greenville Radiology regarding Mr. Bruce. Based upon that, as well as his background, education, training and experience, Dr. Sokol stated that in his opinion there had been "at least one negligent deviation from the standard of care on behalf of Nayan Desai, M.D., North Hills Medical Center, and Greenville Pharmaceutical Research in the care given to John Bruce." After a brief review of the history of Mr. Bruce's treatment, Dr. Sokol stated that Mr. Bruce's prognosis "at stage 3(B) squamous cell carcinoma [was] grim to incurable". He also stated that to a reasonable degree of medical certainty, had Mr. Bruce's January 2010 x-ray been reported to his treating physicians and a CT scan performed at that time, the scan would have revealed that the mass was "stage one squamous cell carcinoma and that his tumor was operable." Finally, Dr. Sokol offered his opinion that had the mass been correctly diagnosed in January 2010, Mr. Bruce would have had

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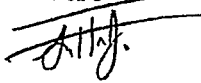
"a prognosis of greater than 50 percent for survival." He also reserved the right to modify, change or supplement his opinions in the future. No opinions were offered as to the plaintiff, nor was it even mentioned in Dr. Sokol's affidavit.

In this lawsuit, the plaintiff has asserted claims against Dr. Sokol for negligence per se for violation of S.C. Code Ann. §15-79-125 (2005) and for common-law fraud. Dr. Sokol has moved for and timely filed a motion for dismissal of the complaint.

LAW

In considering a motion to dismiss pursuant to Rule 12(b)(6), the Court must construe the complaint in the light most favorable to the plaintiff and determine if the facts alleged and the inferences reasonably deducible therefrom entitle the plaintiff to relief under any theory. Rydde v. Morris, 381 S.C. 643, 675 S.E.2d 431 (2009). If the facts alleged do not support relief under any theory of law, the complaint should be dismissed. Flateau v. Harrelson, 355 S.C. 197, 584 S.E.2d 413 (Ct. App. 2003).

In South Carolina, prior to the filing of a civil action alleging injury as a result of medical malpractice, a plaintiff must first file a notice of intent to file suit as well as an affidavit from an expert witness. S.C. Code Ann. §15-79-125 (2005). According to that statute, the affidavit must comply with the requirements of S.C. Code Ann. §15-36-100 (2005). §15-79-125 thereby incorporates all of the provisions of §15-36-100. Ranucci v. Crain, App. No. 27422, 2014 WL 3610956, *1 (S. Ct. 2014). According to §15-36 100, the affidavit must specify at least one negligent act or omission claimed to exist and the factual basis for each claim based on the available evidence at the time of the filing of the affidavit. Enforcement of the provisions of §15-79-125 is left to the circuit court. S.C. Code §17-79-125(D) (2005). In addition "[i]f a plaintiff files an affidavit which is allegedly defective, and the defendant to whom it pertains alleges, with



specificity, by motion to dismiss filed contemporaneously with its initial responsive pleading, that the affidavit is defective, the plaintiff's complaint is subject to dismissal for failure to state a claim..." S.C. Code Ann §15-39-100(E) (2005). "If a plaintiff fails to file an affidavit... and the defendant raises the failure to file an affidavit by motion to dismiss filed contemporaneously with its initial responsive pleading, the complaint is not subject to renewal after the applicable period of limitation..." S.C. Code Ann. §15-36-100(F) (2005). If it is determined that an expert in a medical malpractice action "has offered testimony or evidence in bad faith or without a reasonable basis in fact or otherwise acted unethically in conjunction with testifying as an expert in deposition or at trial", the judge must report the expert to the state entity that licenses and regulates the profession of the expert. S.C. Code Ann. §15-79-130 (2005).

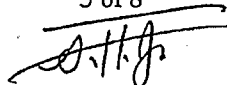
"The cardinal rule of statutory construction is to ascertain and effectuate the intent of the legislature." Hodges v. Rainey, 341 S.C. 79, 85, 533 S.E.2d 578, 581 (2000). "What a legislature says in the text of a statute is considered the best evidence of the legislative intent or will. Therefore, the courts are bound to give effect to the expressed intent of the legislature." Id.

DISCUSSION

A. There Is No Private Cause of Action for Negligence Created by South Carolina Code Ann. §15 to 79-125 (2005).

The plaintiff's cause of action for negligence *per se* is based upon Dr. Sokol's alleged dishonest and fraudulent affidavit attached to the complaint as Exhibit A. As an initial matter, there is nothing on the face of the affidavit to indicate that it is either dishonest or fraudulent, or even that it is incorrect. On its face, the affidavit complied with the statutory requirements. However, even if it did not, there is nothing within either the applicable statute(s) or the

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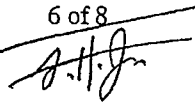


surrounding statutes that creates a private cause of action in favor of the plaintiff against Dr. Sokol. Section 15-79-125 specifically states that its enforcement will be left to the circuit court. Furthermore, and as argued by Dr. Sokol during the hearing, §15-36-100 establishes the remedy available to the plaintiff for deficiencies in the required affidavit in the underlying medical malpractice action. Specifically, no lawsuit could have been filed without an affidavit, or alternatively any such lawsuit would be dismissed if the affidavit was defective. Finally, where a judge finds an expert in a medical malpractice action to have offered testimony or evidence in bad faith or without a reasonable basis in fact, §15-39-130 requires the judge to report the expert to the state agency that licenses the expert.

There is nothing within any of the applicable statutes to indicate that the legislature intended to create a private cause of action in favor of the plaintiff against Dr. Sokol. The statutes set forth the remedies available for either deficiency in the affidavit or for evidence offered in bad faith by the expert, including dismissal of the complaint and/or reporting of the expert to the appropriate licensing agency. Had the legislature intended to create a private cause of action, it could have specifically done so. Instead, it created other remedies, and accordingly the Court cannot create by implication a private cause of action for alleged violations of the statutory scheme.

Even if a private cause of action was created by the applicable statute(s), the Court must still dismiss this cause of action. Neither Parham's March 29, 2011 letter to Ms. Rieback nor Dr. Sokol's affidavit even mention the plaintiff. A review of the affidavit clearly establishes Dr. Sokol offered no opinions whatsoever regarding the plaintiff, but instead only offered opinions regarding Dr. Desai, North Hills Medical and Greenville Pharmaceutical Research. Even if the affidavit was either dishonest or fraudulent on its face, the plaintiff still could not assert any

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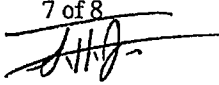
claim against Dr. Sokol based on the affidavit because it does not mention the plaintiff. While the plaintiff alleges in at least paragraphs 92 and 101 of his complaint that by referencing Greenville Pharmaceutical Research in the affidavit Dr. Sokol was also referencing the plaintiff, other allegations of the complaint and the exhibits themselves completely refute those allegations. Specifically, according to the allegations of the complaint and exhibits, the plaintiff has always maintained that there was absolutely no connection between it and Greenville Pharmaceutical Research, or at least one upon which a claim could have been made against it in the underlying lawsuit, and its ultimate dismissal from that lawsuit was based upon that fact.

B. Dr. Sokol Offered No Opinions about Alliance in the Bruce Litigation

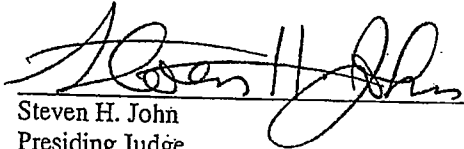
Even if the plaintiff could state a cause of action against Dr. Sokol under South Carolina law, the complaint still fails as a matter of law because Dr. Sokol offered no opinions about it in the underlying litigation upon which it could base any such claim. There was no mention of the plaintiff in Parham's letter to Ms. Riebak. There was no mention of the plaintiff in Dr. Sokol's affidavit. Even if the opinions set forth in the affidavit as to Dr. Desai, North Hills Medical, or Greenville Pharmaceutical Research were in bad faith, dishonest or even fraudulent, that could have caused no damage to the plaintiff as a matter of law. Accordingly, the plaintiff has no claim against Dr. Sokol.

CONCLUSION

For the foregoing reasons, the Court grants Dr. Sokol's motion to dismiss pursuant to Rule 12(b)(6). The complaint, together with the exhibits attached thereto and incorporated therein, fails to state a cause of action upon which relief can be granted to the plaintiff. It is therefore ordered that the Clerk of Court dismiss this lawsuit as to Dr. Sokol, with prejudice.

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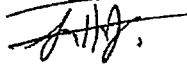
AND IT IS SO ORDERED!



Steven H. John
Presiding Judge
Thirteenth Judicial Circuit

October 20 2014
In Chambers, South Carolina

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STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

Greenville Pharmaceutical Research, Inc.,

Plaintiff,

v.

Parham & Smith, LLC and Gerald H. Sokol,
M.D.,

Defendants.

IN THE COURT OF COMMON PLEAS
THIRTEENTH JUDICIAL CIRCUIT

C.A. No.: 2014-CP-23-5776

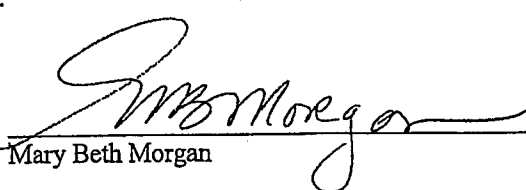
CERTIFICATE OF SERVICE

I hereby certify that I am an employee of the law firm of Gallivan, White & Boyd, P.A., counsel for Defendant, Gerald H. Sokol, M.D., and I have, this date written below, served the within **Defendant Sokol's Memorandum in Support of Motion to Dismiss** upon all counsel of record, by depositing a copy thereof in the United States Mail, postage prepaid, and addressed as follows:

F. Milton Mann, Jr., Esq.
151 Harold Fleming Court
Spartanburg, SC 29303

M. Dawes Cooke, Jr., Esq.
Alissa Fleming, Esq.
Barnwell Whaley Patterson & Helms, LLC
P.O. Drawer H
Charleston, SC 29402-0197

Signed this 6th day of February, 2015.


Mary Beth Morgan

FILE COPY

2/2/15

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

FILED-CLERK OF COURT
GREENVILLE CO. S.C.
PAUL D. WICKENSIMER
IN THE COURT OF COMMON PLEAS
THIRTEENTH JUDICIAL CIRCUIT

2015 FEB 12 AM 9 06

Greenville Pharmaceutical Research, Inc.,)

Plaintiff,)

vs.)

Parham & Smith, LLC and Gerald H. Sokol,)
MD,)

Defendant.)

PLAINTIFF'S MEMORANDUM IN
OPPOSITION TO DEFENDANT
SOKOL'S MOTION TO DISMISS

C.A. No. 2014-CP-23-5776

Defendant Gerald H. Sokol, M.D. (hereinafter "Sokol"), filed a motion to dismiss Plaintiff's Complaint pursuant to Rule 12(b)(6) of the South Carolina Rules of Civil Procedure. Defendant Sokol preserved their right to challenge Venue in Greenville County pursuant to SCRPC 12(b)(3), 12(g), and 12(h). Plaintiff submits this memorandum in opposition to Defendant Sokol's motion and respectfully asks that said motion be denied.

SCRPC Rule 12(b)(6) STANDARD OF REVIEW

"The ruling on a 12(b)(6), SCRPC, motion to dismiss must be based solely on the allegations set forth in the complaint. *Plyler v. Burns*, 373 S.C. 637, 645, 647 S.E.2d 188, 192 (2007)." *TCL Media, Inc. v. NuVox Communications, Inc.*, 010709 SCCA, 2009-UP-004 "The motion cannot be granted if the facts set forth in the complaint and the inferences reasonably drawn therefrom would entitle the Plaintiff to relief on any theory of the case. *Ashley River Prop. I, L.L.C. v. Ashley River Prop. II, L.L.C.*, 374 S.C. 271, 278, 648 S.E.2d 295, 298 (Ct. App.

2007)." *TCI Media, Inc. v. NuVox Communications, Inc.*, 010709 SCCA, 2009-UP-004 "Our courts have held that pleadings in a case should be construed liberally so that substantial justice is done between the parties. *Manning v. Dial*, 271 S.C. 79, 245 S.E.2d 120 (1978). Further, a judgment on the pleadings is considered to be a drastic procedure by our courts. *U.S. Casualty Company v. Hiers*, 233 S.C. 333, 104 S.E.2d 561 (1958)." *Russell v. City of Columbia*, 406 S.E.2d 338 (S.C. 1991).

FACTS

This action arises out of alleged conduct by Parham & Smith, LLC, Plaintiff's counsel and Sokol as a paid-for witness in a prior lawsuit captioned *John L. Bruce and Marilyn Bruce v. Greenville Pharmaceutical Research, Inc. and Alliance Biomedical Group*, ("underlying action" or "Bruce litigation") filed on October 20, 2011 in the Court of Common Pleas for Greenville County, Thirteenth Judicial Circuit, case number 2011-CP-23-6967. According to the Bruce litigation court records, Parham & Smith served Plaintiff with the Notice of Intent to File Suit on or about July 13, 2011, which is required pursuant to §15-79-125 South Carolina Code of Laws in order to bring a medical malpractice claim within South Carolina. Sokol's affidavit was offered in compliance with §15-7-125 South Carolina Codes of Law, a copy of which is attached herewith and incorporated herein as Exhibit A.

In the Bruce litigation, John L. Bruce and Marilyn Bruce ("Bruces"), through their attorneys, Parham & Smith, alleged that Greenville Pharmaceutical Research, Inc. ("GPR"), failed "to possess the degree of care, competence and skill ordinarily and customarily

possessed by similar healthcare providers in similar circumstances or failing to exercise that degree of care, competence and skill ordinarily and customarily exercised by similar health-care providers under similar circumstances and in deviating from ordinary and customary standards of medical care”, and acted in a fashion of “negligence, carelessness, recklessness, willfulness and wantonness”, which caused the Plaintiffs to suffer real and immediate injury.

ARGUMENT

1. Plaintiff has stated a claim for Fraud against Defendant Sokol.

Defendant Sokol argues that Plaintiff is unable to meet the required elements of common-law fraud as laid out in his Memorandum in Support of Defendant Sokol’s Motion to Dismiss. Plaintiff argues it has met the required elements for a claim of fraud against Defendant Sokol in its Complaint.

The elements of fraud are:

1. a representation;
2. its falsity;
3. its materiality;
4. knowledge of its falsity or a reckless disregard of its truth or falsity;
5. intent that the representation be acted upon;
6. hearer’s ignorance of its falsity; hearer’s reliance on its truth
7. hearer’s right to rely;
8. and, hearer’s consequent and proximate injury.

Florentine Corp., Inc. v. PEDA I, Inc., 287 S.C. 382, 339 S.E.2d 112 (1985).

Defendant Sokol made a false representation to the Plaintiff by his affidavit that was used as the inception of the underlying case. In paragraphs 16-22, 24-27, 31-32, and 35 of Plaintiff’s Complaint, it makes allegations against Defendant Sokol of knowingly executing a

false affidavit, or he had a reckless disregard for its truth or falsity which resulted in Plaintiff being hauled into court. Plaintiff heard representations when it was named in and served with the required Notice of Intent to File Suit on or about July 13, 2011 and Defendant Sokol's Affidavit was attached. Compl. ¶ 7. Defendant Sokol's affidavit was material in that it was required by §§15-79-125 and 15-79-100, South Carolina Code of Laws, prior to bringing a medical malpractice claim. Compl. ¶¶ 14, 15, 16. Defendant Sokol intended for the representations in his Affidavit to be acted upon since, he knew without it, the underlying lawsuit could not have commenced. If there was no lawsuit, Defendant Sokol would not have received compensation as being an expert witness. Clearly, he had a pecuniary interest in ensuring the lawsuit move forward. Compl. ¶¶ 10-11, 17, 19, 28-29, 32-35.

Plaintiff stands on the *Evans v. Rite Aid Corp.* argument that as a paid, skilled professional have a duty of care to conform to the generally recognized and accepted practices in their profession, Defendant Sokol did owe the Plaintiff duty of care. Compl. ¶¶ 10, 12-18, 20-27. Defendant Sokol breached such duty. Compl. ¶¶ 16-20, 22, 24-27, 31-32, 35. Further, contrary to Defendant Sokol's assertions, Plaintiff was forced to rely upon the fraud. In *Frist v. W.E. Gallant*, 240 F.Supp. 827 at 829 (D.S.C. 1965) the court, quoting *Morgan v. Graham*, 228 F.2d 625, 54 A.L.R.2d 1290 (1956):

'It is, of course, true as stated by appellant that there must be reliance upon a fraudulent misrepresentation in order to sustain an action for fraud. That is just another way of saying that the aggrieved party took a course of action because of that false representation. It is true that Graham testified he did not believe Morgan's statement that no policy was issued. He was nonetheless forced to act to his detriment and do what he would not have done had the statement not been made. In other words, he was forced to rely on the misrepresentations. He was forced to act on the

misrepresentations to the same extent that he would have acted had he believed them to be true.' (Emphasis added).

Plaintiff would not have had to defend itself in the underlying lawsuit but for Defendant Sokol's false or reckless misrepresentations causing it to take a course of action it would not have had the statements not been made. Plaintiff was forced to defend itself and as a result, Plaintiff suffered damages. Compl. ¶¶ 37-38. As such, Plaintiff has a claim of fraud against Defendant Sokol and his Motion to Dismiss should be denied.

2. GPR Complaint stands as a matter of law.

In contrast to Defendant Sokol's argument, Plaintiff's Complaint stands as a matter of law. Plaintiff argues that but for Defendant Sokol's reckless disregard in submitting his false, sworn affidavit to circumvent the pre-suit requirements of §15-79-125, South Carolina Code of Laws, Plaintiff would never have been forced to defend itself in the underlying litigation.

Compl. ¶ 33. His reckless disregard for the truth was established by the facts:

Defendant Sokol knew of the requirements and intent of the pre-suit affidavit, Compl. ¶¶ 17, 19, 22, 23, 33, 35; Defendant Sokol based his opinion and affidavit on "limited medical records and no records indicating medical care allegedly given by GPR." Compl. ¶¶ 20, 22, 24, 25, 26; Defendant Sokol did not request additional medical records, Compl. ¶ 21; executed, without modification, the affidavit prepared by Defendant Parham, Compl. ¶ 18; was not familiar with the facts of the case in his initial expert witness deposition, Compl. ¶ 27; and, admitted at the continuation of his expert witness deposition that he had insufficient evidence and would not opine as to any standard of care that may have applied to Greenville Pharmaceutical Research.

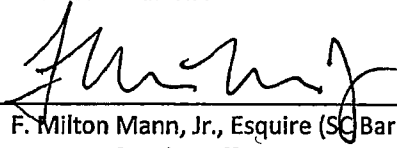
Compl. ¶ 31. As such, Plaintiff believes Defendant Sokol fraudulently sold his signature to Defendant Parham, intentionally marketed and sold his medical license to circumvent the pre-suit affidavit requirement and that at all times material, executed and submitted his affidavit without regard to its truth, veracity and medical accuracy. Compl. ¶¶ 32,33, 35. Hence, due to Defendant Sokol's actions, Plaintiff was sued in the underlying medical malpractice litigation and suffered damages which would have been avoided but for his actions.

CONCLUSION

For all of the foregoing reasons, the Sokol's Motion to Dismiss should be denied. Plaintiff's Complaint, taken in the light most favorable to the non-moving party and the inferences reasonably drawn therefrom and entitles relief to the Plaintiff.

F. MILTON MANN, JR.
ATTORNEY FOR PLAINTIFF

By: _____


F. Milton Mann, Jr., Esquire (SC Bar #68250)
Attorney for Plaintiff
151 Harold Fleming Court
Spartanburg, South Carolina 29303
(864) 680-5079

February 10, 2015

FILED-CLERK OF COURT
STATE OF SOUTH CAROLINA GREENVILLE CO. S. ON THE COURT OF COMMON PLEAS
PAUL B. WICKENSIMER THIRTEENTH JUDICIAL CIRCUIT

COUNTY OF GREENVILLE

2015 FEB 12 AM 9 06

Greenville Pharmaceutical Research, Inc.,)

Plaintiff,)

vs.)

Parham & Smith, LLC and Gerald H.)

Sokol, M.D.,)

Defendants.)

CERTIFICATE OF SERVICE

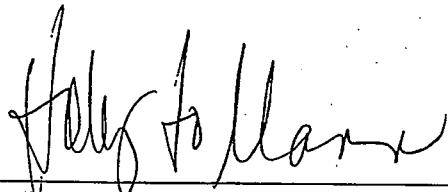
Case No. 2014-CP-23-5776

CERTIFICATE OF SERVICE

I, Holly Jo Mann, law clerk to F. Milton Mann, Jr., do hereby certify that I have served a copy of the Plaintiff's Memorandum in Opposition to Defendant Sokol's Motion to Dismiss by email and US mail upon the below listed, on this 10th day of February, 2015:

Samuel W. Outten, Esquire
Nelson Mullins Riley & Scarborough, LLP
PO Box 10084
Greenville, South Carolina 29603
sam.outten@nelsonmullins.com
Attorney for Defendant Parham

T. David Rheney, Esquire
Gallivan White & Boyd, PA
PO Box 10589
Greenville, South Carolina 29603
DRheney@GWBlawfirm.com
Attorney for Defendant Sokol



Holly Jo Mann

3/9/15
FILE COPY

STATE OF SOUTH CAROLINA)

IN THE COURT OF COMMON PLEAS
THIRTEENTH JUDICIAL CIRCUIT

COUNTY OF GREENVILLE)

Greenville Pharmaceutical Research, Inc.,)

Plaintiff,)

NOTICE OF MOTION AND MOTION FOR
RECONSIDERATION

vs.)

Parham & Smith, LLC and Gerald H. Sokol,
MD,)

Defendants.)

C.A. No. 2014-CP-23-5776

FILED-CLERK OF COURT
GREENVILLE CO. S.C.
PAUL B. WICKENSIMMER
2015 APR 9 PM 11:16

**TO: THE HONORABLE J. CORDELL MADDOX, JR., T. DAVID RHENEY, ESQUIRE, ATTORNEY
FOR DEFENDANT GERALD H. SOKOL, M.D., AND M. DAWES COOKE, ESQUIRE,
ATTORNEY FOR DEFENDANT PARHAM & SMITH, LLC:**

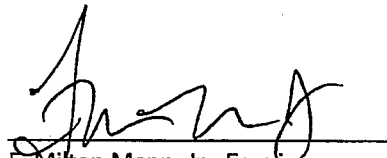
YOU WILL PLEASE TAKE NOTICE that on the _____ day of _____, 2015,
at _____ .m. or as soon thereafter as the matter can be heard, the Plaintiff will
move before the Honorable J. Cordell Maddox, Jr., for an Order granting a rehearing as to the
Form 4 Dismissal, issued by the Honorable J. Cordell Maddox, Jr., signed on February 12, 2015,
clocked by the Greenville County Clerk of Court on February 19, 2015, and received by the
Plaintiff's attorney by U.S. Mail on February 25, 2015. That such motion shall be based upon
federal case law, statutory case law in the State of South Carolina including, but not limited to,
South Carolina Rules of Civil Procedure 52(b) and 59(e) and shall be made upon the following
grounds:

1. Given that The Court raised the issue of absolute immunity, sua sponte, Plaintiff
should have the opportunity to brief and provide arguments regarding this issue

before a final Order is issued;

2. The issue of absolute immunity was not properly before the Court, as it is an affirmative defense which must be plead by the Defendant and had not been raised in this matter to date given that an Answer had not been filed; and
3. If the Court ruled that there was a deficiency in Plaintiff's pled fraud cause of action, Plaintiff should be allowed an opportunity to amend given that no amendment has occurred in this matter.

And, as it may appear at the hearing on such motion and any supporting memorandum.



F. Milton Mann, Jr., Esquire
Attorney for Plaintiff
151 Harold Fleming Court
Spartanburg, SC 29303
864-680-5079

Greenville, SC
March 9, 2015

FILE COPY

3/9/15

STATE OF SOUTH CAROLINA)
COUNTY OF GREENVILLE)
Greenville Pharmaceutical Research, Inc.,)
Plaintiff,)
vs.)
Parham & Smith, LLC and Gerald H.)
Sokol, M.D.,)
Defendants.)

IN THE COURT OF COMMON PLEAS
THIRTEENTH JUDICIAL CIRCUIT

CERTIFICATE OF SERVICE

Case No. 2014-CP-23-05776

FILED-CLERK OF COURT
GREENVILLE CO. S.C.
PAUL B. WICKENSIMMER
2015 MAR 9 PM 11 16

CERTIFICATE OF SERVICE

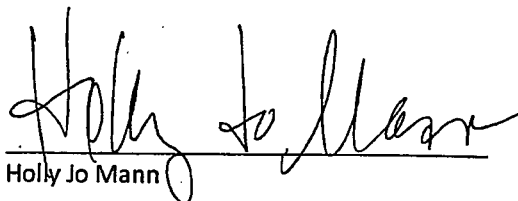
I, Holly Jo Mann, law clerk to F. Milton Mann, Jr., do hereby certify that I have served a
copy of the **Notice of Motion and Motion for Reconsideration** upon the below listed, on this
9th day of March, 2015:

By hand-delivery to:

T. David Rheney, Esquire
Gallivan White & Boyd, PA
PO Box 10589
Greenville, South Carolina 29603
DRheney@GWBlawfirm.com
Attorney for Defendant Sokol

By email and U.S. Mail to:

M. Dawes Cook, Jr., Esquire
Alissa D. Fleming, Esquire
Barnwell Whaley Patterson & Helms, LLC
PO Drawer H
Charleston, SC 29402-0197
Attorneys for Defendant Parham & Smith, LLC


Holly Jo Mann

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

GPR
ALLIANCE BIOMEDICAL RESEARCH, LLC

vs.

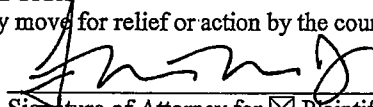
PARHAM & SMITH, LLC AND GERALD H. SOKOL, M.D.

) IN THE COURT OF COMMON PLEAS
FILED-CLERK OF COURT 13TH JUDICIAL CIRCUIT
GREENVILLE CO. S.C.
PAUL B. WILSON, CLERK
CASE NO.: 2014-CP-23-05776

) PM 3 02
) **MOTION AND ORDER INFORMATION**
) **FORM AND COVERSHEET**

FILE COPY

) Defendants.)

Plaintiffs' Attorney: F. Milton Mann, Jr., Bar No. 68250 Address: <u>151 Harold Fleming Court, Spartanburg 29303</u> Phone: 864/208-0359 Fax _____ E-mail: _____ Other: _____		Defendant's Attorney: <u>Jeffrey M. Bogdan, Esq.</u> , Bar No. _____ Address: <u>PO Drawer H, Charleston, SC 29402-0197</u> Phone: - _____ Fax _____ E-mail: _____ Other: _____ T. David Rheney, Esq. PO Box 10589 Greenville, SC 29603	
☒ MOTION HEARING REQUESTED (attach written motion and complete SECTIONS I and III) ☐ FORM MOTION, NO HEARING REQUESTED (complete SECTIONS II and III) ☐ PROPOSED ORDER/CONSENT ORDER (complete SECTIONS II and III)			
SECTION I: Hearing Information			
Nature of Motion: <u>Amended Reconsideration</u> Estimated Time Needed: 30 Minutes Court Reporter Needed: ☒ YES / ☐ NO			
SECTION II: Motion/Order Type			
☒ Written motion attached ☐ Form Motion/Order I hereby move for relief or action by the court as set forth in the attached proposed order.  Signature of Attorney for ☒ Plaintiff / ☐ Defendant Date submitted <u>9/9/15</u>			
SECTION III: Motion Fee			
☒ PAID - AMOUNT: \$ ☐ EXEMPT: (check reason) ☐ Rule to Show Cause in Child or Spousal Support ☐ Domestic Abuse or Abuse and Neglect ☐ Indigent Status ☐ State Agency v. Indigent Party ☐ Sexually Violent Predator Act ☐ Post-Conviction Relief ☐ Motion for Stay in Bankruptcy ☐ Motion for Publication ☐ Motion for Execution (Rule 69, SCRCP) ☐ Proposed order submitted at request of the court; or, reduced to writing from motion made in open court per judge's instructions Name of Court Reporter: _____ ☐ Other: _____			
JUDGE'S SECTION			
☐ Motion Fee to be paid upon filing of the attached order. ☐ Other: _____		JUDGE CODE _____ Date: _____	

CLERK'S VERIFICATION

Collected by: _____ Date Filed: _____

☐ MOTION FEE COLLECTED: \$ _____

☐ CONTESTED – AMOUNT DUE: \$ _____

SCCA 233 (11/2003)

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

Greenville Pharmaceutical Research, Inc.,

Plaintiff,

vs.

Parham & Smith, LLC and Gerald H. Sokol,
MD,

Defendants.

IN THE COURT OF COMMON PLEAS
THIRTEENTH JUDICIAL CIRCUIT

FILE COPY

AMENDED NOTICE OF MOTION AND
AMENDED MOTION FOR
RECONSIDERATION

C.A. No. 2014-CP-23-5776

FILED-CLERK OF COURT
GREENVILLE CO. S.C.
PAUL B. WILKINSON
2015 SEP 14 PM 3 02

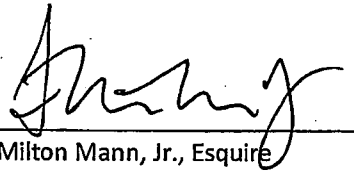
**TO: THE HONORABLE J. CORDELL MADDOX, JR., T. DAVID RHENEY, ESQUIRE, ATTORNEY
FOR DEFENDANT GERALD H. SOKOL, M.D., AND JEFFREY M. BOGDAN, ESQUIRE,
ATTORNEY FOR DEFENDANT PARHAM & SMITH, LLC:**

YOU WILL PLEASE TAKE NOTICE that on the _____ day of _____, 2015,
at _____ .m. or as soon thereafter as the matter can be heard, the Plaintiff will
move before the Honorable J. Cordell Maddox, Jr., for an Order granting a rehearing as to the
Form 4 Dismissal, issued by the Honorable J. Cordell Maddox, Jr., signed on February 12, 2015,
clocked by the Greenville County Clerk of Court on February 19, 2015, and received by the
Plaintiff's attorney by U.S. Mail on February 25, 2015. On August 8, 2015, Plaintiff received an
email from Defendant Parham & Smith, LLC's counsel stating that the Greenville County Clerk's
Office informed him that this case had been dismissed in its entirety. However, please be
informed that the hearing on February 12, 2015, only concerned the First Cause of Action
(Fraud as to Sokol) of Plaintiff's Complaint filed on October 20, 2014, as related to Defendant
Sokol and as evidenced by the hearing transcript, attached hereto and incorporated herein as

Exhibit A. As to Defendant Parham & Smith, LLC, there was no issue before the Court and it appears that the Clerk's office may be interpreting the Judge's Order incorrectly. In an abundance of caution, we are hereby amending our Motion for Reconsideration to include this issue for the Court's consideration. That such motion shall be based upon federal case law, statutory case law in the State of South Carolina including, but not limited to, South Carolina Rules of Civil Procedure 52(b) and 59(e) and shall be made upon the following grounds:

1. Given that The Court raised the issue of absolute immunity, sua sponte, Plaintiff should have the opportunity to brief and provide arguments regarding this issue before a final Order is issued;
2. The issue of absolute immunity was not properly before the Court, as it is an affirmative defense which must be plead by Defendant Sokol and had not been raised in this matter to date given that an Answer had not been filed;
3. If the Court ruled that there was a deficiency in Plaintiff's pled fraud cause of action, Plaintiff should be allowed an opportunity to amend given that no amendment has occurred in this matter; and
4. On or about August 10, 2015, the Greenville County Clerk of Court advised counsel for Defendant Parham & Smith, LLC this matter had been dismissed in its entirety, as opposed to only dismissing the case against Defendant Sokol, as was believed to be the case.

And, as it may appear at the hearing on such motion and any supporting memorandum.



F. Milton Mann, Jr., Esquire
Attorney for Plaintiff
151 Harold Fleming Court
Spartanburg, SC 29303
864-680-5079

Greenville, SC
September 9, 2015

1 STATE OF SOUTH CAROLINA : COURT OF COMMON PLEAS
2 : 2014-CP-23-5776
3 :
4 Greenville :
Pharmaceutical Rsearch, : TRANSCRIPT RECORD
Incorporated :
5 vs :
6 Parham & Smith, LLC :
and Gerald H. Sokol, MD :
7
8 February 12, 2015
Greenville, South Carolina
9
10 BEFORE: The Honorable Cornell Maddox, Judge
11 A P P E A R A N C E S :
12
13 F. Milton Mann, Esquire
Attorney for the Plaintiff
14
15 T. David Rheney, Esquire
Attorney for the Defendant
16
17
18
19
20
21 Caroline Hiskell
Thirteenth Circuit Court Reporter
22
23
24
25

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I N D E X

(No Witnesses or Exhibits admitted at this hearing.)

PLEASE NOTE: (ph)=phonetically spelled

Greenville Pharmaceutical vs. Parham & Smith

P R O C E E D I N G S

MR. RHENEY: Good morning, Judge, David Rheney for the defendant, Dr. Gerald Sokol in his motion to dismiss a lawsuit filed by Greenville Pharmaceutical Research against him.

This is one that requires a little bit of explanation with regards to background. This lawsuit arises from a previous medical malpractice lawsuit in which a Mr. Bruce participated in a study of chronic obstructive pulmonary disease. And I think I've got the dates right, it's not crucial that they be correct, but in or about January of 2010 an xray or some type of scan was taken of his lung and that xray showed a tumor, small tumor of 1. something centimeters.

The allegations of the underlying case is that was not reported to him, he was not tested with further scans. And along he goes until August of 2010 when another scan was done of his chest when the tumor had grown to 2, 3 and a half or so centimeters.

At that point he was told about it. He was sent for an additional scan and by then the tumor was inoperable and ultimately he died of lung cancer.

He retained Michael Parham to represent him in a lawsuit against the various entities, a Dr. Desai at the North Hills Medical Center, Greenville Pharmaceutical

Greenville Pharmaceutical vs. Parham & Smith

1 Research And added to that was a company was a company
2 Alliance and I don't know what it is but there's some
3 relationship between Alliance and Greenville
4 Pharmaceutical Research, but Alliance in that case
5 disputed that it was a proper entity to be sued. It
6 claimed it was not the same as Greenville Pharmaceutical
7 Research.

8 Mr. Parham retained a Dr. Sokol to offer an
9 opinion in that case, multiple opinions.

10 THE COURT: For the presuit affidavits?

11 MR. RHENEY: Yes, sir.

12 THE COURT: And you have in the file part of
13 the complaint, the affidavit, it's also part of my
14 memorandum in support of this motion. Dr. Sokol was
15 contacted by a nurse at the request of Mike Parham and he
16 was asked to provide opinions regarding several things.
17 One was the probably of survival had the tumor been
18 reported when it was first seen on a scan and various
19 other things. .

20 Dr. Sokol offered the opinions that there had
21 been a breach of the standard of care by Greenville
22 Pharmaceutical Research, Dr. Desai and North Hills
23 Medical.

24 THE COURT: And he wasn't connected in any
25 way. He was asked to offer an opinion pursuant to the

Greenville Pharmaceutical vs. Parham & Smith

1 statute?

2 MR. RHENEY: Yes, sir. So he did sign an
3 affidavit saying that there had been a breach of standard
4 of care, that he would have had a better than 50 percent
5 chance of survival and be based on what he said was record
6 provided to him by Mr. Parham.

7 Ultimately Alliance was dropped from that
8 lawsuit but ultimately it was settled for, and I have
9 attached to my memorandum, a relief of \$300 and something
10 thousand dollars.

11 That was the end of that case. Sometime in
12 2014, though, Alliance sued Dr. Sokol and Mike Parham
13 personally for various causes of action. As to Dr. Sokol,
14 it alleges that he committed fraud and in selling his
15 signature falsely and also it alleged somewhat more less
16 clearly to me a negligence claim based upon the statute
17 that he had violated the statute requiring the presuit
18 affidavit.

19 We moved to dismiss that case. That's in
20 Pickens County and as to Dr. Sokol that case was
21 dismissed. A couple or three months later, Greenville
22 Pharmaceutical Research sued Dr. Sokol here in Greenville
23 alleging purely a cause of action for fraud against him
24 alleging generally speaking that he committed fraud by
25 submitting this affidavit providing his opinion that

Greenville Pharmaceutical vs. Parham & Smith

1 Greenville Pharmaceutical Research, Dr. Desai and North
2 Hills Medical had breached a standard of care to Mr. Bruce
3 and his wife and we have now moved to dismiss that.

4 The cause of action, Your Honor, is fraud.
5 That is the only cause of action.

6 THE COURT: Because of the letter?

7 MR. RHENEY: Because of the affidavit, yes.
8 He has also sued the Parham Law Firm. In Pickens he has
9 sued Mr. Parham personally and in Greenville, Greenville
10 Pharmaceutical Research has sued Parham, Smith Law Firm.
11 The cause of action, Your Honor, is fraud and we have
12 moved to dismiss because the plaintiff has failed to state
13 the elements of fraud, elements sufficient to constitute a
14 cause of action for fraud and basically our position, Your
15 Honor is, Number 1, they haven't stated the elements of
16 fraud because the cause of action for fraud has to be base
17 upon the misrepresentation of a fact.

18 In this case, they're basing it on an opinion
19 provided by a professional expert or professional
20 practitioner. Dr. Sokol is a specialist in cancer. He
21 practices clinically in Tampa and also serves as a medical
22 expert from time to time.

23 So a cause of action fraud can't be based on
24 opinion and, Your Honor, I apologize I have not attached
25 to that, and I only have one copy, a case of Winberg

Greenville Pharmaceutical vs. Parham & Smith

1 versus Insurance Company of North America.

2 THE COURT: I am actually aware of that.

3 MR. RHENEY: So a cause of action has to be
4 based upon a fact existing at the time the representation
5 is made and that disputer knew to be false. Here he is
6 offered an opinion. A cause of action for fraud can't be
7 based opinion, can't be based on something off into the
8 future.

9 The second thing is the misrepresentation has
10 to be made directly from the speaker to the (inaudible)
11 who is injured. Dr. Sokol signed an affidavit and
12 provided it to a lady by the name of Ellen Ryback who was
13 the nurse who Mr. Parham got in touch it and it was
14 provided to Mr. Parham to be used in the underlying tort
15 claim. There wasn't even a representation much less a
16 misrepresentation by Dr. Sokol to Greenville
17 Pharmaceutical Research. There was no contact between
18 them. Greenville Pharmaceutical Research didn't retain
19 him. There's no connection between them at all so there
20 is no representation wrongly or rightly from Sokol to
21 Greenville Pharmaceutical Research.

22 Even if it's wrong, Your Honor, even if his
23 opinion was ultimately wrong, that's not improper in South
24 Carolina. The facts could have changed and ultimately the
25 opinion could have just been wrong. That's not improper

Greenville Pharmaceutical vs. Parham & Smith

1 in South Carolina.

2 The next thing, Your Honor, is the plaintiff
3 in this case Greenville Pharmaceutical Research, to
4 establish cause of action for fraud, you have to rely on a
5 misrepresentation to your detriment. Greenville
6 Pharmaceutical Research didn't rely on anything Dr. Sokol
7 said. In fact, they fought it every step of the way and
8 said, he's wrong, he's wrong, he's wrong, before they paid
9 \$300,000 to settle the case.

10 So there can be no reliance in this
11 situation. There was no representation from him to them
12 upon which they relied for anything.

13 And finally, Your Honor, Rule 9 and case law
14 requires that the Rule 9(b), "circumstances constitution
15 the fraud or mistake shall be stated with particularity."
16 There is no statement of particularity. They just said
17 fraud, fraud, fraud without saying -- they take issue with
18 his opinion and that's fine, but they have yet to state
19 with any particularity what the fraud was. It's just an
20 opinion that was used in a case.

21 On that basis, Dr. Sokol moves for the case
22 to be dismissed.

23 THE COURT: I see these as I walk in here but
24 there's also an allegation in there that he sent a letter
25 to someone who was operating a drug test and in that

Greenville Pharmaceutical vs. Parham & Smith

1 letter he said this guy's cancer was caused by the drug
2 test and it turns out he wasn't in the drug test. Am I
3 missing that?

4 MR. MANN: That allegation relates to Parham
5 Smith. It does not relate to Dr. Sokol. There's some
6 interconnection here.

7 THE COURT: That was just the last
8 allegation of the complaint.

9 Let me get this straight, this doctor is
10 asked by a lawyer to issue an opinion in an affidavit that
11 comports with the statute that's part of the tort reform
12 requiring a presuit affidavit and the defendant's
13 allegation is that his opinion was erroneous and that he
14 would have said anything if Mike Parham asked him to say
15 it?

16 MR. MANN: The affidavit was provided to him
17 that the medical records that he was provided to base his
18 opinion on was incomplete, that he signed the affidavit
19 without question. And furthermore in the complaint it
20 says when it ultimately came time to take his deposition
21 he threw up his hands and said I'm not going to make any
22 standard of care deviation opinions.

23 The whole purpose of the statute is to
24 require a physician to step up and state with
25 particularity what a physician did wrong. But for that

Greenville Pharmaceutical vs. Parham & Smith

1 affidavit, Greenville Pharmaceutical Research would have
2 never been drug into court, would never have been subject
3 to the litigation that they went through.

4 The letter that you referenced, Your Honor,
5 in the complaint it states that's the reason a settle
6 occurred. That was the knife being held to their throat
7 as to why it settled. It wasn't settled on the basis that
8 my client felt anything was every done wrong. It was
9 settled on the basis of a business decision.

10 I would like to incorporate two things if I
11 could, the memorandum that I provided to the Court. I'd
12 like to incorporate the complaint, of course, which is the
13 subject of this discussion and in the chance that this
14 complaint is somehow dismissed, I would like to orally ask
15 the opportunity to amend. I do think there's a legitimate
16 cause of action here. I think it has been articulated
17 within the complaint, and I think that the long and short
18 of it is that it has clearly and repeatedly been stated as
19 to the objections to Dr. Sokol's affidavit.

20 THE COURT: I'd like to tell you that I don't
21 think much of this. I know you're a good lawyer but what
22 I'm concerned about is it's very difficult, as you know,
23 to get a doctor -- let's assume -- for any reason to file
24 one of these affidavits because they're immediately
25 ostracized.

Greenville Pharmaceutical vs. Parham & Smith

1 The statute requires you to get one and thank
2 God I got out of that practice before that statute came
3 into place because I have my own opinions of it but all he
4 did was give his opinion that the threshold for filing the
5 lawsuit was there and if the opinion was wrong, then it
6 was wrong.

7 MR. MANN: May I briefly respond.

8 THE COURT: Sure, and I shouldn't have
9 started off by saying I don't think much of this.

10 MR. MANN: And I understand that, but my
11 background is I spent five years in Florida doing nothing
12 but with a personal injury law firm. They were one of ten
13 in Florida that fought against the tobacco industry.

14 THE COURT: It's like a killing kind of
15 affect to be honest with you.

16 MR. MANN: I think also, Your Honor, it's a
17 policing kind of affect and the complaint clearly states
18 an opinion was not offered.. Credentials were sold.

19 THE COURT: By that you mean sold for money?

20 MR. MANN: That's right. In other words, he
21 was being paid for a signature and he gladly provided it
22 upon an affidavit that was presented to him that he just
23 ripped the signature off on.

24 We're not even saying he had an opinion. We
25 don't think he had an opinion.

Greenville Pharmaceutical vs. Parham & Smith

1 THE COURT: The experts in the defendants
2 case get paid or did they come in and do it for free?

3 MR. MANN: Of course. Judge, I agree with
4 you totally but what I'm saying is in this case he got
5 paid for providing a signature to an affidavit that he
6 didn't care whether it was truthful or not and that's what
7 the complaint said.

8 THE COURT: I guess what I'm saying is giving
9 you the benefit of the doubt other than the fact that
10 there was a disagreement with it, what proof do you have
11 at this point that it was done specifically for
12 pecuniary interest and that what you're saying is he
13 didn't read anything and Mike Parham, rest his soul, could
14 have put down on there anything and he would have signed
15 it if you paid him money?

16 MR. MANN: That's exactly what the complaint
17 said. I took his deposition over two days and he refused
18 to answer any questions about his payments, his prior
19 cases, things of that nature. He ran from every basis of
20 inquiry into his prejudices. He testified that he only
21 testified for the benefits of plaintiffs, period, case
22 closed.

23 We may be outside of the four corners of the
24 complaint, but I think what I'm saying is within the gist
25 of the four corners of the complaint, and that is the man

Greenville Pharmaceutical vs. Parham & Smith

1 didn't care what his affidavit said. He didn't give an
2 opinion, Your Honor. He sold an affidavit to allow
3 Greenville Pharmaceuticals to be brought into court.

4 THE COURT: And they settled.

5 MR. MANN: They settled because as you quoted
6 that letter earlier and as the complaint states, they had
7 a knife held to their throat by Mr. Parham, God rest his
8 soul. He was intentionally putting pressure on Greenville
9 Pharmaceutical Research through very important third-party
10 businesses to affect the settlement. And that's the basis
11 of that aspect, which quite frankly they didn't file a
12 motion to dismiss on that because it's stated in the cause
13 of action.

14 He had a knife to their throat and Greenville
15 Pharmaceutical had to settle. And the reason they had to
16 settle because this individual, Dr. Sokol, simply threw
17 ink to paper irrespective of what the facts and what the
18 truth was.

19 He didn't provide an opinion, Your Honor. I
20 never ever alleged that he provided an opinion or
21 testified for day one. He was a paid for witness and
22 that's all he was, Your Honor.

23 THE COURT: And I really don't mean this to
24 be disrespectful as it sounds, I was lucky enough to be
25 involved with more veteran attorneys than me in medical

Greenville Pharmaceutical vs. Parham & Smith

1 malpractice and they were all paid for witnesses and, you
2 know.

3 MR. MANN: And, Judge, if I may say my
4 complaint is what he was paid for. He wasn't paid for an
5 opinion, he was paid for a signature on an affidavit.

6 THE COURT: This is what I'm going to do, I'm
7 going to grant your motion. You need time to amend to do
8 what?

9 MR. MANN: Your Honor, if you tell me where
10 I'm deficient then I will -- what's the basis for the
11 complaint being dismissed?

12 MR. RHENEY: Just for the record, Dr. Sokol
13 opposes the motion to amend. We've been down this road
14 before.

15 THE COURT: What he's telling me is -- I
16 don't think there's a cause of action here. I think if I
17 don't dismiss this, then ever doctor in the world that
18 signs -- and it could happen to the defense just the same
19 way -- could be subject to -- they are already under a
20 tremendous amount of pressure not to get involved in
21 these, but the remedy here is to go to the medical board
22 and say, this guy is not really doing what he's supposed
23 to be doing, he's a trained hire gun.

24 Look, I knew hired guns. They were the worse
25 things in the world because you could get them to say

Greenville Pharmaceutical vs. Parham & Smith

1 anything and as the late great Carrie Doyle, rest his
2 soul, used to tell you don't ever hire those people. If
3 he's that, then I think you all need to go to the medical
4 board.

5 I'm not sure there's anything you can do in
6 this case against Dr. Sokol.

7 MR. MANN: Judge, I don't know what grounds
8 other than what you just said I'm not pleading the cause
9 of action.

10 THE COURT: I think under the theory of
11 summary of judgment -- I think just looking at the case
12 and the facts and what I have in front of me, there's not
13 enough there to deny summary judgment.

14 MR. MANN: Here's what I would ask, Your
15 Honor. What I would ask that the order dismissing this
16 cause of action be without prejudice and let me talk to my
17 client and if I feel that an amendment can be made, I will
18 file a motion and that will give Mr. Rheney time to
19 respond to whatever I bring that.

20 THE COURT: I'll do that but you need to give
21 your clients this warning that unless something really
22 comes flying out of the sky, they would be subject to the
23 rules of civil procedure and the pecuniary nature of some
24 of those rules. I know you got pressure and this is not
25 towards you -- I hate that you have to get pre-lawsuit

Greenville Pharmaceutical vs. Parham & Smith

1 affidavits. I mean that was just absurd. I was in the
2 legislature and I know exactly where that came from, I
3 disagreed with it but that was just me. I was a democrat
4 what the heck, but --

5 MR. RHENEY: Your Honor, you were just asked
6 dismissing this without prejudice but fraud is the only
7 cause of action but it should be dismissed with prejudice
8 because there was no fraud.

9 THE COURT: I'm going to grant your motion
10 for summary judgment and if you want to refile something,
11 you can. I can't leave it open. If y'all go back and
12 y'all discover another way around the bush, than you can.

13 MR. RHENEY: Your Honor, I just want to put
14 this on the record that we oppose them filing a new
15 complaint. They can assert everything they need to assert
16 in this complaint and this complaint is being dismissed.
17 If they were going to assert something else, they need to
18 do it here and they don't get another bite at the apple.

19 THE COURT: I can't say to them in the future
20 that they can't file something. I understand what you're
21 doing and another judge may do that, but I guess that's my
22 concern about your position. I'm granting your motion for
23 summary judgment.

24 ---END OF TRANSCRIPT RECORD---

25

Greenville Pharmaceutical vs. Parham & Smith

1
2 I, the undersigned Caroline Hiskell, Official
3 Court Reporter for the Thirteenth Circuit of the State of
4 South Carolina, do hereby certify that the foregoing is a
5 true, accurate, and complete transcript of record of all
6 proceedings had and evidence introduced in the trial of
7 the captioned case, relative to appeal, in the Court of
8 Common Pleas of Greenville County, South Carolina on this
9 12th February of 2015.

10 I do further certify that I am neither of kin,
11 counsel, nor interest to any party hereto.
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Caroline Hiskell

FILE COPY

STATE OF SOUTH CAROLINA)
COUNTY OF GREENVILLE)
Greenville Pharmaceutical Research, Inc.,)
Plaintiff,)
vs.)
Parham & Smith, LLC and Gerald H.)
Sokol, M.D.,)
Defendants.)

IN THE COURT OF COMMON PLEAS
THIRTEENTH JUDICIAL CIRCUIT

CERTIFICATE OF SERVICE

Case No. 2014-CP-23-05776

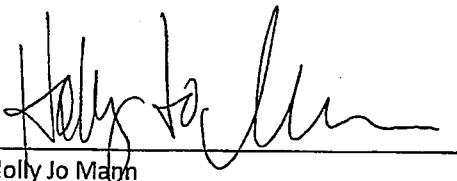
FILED-CLERK OF COURT
GREENVILLE CO. S.C.
PAUL B. WICKREHJMER
2015 SEP 14 PM 3 02

CERTIFICATE OF SERVICE

I, Holly Jo Mann, law clerk to F. Milton Mann, Jr., do hereby certify that I have served a copy of the **Amended Notice of Motion and Amended Motion for Reconsideration** upon the below listed, on this 9th day of September, 2015, by U.S. Mail, with proper postage affixed thereto:

T. David Rheney, Esquire
Gallivan White & Boyd, PA
PO Box 10589
Greenville, South Carolina 29603
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Jeffrey M. Bogdan, Esquire
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PO Drawer H
Charleston, SC 29402-0197
Attorneys for Defendant Parham & Smith, LLC


Holly Jo Mann

9/22/15

STATE OF SOUTH CAROLINA
CLERK OF COURT
GREENVILLE CO. S.C.
COUNTY OF GREENVILLE
EUL B. WICKENCINER

Greenville Pharmaceutical Research, Inc.,
2015 SEP 22 AM 9 04

Plaintiff,

v.

Parham & Smith, LLC and Gerald H. Sokol, M.D.,

Defendants.

IN THE COURT OF COMMON PLEAS
THIRTEENTH JUDICIAL CIRCUIT

C.A. No.: 2014-CP-23-5776

**DEFENDANT SOKOL'S
MEMORANDUM IN OPPOSITION TO
PLAINTIFF'S MOTION FOR
RECONSIDERATION**

This matter is before the Court on motion of the plaintiff for reconsideration of the granting of summary judgment to the defendant, Dr. Gerald Sokol, (hereinafter "Dr. Sokol"), and plaintiff's subsequent amended motion for reconsideration of the granting of summary judgment to Dr. Sokol. Alternatively, the plaintiff has requested the opportunity to amend that the complaint to assert additional causes of action against Dr. Sokol in this matter. Dr. Sokol hereby submits this Memorandum in Opposition to the Motions for Reconsideration.

A. The Court Properly Granted Defendant Sokol's Motion for Summary Judgment

In its motion the plaintiff claims that the Court raised the issue of absolute immunity of Dr. Sokol, sua sponte, during the hearing of Dr. Sokol's motion for summary judgment. The plaintiff claims the issue of absolute immunity was not properly before the Court because it was not pled by the Dr. Sokol in his answer, and further requests the opportunity to brief that issue. Dr. Sokol opposes that portion of the motion.

The Court did not grant the motion based upon the doctrine of absolute immunity. Instead, as stated by the Court on multiple occasions during the hearing, it granted Dr. Sokol's motion for summary judgment based on the merits of that motion, and it never expressed that the motion was being granted based on the doctrine of absolute immunity. Specifically, in response

ENTERED COMPUTER

to the plaintiff's argument that Dr. Sokol did not provide an opinion, but rather was a bought and paid for witness, the Court, based upon the record before it, stated "I think under the theory of summary judgment -- I think in looking at the case and the facts and what I have in front of me, there's not enough there to deny summary judgment." (Transcript @ p. 16). Later, the Court stated "I'm going to grant your motion for summary judgment and if [the plaintiff] want[s] to refile something, you can. I can't leave it open. If y'all go back and y'all discover another way around the bush, than [sic] you can." (Transcript @ p. 17)

Dr. Sokol's motion was not based upon the doctrine of absolute immunity. Instead, it was based upon the plaintiff's failure to properly plead a cause of action for fraud. In its complaint the plaintiff neither set forth the elements of fraud nor facts sufficient to support each element of fraud as required under South Carolina law. Specifically, the plaintiff failed to allege that Dr. Sokol intentionally made a false representation to it. The plaintiff also failed to allege that it relied to its detriment upon any false representation made by Dr. Sokol to it. Lastly, the plaintiff failed to allege any facts with particularity to support any of the nine elements of fraud, but instead merely alleged in conclusory terms that Dr. Sokol made false material misrepresentations, that he fraudulently claimed that he based his opinion as to liability upon his review of medical records, and that he fraudulently sold his signature to Mike Parham in order to appease Ms. Rieback.

The Court correctly concluded that the plaintiff had failed to properly alleged the nine elements of fraud and that the plaintiff had failed to plead facts with particularity as required under South Carolina law. Therefore, the Court correctly granted Dr. Sokol's motion for summary judgment. At no point did the Court state that it was granting the motion based upon the doctrine of absolute immunity of Dr. Sokol from a lawsuit. Therefore, the plaintiff's motion

for reconsideration should be denied. And, because of that, there is not merit to the plaintiff's request to brief the issue of the doctrine of absolute immunity and that request should be denied as well.

B. The Court Properly Denied the Plaintiff's Motion to Amend Its Complaint

During the hearing and in its motion for reconsideration the plaintiff requested that it be allowed to amend its complaint. Dr. Sokol opposed the motion during the hearing and opposes it now. (Transcript @ p. 14).

This is the second time Dr. Sokol has been sued under a theory that he improperly provided opinions in a pre-suit affidavit in the underlying Bruce litigation. The first lawsuit was filed in Pickens County, and in that lawsuit Alliance Biomedical Research, LLC, asserted causes of action for negligence *per se*, common-law fraud and, possibly, negligence, although that was not entirely clear. In that lawsuit Alliance claimed that it was not a proper party to the Bruce litigation because there was no connection between it and Greenville Pharmaceutical Research, Inc. That lawsuit against Dr. Sokol was dismissed on motion for summary judgment, in large part because Dr. Sokol never offered any opinions at all regarding Alliance in the Bruce litigation.

Thereafter Greenville Pharmaceutical Research filed this lawsuit against Dr. Sokol, and asserted the exact same claim for fraud that had been asserted by Alliance in the Pickens County case. Dr. Sokol promptly filed a motion for summary judgment on December 29, 2014. In his memorandum in support of that motion, Dr. Sokol specifically pointed out the defects in the plaintiff's complaint, just as he had in the Pickens County case. Despite that, the plaintiff never attempted to amend the complaint and never requested leave to amend the complaint until the time of the hearing, when it became apparent that Dr. Sokol's motion was going to be granted by

the Court, and counsel for Dr. Sokol objected to that request. The Court properly denied the plaintiff's motion to amend.

The plaintiff has tried and failed on two separate occasions to assert a cause of action for fraud against Dr. Sokol. Two separate courts have rejected that claim. In addition, the Pickens Court also rejected the claims of Alliance based upon the alleged violation of the pre-suit affidavit statute, *S.C. Code Ann. §15-79-125(2005)*, and negligence. While this Court held that it could not stop the plaintiff from asserting another claim against Dr. Sokol if the plaintiff could "discover another way around the bush", it properly held that it could not leave this lawsuit open because it was granting Dr. Sokol's motion for summary judgment on the only cause of action asserted against him. The plaintiff should not now be given yet a third of bite at the apple to assert a claim that has no merit and can have no merit under South Carolina law at the time and expense of Dr. Sokol. Therefore, the plaintiff's motion to amend should be denied.

Respectfully submitted,

GALLIVAN, WHITE & BOYD, P.A.


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Attorneys for Defendant Gerald H. Sokol, M.D.

Greenville, South Carolina

September 17, 2015

STATE OF SOUTH CAROLINA
GREENVILLE CO. S.C.
COUNTY OF GREENVILLE

IN THE COURT OF COMMON PLEAS
THIRTEENTH JUDICIAL CIRCUIT

Greenville Pharmaceutical Research, Inc.,

C.A. No.: 2014-CP-23-5776

Plaintiff,

v.

Parham & Smith, LLC and Gerald H. Sokol,
M.D.,

Defendants.

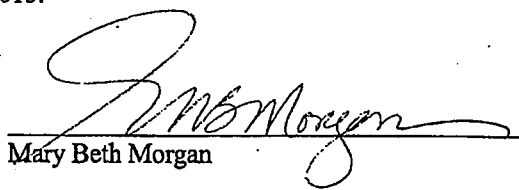
CERTIFICATE OF SERVICE

I hereby certify that I am an employee of the law firm of Gallivan, White & Boyd, P.A., counsel for Defendant, Gerald H. Sokol, M.D., and I have, this date written below, served the within Defendant Sokol's Memorandum in Opposition to Plaintiff's Motion for Reconsideration upon all counsel of record, by depositing a copy thereof in the United States Mail, postage prepaid, and addressed as follows:

F. Milton Mann, Jr., Esq.
151 Harold Fleming Court
Spartanburg, SC 29303

M. Dawes Cooke, Jr., Esq.
Alissa Fleming, Esq.
Barnwell Whaley Patterson & Helms, LLC
P.O. Drawer H
Charleston, SC 29402-0197

Signed this 17th day of September, 2015.


Mary Beth Morgan

IN THE COURT OF COMMON PLEAS JUDICIAL CIRCUIT
STATE OF SOUTH CAROLINA, COUNTY OF GREENVILLE

CASE NO.: 2011-CP-23-6967

-----X
John L. Bruce and Marilyn)
Bruce,)
)
Plaintiffs,)
)
v.)
)
)
Greenville Pharmaceutical)
Research, Inc. and Alliance)
Biomedical Group,)
)
Defendants.)
)
)
-----X

VIDEOTAPED DEPOSITION OF: GERALD H. SOKOL, M.D.
TAKEN: Pursuant to Amended Notice
of Videotaped Deposition
DATE: February 24, 2012
TIME: 5:03 p.m. - 6:24 p.m.
PLACE: Parliamentary Reporting
8520 Government Drive
Suite 4
New Port Richey, Florida
BEFORE: DEBORAH ANZALONE, FPR
Notary Public,
State of Florida
at Large

PARLIAMENTARY REPORTING, INC.
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APPEARANCES:																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				

2 (Pages 2 to 5)

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1 please direct it to me and I will do my best to 2 rehabilitate my question. And at any point in time I 3 have questions, I will do the same with respect to your 4 answers. Is that fair? 5 A. Absolutely. 6 Q. You've brought some material with you today? 7 A. Yes. 8 Q. Can you give us a brief overview of the 9 items that you brought with you? 10 A. Well, there are a couple of -- just a couple 11 of depositions that I really got really got kind of 12 recently, so I ran over them pretty quickly. 13 Q. Would you identify who the depositions are? 14 A. Yes. Apparently, it's Dr. or Mr. Steven Lee 15 Clemins and Nayan R. Desai. 16 Q. Okay. And what do you have next? 17 A. And then there's this packet of information 18 that is here, and it appears to be the medical records 19 that pertained throughout Mr. Bruce's medical history 20 or at least a good deal of it. 21 Q. I'm going to get into the depositions. I'm 22 just going to get some of the preliminaries out of the 23 way first. 24 A. Okay. 25 Q. And then we'll make a decision as to how	1 A. Well, when you say regarding Mr. Bruce's 2 condition -- 3 Q. Sure. 4 A. -- and opinion testimony -- 5 Q. Yes. 6 A. -- I'll tell you what I'm here for. You 7 know, there is a potential delay in diagnosis and I've 8 been asked to opine what that delay might have meant in 9 terms of causational injury. 10 Q. Okay. 11 A. And in terms of allocating blame -- 12 Q. Yes, sir. 13 A. -- or standard of care, the only thing I 14 have to say about that today is, hey, an X-ray that's 15 ordered that shows a lesion needs to be followed up on. 16 And I haven't got the details who might be culpable at 17 this time. 18 Q. Okay. And, Dr. Sokol, I appreciate that 19 because you're talking my language, and I appreciate 20 that, you're using things like liability and 21 culpability, and I appreciate that, because when you 22 start talking medical terms I'm going to be, you know, 23 with deer in the headlight with a really blank-eyed 24 stare, so I appreciate that. 25 But to get back, you're being paid for your
Page 7	Page 9
1 best to attach or copy these items or whether or not we 2 need to; is that fair? 3 A. Sure. 4 Q. At any point in time, if you need to refer 5 to anything, please do so. 6 A. Okay. 7 Q. Not to make light of the situation as to why 8 we're here, but, you know, the old adage of "Who Wants 9 to Be a Millionaire?" If you need to even call 10 somebody to get a better or more accurate answer, 11 Dr. Sokol, I'm all about that. 12 A. Okay. 13 Q. I'm in favor of doing whatever you need to 14 do to give us the best possible information today; is 15 that fair? 16 A. Let's see what we can do. 17 Q. All right. Thank you, sir. 18 Let me start out with just some preliminary 19 stuff. And, again, this is purely me just telling you 20 why I think I'm in Florida, and you can help me a 21 little bit. 22 It's my understanding that you've been 23 retained by the plaintiffs and the plaintiffs' law firm 24 to assist in providing some opinion testimony of 25 respecting Mr. Bruce's condition; is that fair?	1 time to come up with some, at least, for lack of a 2 better term, preliminary opinions by the plaintiffs and 3 the plaintiffs' litigation team, correct? 4 A. Yes. 5 Q. And you have to give yes or noes. 6 MR. MANN: And, Dr. Feldman, can you put 7 your phone on mute so that we don't hear you, 8 please? And hopefully that's occurred. So, 9 anyway -- 10 BY MR. MANN: 11 Q. But you were retained initially to, I 12 assume, do a records review; is that correct? 13 A. Correct. 14 Q. Okay. And you were given records to review 15 and then you came up with at least some type of initial 16 thoughts? 17 A. Yes, sir. 18 Q. And those initial thoughts at some point in 19 time got percolated, to use a coffee term, into an 20 affidavit? 21 A. Yes. You have a copy of it? 22 Q. I do. I do. 23 A. If I can take a look at it, so we can follow 24 along. 25 Q. I'm not trying to play hide the ball.

3 (Pages 6 to 9)

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Page 10	Page 12
1 A. No, I know. 2 Q. I want to just get the general understanding 3 down before we start getting into specifics, if that's 4 fair. 5 A. Sure. 6 Q. And for lack of the better term, the 7 mechanics. Now -- 8 A. Yeah. Do you have a copy of that affidavit, 9 just so I could follow it along? 10 MR. MANN: Let's take a break. 11 THE VIDEOGRAPHER: Request to go off the 12 record. Going off the record at 5:09. 13 (Brief recess.) 14 THE VIDEOGRAPHER: Back on the record at 15 5:14 p.m. 16 BY MR. MANN: 17 Q. Dr. Sokol, I think you've been provided your 18 affidavit. 19 MR. MANN: And let's go ahead and mark that 20 as Defendant's Exhibit 1, if we may. 21 (Document was so marked Defendant's Exhibit 22 No. 1 for identification.) 23 BY MR. MANN: 24 Q. And for your benefit, Dr. Sokol, I believe 25 it's a three-page document; is that correct?	1 Q. Okay. 2 A. And a very broad question. Gee, if an X-ray 3 is taken and it shows an abnormality, are you supposed 4 to do something about it? 5 Q. Right. 6 A. And the common wisdom of the average man, 7 much less the average doctor, would say, yes, that 8 needs to be done. 9 Q. Okay. So you've not been asked -- this 10 isn't a failure to diagnose cancer case; would you 11 agree with that? 12 A. Oh, cancer was diagnosed belatedly. 13 Q. So it's not a failure to diagnose cancer? 14 A. It's a failure to timely diagnose cancer. 15 Q. Or communicate potential findings? 16 A. A failure to diagnosis a cancer in a timely 17 fashion secondary to the fact that there was a delay in 18 communication. 19 Q. Okay. And your -- okay, fine. So moving 20 back into more general questions. I'm trying to just 21 ascertain where we are. 22 You were asked to review something to come up 23 with this information? 24 A. Yes. 25 Q. Okay. What were you asked to review?
Page 11	Page 13
1 A. Yes, correct. 2 Q. And I believe the court reporter has marked 3 it for us as Defendant's Exhibit 1, okay? 4 But before we get into the affidavit, in 5 general terms, I just want to try to make sure that we 6 both understand the same process. 7 Some states have what is known as a pre-suit 8 affidavit requirement; is that your understanding? 9 A. Some states have that, yes. 10 Q. And I believe Florida is one of those states 11 that does. 12 A. Could be. 13 Q. What about South Carolina? 14 A. I don't know. 15 Q. Okay. Were you asked to provide a pre-suit 16 affidavit? 17 A. Is this pre-suit affidavit? Nobody asked me 18 for that by that name so. 19 Q. Okay. Well, then, let's fine. Let's do it 20 that way. If -- and, again, I was looking for more 21 general knowledge, but that's fine. 22 What were you asked to do, Dr. Sokol? 23 A. Plain and simply, opine, as I told you, 24 about the potential causal injury associated with 25 the delay in diagnosis.	1 A. Well, I was sent this packet of information. 2 And this contains the PA and lateral chest examination 3 from Dr. Desai on 1/26, the PA and lateral chest 4 examination on 8/3/2010, the Greenville Pharmaceutical 5 Research records, the Upstate Lung and Critical Care 6 Specialist, P.C. records, the PET scan performed on 7 3/18/11, and the CT scan performed on 3/18/2011. 8 And there were some general medical 9 considerations that were included in here from 2000 to 10 2005 that dealt with medical care prior to that time. 11 Q. Okay. Did you bond those materials 12 yourself? 13 A. No, it was sent to me in that form. 14 Q. In that form? 15 A. Yes. 16 Q. Okay. Have you taken it apart since you 17 received it? 18 A. No. 19 Q. Okay. Have you added anything to it? 20 A. No. 21 Q. Okay. Did it come with a cover letter? 22 A. Yes. 23 Q. All right. Do you have that cover letter? 24 A. Yes. 25 Q. All right. Can you tell us the date of the

4 (Pages 10 to 13)

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Page 14	Page 16
1 cover letter? 2 A. Date: March 29, 2011. 3 Q. All right. And how many pages is the cover 4 letter? 5 A. One, two, three. One, two, three, and a CC. 6 Q. Okay. Okay. So four pages? 7 A. Yes. 8 MR. MANN: All right. Let's mark that as 9 Defense Exhibit No. 2, please. 10 (Document was so marked Defendant's Exhibit 11 No. 2 for identification.) 12 MR. MANN: Thank you, Madam Court Reporter. 13 BY MR. MANN: 14 Q. And then the bound materials, that is the 15 totality of the records that you were provided, 16 correct? 17 A. Yes, sir. 18 MR. MANN: I don't want to do a page count, 19 maybe later, but let's mark that as Composite 20 Exhibit No. 3, please. 21 (Document was so marked Defendant's Exhibit 22 No. 3 for identification.) 23 BY MR. MANN: 24 Q. And then in summation, what is that other 25 piece of paper you brought with you?	1 No. 5 for identification.) 2 BY MR. MANN: 3 Q. And then I believe you told me you've got 4 two depositions. So let's just get all this 5 housekeeping stuff out the way. 6 Do you know if they're complete copies of the 7 depositions, are they excerpts, are they -- 8 A. They look like complete copies. 9 Q. They look like complete copies? 10 MR. MANN: Do I have the stipulation that we 11 can refer to the depositions and they're simply the 12 depositions that have been taken in this matter; is 13 that fair? 14 MS. DEMINT: That's fine. 15 MR. HENRIKSON: That's fair. 16 MR. MANN: Because I would rather not make 17 them an exhibit, if we don't have to. Okay. 18 So for the record, we've got a stipulation 19 among the parties that when we refer to the 20 depositions that they are the depositions that have 21 been taken in this matter. 22 BY MR. MANN: 23 Q. And, Dr. Sokol, I think everyone agrees it's 24 what appears to be provided full copies of those 25 depositions. All right. Moving forward.
Page 15	Page 17
1 A. Oh, it's just a note. You mean this piece? 2 Q. Yes, that piece. What is that? 3 A. It's just some notes I took last night when 4 I was thumbing through the records. 5 Q. Okay. And how many pages of notes is that? 6 A. One half page. 7 Q. One half page. 8 MR. MANN: I'd like to mark that as Defense 9 Exhibit No. 4, please. 10 (Document was so marked Defendant's Exhibit 11 No. 4 for identification.) 12 BY MR. MANN: 13 Q. And I think you have an envelope; is that 14 correct? 15 A. I do. 16 Q. Okay. And is that the envelope that some of 17 the material came in? 18 A. This came in that. 19 Q. This came in that, okay. All right. 20 May I look at it for a second, please? 21 A. Yeah, sure. 22 Q. Thank you. 23 MR. MANN: Okay. Let's mark that as Exhibit 24 No. 5. 25 (Document was so marked Defendant's Exhibit	1 Dr. Sokol, so you received I think sometime 2 in March, is that correct -- 3 A. Yes. 4 Q. -- the information? 5 Now, prior to receiving that information, 6 what was the process for you to even have that 7 information come through the mail to you? 8 A. I got a call to inquire whether I would be 9 interested in reviewing a case of lung cancer -- 10 Q. Yes, sir. 11 A. -- that might have been belatedly diagnosed. 12 And I said I'd be happy to take a look at it. 13 Q. And who made that phone call to you, do you 14 remember? 15 A. Well, ultimately, it was Mr. Parham, but I 16 think somebody called on his behalf prior to that. 17 Q. Prior to you receiving those documents that 18 -- and what's the number? Is that 3? 19 A. Yes. 20 Q. Prior to receiving 3, how many phone 21 conversations did you have? 22 A. Maybe one. 23 Q. So you received one phone call, we'd like 24 you to review some records? 25 A. Yes, I think that's the way it came down,

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1 but I really don't remember exactly how many telephone 2 calls there were. 3 Q. Okay. Where did you receive that phone 4 call? 5 A. On my phone. 6 Q. Okay. And what is that phone number, 7 Dr. Sokol? 8 A. Let's see. I think it was on my cell phone. 9 Do you really want my cell phone? 10 Q. I do, yes, sir. 11 A. You want my cell phone? I don't know. Do I 12 have to give him my cell phone number? 13 Q. I would like your cell phone number. 14 A. Pardon me? 15 Q. I would like your cell phone number, yes, 16 sir. 17 A. I would like not to give it to you. 18 Q. How would a person -- 19 A. Call my office. 20 Q. How would a person get your cell phone 21 number to call you to solicit you for business? 22 A. Somebody had it, apparently, and possibly 23 from a previous communication. We'll get them in and 24 you can depose them, but I don't know exactly. I 25 presume some time they got it from me.	1 Q. And what is your business address? 2 A. You can probably use 18124 -- 3 Q. 18124. 4 A. -- Nestle Branch Court. 5 Q. I did not hear that, I'm sorry. 6 A. Nestle Branch Court, Hudson, Florida 34667. 7 Q. And what is that address, Dr. Sokol? 8 A. That's my office. 9 Q. Okay. Do you have someone in your office 10 that assists you primarily when you are doing records 11 review for individuals? 12 A. No. 13 Q. Do you have any staff whatsoever that 14 assists you -- 15 A. No. 16 Q. -- in these type -- 17 A. No. 18 Q. And this is not your primary form of income, 19 is it? 20 A. No. 21 Q. Okay. Your primary -- I'm asking, I don't 22 know -- but your primary form of income is to provide 23 some sort of medical service, correct? 24 A. I'm a physician, yes. 25 Q. Okay. And we'll get into that in just a
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1 Q. And I'm just curious. Because I represent 2 the defendants, I'm not allowed to know your cell phone 3 number, is that the thought process? 4 A. I'm not here to describe my thought process 5 for this issue. 6 Q. Sure. 7 A. Okay? I choose not to give it to you, 8 period, end of story. 9 Q. Okay. 10 A. Okay? There is a degree of privacy that I 11 like to retain. 12 Q. All right. What's your Social Security 13 number, Dr. Sokol? 14 A. You may have that, I believe. 15 Q. Thank you. 16 MS. DEMINT: I believe just the last four 17 digits. 18 A. 4399. 19 BY MR. MANN: 20 Q. 4399, okay. 21 MR. HENRIKSON: With the video, it's hard to 22 do. But on the printed transcript, just the last 23 four. 24 MR. MANN: I understand. Thank you. 25 BY MR. MANN:	1 second, but anyway. But -- and I don't want to -- 2 again, just trying to put it in layman's terms, so 3 forgive me. 4 But as a side job, you provide, on occasion, 5 expert testimony? 6 A. Yes, sir. 7 Q. And that's what brings you here today is 8 you're providing some of those services, correct? 9 A. Correct. 10 Q. All right. Now, how would a person 11 typically find that you are providing expert testimony 12 services? 13 A. Word of mouth. 14 Q. Do you do any advertising whatsoever? 15 A. No. 16 Q. Do you have a web site whatsoever? 17 A. No. 18 Q. Okay. All right. I'm just still, you know, 19 getting hung up on your cell phone number, but we'll 20 get back to that, and that's okay. 21 But how would a person get that number then? 22 I'm just curious. It's not something that you put in 23 public domain? 24 A. No, my cell phone is not in the public 25 domain.

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Page 22 1 Q. Okay. So how did the plaintiffs' litigation 2 team find that inner circle to get your cell phone? 3 A. Well, I told you, probably word of mouth. 4 Q. And would you know anybody that may have 5 passed that information along to them? 6 A. There are a lot of people that may have 7 passed it on, and those are the people that send me 8 cases. 9 Q. Okay. All right. In the year 2011 that 10 just passed, how many depositions did you give? 11 A. One or two a month. 12 Q. And which one would you say is more 13 accurate, one or two? 14 A. One or two. I can't tell you. Some months 15 two, some months one. 16 Q. Twelve or twenty-four in the year? 17 A. Somewhere between twelve and twenty-four. 18 Q. Okay. Do you keep a log of these matters? 19 A. I do not. 20 Q. Okay. Do you receive e-mails from anyone 21 respecting your expert testimony? 22 A. Occasionally. 23 Q. In this case particular, have you received 24 any e-mails? 25 A. Mostly just bureaucratic kinds of	Page 24 1 guys. 2 Q. I have no -- 3 A. You're not a spammer? The way you have that 4 on the deposition. 5 Q. I have contacted you, and I contacted you in 6 written format, Dr. Sokol. 7 A. Okay. 8 Q. And we'll get to that in a minute. 9 A. Okay. But I have your assurance on record 10 that I won't be spammed by any of your agents or 11 yourself or other adverse e-mail interaction? 12 Q. Well, Dr. Sokol, that raises an interesting 13 question. 14 Do you view all defense attorneys as 15 potential spammers? 16 A. No, but I view you as combative and picayune 17 so that you may well represent an unique -- an unique 18 brand of litigant. 19 Q. Okay. I'll take that for what it is. 20 A. As a compliment, certainly. 21 Q. Thank you, sir. 22 So what is your e-mail address, please? 23 A. It's gesol23@aol.com. 24 Q. All right. Is this the only address that 25 you've received e-mail --
Page 23 1 methodological things like, hey, this is the time to be 2 there. But, no, I don't believe I received any 3 substantive information pertaining to this case by 4 e-mail. At least, I don't remember any. 5 Q. Okay. 6 MR. MANN: I'm sorry. Go off the record for 7 one second. I'm sorry. 8 THE VIDEOGRAPHER: Going off the record at 9 5:29. 10 (Discussion held off the record.) 11 THE VIDEOGRAPHER: We're back on the record. 12 It's 4:33 {sic} p.m. 13 MR. MANN: Thank you. 14 BY MR. MANN: 15 Q. Dr. Sokol, I appreciate the brief recess. 16 But we were saying right before we took a break that 17 you from time to time have received from, in this case, 18 the plaintiffs' litigation team have contacted you by 19 e-mail, correct? 20 A. Yes, with bureaucratic details of the 21 deposition and whatnot. 22 Q. And what e-mail address did they use when 23 you were contacted, please? 24 A. I think I could give them my e-mail address, 25 don't you? I just didn't want to get spammed by you	Page 25 1 A. Yeah. 2 Q. -- from the plaintiffs -- 3 A. Yes. 4 Q. -- or the plaintiffs' litigation team? 5 A. Yes. 6 Q. All right. How long have you had that 7 e-mail address? 8 A. Years. 9 Q. Now, do you have any other e-mail accounts 10 that you use? 11 A. On occasion, I have some other e-mail 12 accounts. 13 Q. Are they purely professional or are they 14 purely private? 15 A. Some are private. And, I guess, I think I 16 have an e-mail account, a professional, but I never use 17 it. I don't even know the address actually. 18 Q. And, Dr. Sokol, I mean this in all 19 sincerity. Sometimes the process of asking questions 20 triggers recollections. 21 A. Yeah, so we'll see. 22 Q. So forgive me for asking some of these 23 questions. 24 A. Well, that's okay. Let's see if something 25 gets triggers.

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1 Q. And that's why I was asking. 2 So any of your other -- and, again, if you 3 have a purely private e-mail account, I could care less 4 about it, but if you have an e-mail account related in 5 any form or fashion towards your expert testimony, I 6 would love to know about it. 7 A. Okay. Yeah. No, that's it. 8 Q. And so -- 9 A. That's the one I use. 10 Q. And I'll give you an example. You know, if 11 you look up the Florida Bar Journal -- 12 A. Yeah, you have don't have to give me an 13 example. You got my e-mail address. Why don't we just 14 go ahead -- 15 Q. Well, I -- 16 A. -- because you're going to run out of a 17 time. And if you want to give me examples of things 18 that aren't important, that's your prerogative, but 19 we're going to leave and we're not going to finish 20 tonight, so do that at your own jeopardy. 21 Q. Dr. Sokol, I noticed this deposition for as 22 long as it takes. I appreciate your feedback. 23 A. Yes. 24 Q. I understand that you're leaving at 7 25 o'clock. We will do our time {sic} to be expeditious	1 Q. -- or primary office? 2 A. Yes. 3 Q. Do you do any of your expert preparation 4 work or, for lack of a better term, your -- do you do 5 any of your side work at another location? 6 A. If I'm traveling, I got a computer, and I 7 may do it at the airport. 8 Q. Okay. 9 A. Yeah. I'm -- 10 Q. But where do you store your materials? Do 11 you store them at your office? 12 A. Yes. You got the address. 13 Q. Do you keep copies of your depositions that 14 you're involved with? 15 A. No. 16 Q. Okay. So let me get this right. 17 You do not keep a list of your pending cases, 18 correct? 19 A. Pending cases? 20 Q. Sure. Cases that you -- 21 A. Oh, no, I don't. I don't keep lists, no. 22 Q. Okay. So you give one to two depositions a 23 month, correct? 24 A. Yes. 25 Q. You don't keep a list of which one -- how --
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1 with our time. 2 A. Good deal. 3 Q. And I would like to give you an example so 4 that maybe I may jog a memory -- 5 A. Okay. 6 Q. -- that may actually lead to something 7 because I'm seeking discoverable material, okay? 8 A. Yes. 9 Q. All right. Being licensed by the Florida 10 Bar, I have to give my e-mail address and they record 11 it in that journal. I don't know about physicians. 12 Is there a medical directory that -- for 13 example, if the State of Florida was contacting you, is 14 there a professional, for lack of a better term, e-mail 15 address for you? 16 A. No. 17 Q. Okay. Pretty quick. Pretty simple. I'm 18 sorry, but that was my question. 19 A. Okay. 20 Q. All right. Now, you gave me earlier your 21 address at 18124, correct? 22 A. Yes. 23 Q. And can we refer to that as simply your 24 office -- 25 A. Sure.	1 how do you know if you're having to give a deposition? 2 Do you have a calendar? 3 A. Yeah, I've got a calendar. 4 Q. Okay. Is it a hard calendar, like paper, or 5 is it an electronic calendar? 6 A. Well, sometimes it's both and sometimes it's 7 neither. 8 Q. Okay. 9 A. And sometimes it's a piece of paper in my 10 wallet. 11 Q. Okay. 12 A. I'm not a good record keeper. 13 Q. And that's fine. I'm not going to confess 14 my sins, but I'll say that I'm probably more like you 15 than not like you, but that's fine. 16 But tell me about your calendars; do you have 17 an electronic calendar? 18 A. Well, I have them, but I don't use them. 19 Q. Okay. How do you keep it straight when you 20 have to be there for a deposition? 21 A. How do I keep it straight? Well, I've got 22 little pieces of paper hanging around and little 23 stickies and things hanging on. And then I always tell 24 people Remind me a week before so I don't forget. 25 Q. Okay.

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1 A. Because, you know, half the time they're 2 cancelled for one reason or other. 3 Q. Right. 4 A. So I don't really waste a lot of time 5 keeping those kinds of things. 6 Q. In the material you brought today, do you 7 know when you were asked for depositional dates for 8 this deposition we're sitting at? 9 A. No. 10 Q. How did you remember to be here? 11 A. Luckily, I got a call on my cell phone. 12 Q. And you indicated to someone. 13 A. Yes, Ms. Demint. 14 Q. Okay. And so when did that call occur? 15 A. Oh, a few days ago. Two, three, four days 16 ago. 17 Q. And how did you know not to be out of town 18 this week? 19 A. Well, because I wasn't planning to be out of 20 town for a lot of weeks. 21 Q. Okay. 22 A. Ant this is one of a lot of weeks I wasn't 23 planning to be out of town. 24 Q. Okay. 25 A. And, you know, I kind of remember generally	1 A. You're the most apologetic guy I've run into 2 in a long time. 3 Q. I'm a nice guy. 4 A. I could tell. 5 Q. So, anyway, so that's your primary office 6 number. 7 Now, do you pay that phone bill? 8 A. Yeah. 9 Q. So that's a bill that comes to you? 10 A. Well, no, it actually comes to the group. 11 Q. Okay. So it's not a dedicated line just to 12 you? 13 A. No, no. 14 Q. Okay. How do you get paid for your 15 services? 16 A. What services? 17 Q. Providing -- we'll talk about your side job. 18 But for your expert testimony, how do you get 19 paid for that? 20 A. Well, typically, I will retain a case and 21 charge a flat fee. 22 Q. Okay. What is your flat fee on this case? 23 A. Well, it's a flat fee was basically the same 24 as everybody's else's flat fee. 25 Q. Yes, sir.
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1 when things are going to happen. 2 Q. But as far as keeping like a written 3 calendar, like a paper calendar, you don't keep one of 4 those? 5 A. No, no. 6 Q. And you don't have an assistant within your 7 office that kind of tries to help keep you on time? 8 A. No, nobody official. Any of the secretaries 9 in the office usually just give me a call if somebody 10 calls. 11 Q. All right. Now, is there a number at your 12 office? 13 A. Well, it's my office number, yeah. 14 Q. Can I have that? 15 A. Yeah, of course. 16 Q. Okay. 17 A. Do you want it from the telephone book or do 18 you want me to -- 19 Q. If you know it off the top of your head. 20 A. I do, yes. 868-9208. 21 Q. 868? 22 A. 9208. And it's 727 area code. 23 Q. 702? 24 A. No, 727. 25 Q. 727. I am so sorry.	1 A. But it's \$1,500, and that's about what this 2 one came to, though it was -- though I think I was 3 asked to account for my hours, which I did, but I 4 charge a flat fee, that's kind of what I do. 5 Q. And do you generate a bill or -- excuse me, 6 let's back up, because you gave me several pieces of 7 information. 8 You were asked by who to account for your 9 hours? 10 A. This law firm. 11 Q. Okay. And how did you account for those 12 hours? 13 A. Well, I calculated the -- 14 Q. Hang on. Let's hold on. 15 A. I calculated the number of hours that I 16 spent -- 17 Q. Yes, sir. 18 A. -- subtracted an hour for daydreaming time 19 when I was looking at it and then sent a bill. 20 Q. And where did you keep those time records? 21 A. In my head. 22 Q. Okay. So you didn't write them down 23 anywhere? 24 A. I might have written them down. Didn't you 25 get a time thing?

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1 MS. DEMINT: I don't know. 2 BY MR. MANN: 3 Q. And, Dr. Sokol, in all fairness to 4 plaintiffs' counsel -- 5 A. Yeah, I don't usually write a bill. 6 Q. Okay. 7 A. And I might have in this case, but, quite 8 honestly, I'm not sure that I did. 9 Q. Okay. 10 A. I might have just called it in. 11 Q. Okay. 12 A. But, typically, I don't bill. I just charge 13 a flat fee, that's how I usually do it. 14 Q. And what does that flat fee cover? 15 A. Covers reviewing the case and pretty much 16 all the activities that might occur up until deposition 17 time. 18 Q. So the flat fee occurs prior to you walking 19 in this door for your time, prior to walking in the 20 door, correct? 21 A. Yeah, and preparing for the deposition. 22 Q. It's my -- 23 A. It's pretty much until the deposition comes 24 along. 25 Q. And it's my understanding at some point in	1 that I didn't get it. I was -- 2 Q. And that's an appearance fee; is that 3 correct? 4 A. An appearance fee? 5 Q. For the deposition. 6 A. Yes. 7 Q. And what about trial testimony? 8 A. Trial testimony, it usually comes to about 9 the same thing, \$250 an hour door to door, but it could 10 vary a little bit. 11 Q. And what does "door to door" mean? I'm 12 sorry. 13 A. From the time I leave to go to court to the 14 time I come back. 15 Q. So we're saying travel time is \$250 an hour? 16 A. No, I'm saying door to door is \$250 an hour. 17 Q. Okay. So, in other words, from the minute 18 you leave to the minute you get back, whether you're 19 sitting on the witness stand or whether you're sitting 20 in line at a restaurant, it's \$250 per hour? 21 A. Well, sometimes I don't charge to eat. 22 Q. Okay. 23 A. I have a little deduction too for like 24 sleeping and eating and things like that, so when I'm 25 on the road to go do a testimony.
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1 time you will bill me for your time today, correct? 2 A. You mean I didn't already bill you? 3 Q. I don't think I ever received one. 4 A. Oh, crumby, then I shouldn't even be here. 5 You mean you haven't paid me and I'm here? I can't 6 believe it. Usually I request a bill in advance, so 7 I'm shocked that I'm here. 8 Q. Do you take -- 9 A. That's why I better get a secretary. 10 Q. -- Visa or Mastercard? I mean, I'll pay 11 now. 12 A. I don't do Visa. 13 Q. Okay. So, anyway. So, do you have anyone 14 that helps you generate those bills? 15 A. No, not really. 16 Q. Okay. 17 A. Sometimes one or another secretary might do 18 it, but nobody specifically. 19 Q. Okay. And after this flat fee retainer of 20 \$1,500, how do you bill beyond that? 21 A. How do I bill beyond that? 22 Q. Yes, sir. 23 A. Well, usually it's \$250 an hour for 24 preparing for the deposition. And usually I charge 25 \$1,200 in advance for the deposition, so I'm shocked	1 Q. And you brought it up, so I'll go ahead and 2 ask. 3 What is sleep time billed at? 4 A. Zero. 5 Q. Okay. Because I assume the theory is you'd 6 be doing it anyway? 7 A. That's the theory. 8 Q. All right. 9 A. Same with eating. 10 Q. Got you. What other fees do you charge, 11 Dr. Sokol? 12 A. That's it. 13 Q. All right. Now, we've established -- and 14 again, how do you bill this out? Do you handwrite 15 bills? Do you type bills? Do you e-mail bills? 16 A. Sometimes I -- sometimes I -- sometimes any 17 of them those might be. Sometimes I'll e-mail it. 18 Q. Okay. 19 A. Sometimes I'll write it out by hand. 20 Q. Okay. So -- and, again, putting the shoe on 21 the other foot for a minute, okay? 22 A. What shoe is this foot? 23 Q. One of my shoes, you know. But if I'm an 24 individual trying to really just take a look at, you 25 know, how much money you receive, you make, you know,

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1 if there's -- and I think you've had these questions 2 before, if there's a potential bias or anything of that 3 nature, you know, if I've just got any of those 4 concerns, right, you would agree with me the lack of 5 records make it doggone hard for me to really look at 6 it? 7 A. Well, I'm not prepared to agree or disagree 8 with that issue, but quite simply -- 9 Q. Yes, sir. 10 A. -- I've got other things to keep records 11 that are much more important to me than those kinds of 12 things. 13 Q. How much money did you make on your twelve 14 to twenty-four depositions and -- 15 A. I don't know the exact number. 16 Q. -- court appearances and all of that kind of 17 stuff? 18 A. Maybe ten percent of my income. 19 Q. Ten percent? And what was your income last 20 year? 21 A. That's on my telephone. 22 Q. Okay. So you keep that beside your cell 23 phone? 24 A. That's right. That's private information. 25 Q. Wrapped in your cell phone bills?	1 Q. So you make the request and then you just 2 hope the good will of the people that are employing you 3 will -- 4 A. Usually I try to remember whether I get it 5 or not. 6 Q. -- float you a check? 7 A. Usually I do. 8 Q. Do you have any amounts of money that you 9 write off on your taxes for failure to pay? 10 A. No. 11 Q. Oh. Because that would be a deductible, I 12 think. 13 A. I don't think so. 14 Q. Really? For work not paid, accounts 15 receivable not collected? 16 A. I don't think so. Not for labor. I know 17 for material goods or capital goods, but I don't think 18 for labor. But I don't know. I'm not an accountant. 19 Q. Me either, but I'm just curious. So 20 anyway -- 21 A. Do you want to Google and take another 22 break? 23 Q. No, not right this minute. We'll take one 24 in a little while. How about that? 25 A. Okay.
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1 A. It's private information. 2 Q. Okay. Who prepares your taxes? 3 A. I have an accountant. 4 Q. Okay. And who is this accountant? 5 A. That's private information. 6 Q. Okay. And why is it private? 7 A. Because it's none of your business. 8 Q. Who says? 9 A. I do. 10 Q. All right. So we'll accept that and move 11 forward. How about that? 12 A. Sounds good. 13 Q. All right. How do you know if you get paid 14 for your time? 15 A. Well, usually I get a check, but you can see 16 that it's not a really perfect system because, 17 apparently, you didn't pay me and here I am, so, boy, 18 I've got -- I've got to tighten that system up a little 19 bit. 20 Q. There are some serious holes? 21 A. Apparently so. 22 Q. Okay. But thinking through this, though, if 23 you do make that request for payment, do you have an 24 accounts receivable file? 25 A. No.	1 Q. All right. So at some point in time you 2 were requested, you received information, you charge 3 \$1,500, and you reviewed a certain level of 4 information, correct? 5 A. Correct. 6 Q. And you came to -- I would assume that you 7 didn't dictate the affidavit that was previously marked 8 as Defense Exhibit No. 1, I assume you didn't dictate 9 that -- 10 A. Per se. 11 Q. -- right out of the box, did you? 12 A. No, no. 13 Q. Okay. 14 A. This was a product of a conversation. 15 Q. Okay. And how many conversations did it 16 take to come up with this affidavit? 17 A. Maybe one or two. 18 Q. Okay. All right. And so tell me, did you 19 type the affidavit -- 20 A. No. 21 Q. -- Dr. Sokol? You didn't? 22 A. No. 23 Q. Who prepared the affidavit? 24 A. I presume Mr. Parham's office. 25 Q. Okay. So you didn't type this up?

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1 A. No, sir. 2 Q. Was there more than one draft? 3 A. You know, I don't remember. 4 Q. Okay. 5 A. I'm sorry. 6 Q. How did you get the affidavit? 7 A. I -- I'm just looking to see if this was 8 faxed or something, but I assume it was mailed. 9 Q. All right. Was it e-mailed to you? 10 A. Yes. 11 Q. So it was e-mailed? 12 A. Well, you know, I'm just not sure. I just 13 don't know whether it was e-mailed or mailed. 14 Q. Okay. Did you see a draft prior -- and 15 again, I may be going in a circle, I apologize, because 16 sometimes my memory does that, but do you have a 17 recollection of seeing a draft that you made revisions 18 to? 19 A. I really do not remember making revisions -- 20 Q. Okay. 21 A. -- to a written draft. 22 Q. Okay. And I appreciate you qualifying that. 23 Do you remember making revisions to an oral 24 draft? 25 A. Well, we discussed it so --	1 A. Oh, golly, years. 2 Q. Do you know if she keeps a file of the 3 things that she notarizes? 4 A. You'd have to ask her. 5 Q. Okay. Is she still there? 6 A. Uh-hum. 7 THE COURT REPORTER: Yes? 8 BY MR. MANN: 9 Q. I'm sorry, you have to give yes or no. 10 A. Yes. Yes. 11 Q. All right. Did you bring a copy of your CV 12 that was also attached to your affidavit? Did you 13 bring a copy of it? 14 A. No, I didn't. 15 MR. MANN: All right. I'm going to have to 16 call on help because I've got marks on my copy. 17 Does anybody have a clean copy of Dr. Sokol's 18 CV? 19 MS. DEMINT: Let's see. 20 MR. HENRIKSON: Here you go. 21 MR. MANN: What number are we up to? Let's 22 mark this as 6. Defendant's No. 6, please. 23 (Document was so marked Defendant's Exhibit 24 No. 6 for identification.) 25 BY MR. MANN:
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1 Q. Okay. 2 A. -- I'm sure that there might have been 3 revisions. I don't remember what they might have been, 4 but it was discussed, and I guess this was the product 5 of that discussion. 6 Q. And at some point in time you, obviously, 7 saw it, correct? 8 A. Of course. 9 Q. Looking at page 2 for me, if you would, 10 please, I see a signature down at the bottom of the 11 page -- 12 A. Yes. 13 Q. -- above your name -- 14 A. Yes. 15 Q. -- M.D. Is that, in fact, your signature? 16 A. Yes. 17 Q. And do you recall if you did, indeed, sign 18 it on the 26th day of May 2011? 19 A. It would appear that I did. 20 Q. Okay. And let's flip over to the next page. 21 May we flip to the third page? I'm sorry. 22 A. Sure. 23 Q. Who is Evelyn? 24 A. One the secretaries in our office. 25 Q. And how long has she worked in your office?	1 Q. Dr. Sokol, you've been presented a document 2 that's been marked Defense Exhibit No. 6. 3 Could you please count the number of pages 4 for us and tell me how many there are? 5 A. Nineteen. 6 Q. Are we just relying on the numbers? 7 A. Yeah, I didn't count them, but I think it's 8 nineteen. 9 Q. I hate to admit this, looking at my copy in 10 my file, I'm missing page 9. 11 Is that one missing page 9? 12 A. Yes, it is. Wait a second. Yes, it's 13 missing page 9. 14 Q. Okay. So at least we're consistent. We'll 15 figure out where page 9 is at some point in time -- 16 A. Okie-dokie. 17 Q. -- and maybe come back to it. 18 A. All righty. 19 Q. Does that appear to be the CV that you 20 provided in connection with your affidavit? 21 A. Probably so, but there may be a more 22 recent -- a more recent edition. 23 Q. Which edition is this one? 24 A. I don't know what number it is, but I think 25 that CV is up to 21 or 22 pages now.

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1 Q. This is the CliffsNotes? 2 A. In a way it is, yeah. 3 Q. All right. But looking at -- let's go back 4 to Exhibit No. 1, please. 5 A. Okay. 6 Q. Looking at Exhibit No. 1 -- 7 A. Exhibit No. 1? What's Exhibit No. 1? 8 Q. It's your affidavit in this case. 9 A. Okay. 10 Q. I'm sorry, Doctor. But looking at it in the 11 first paragraph it indicates that your qualifications 12 and backgrounds are listed in the CV, correct? 13 A. Yes. 14 Q. I think that's the last paragraph. 15 And it has been represented to me that 16 Exhibit No. 6 is the CV that was attached? 17 A. Could well be, yes. 18 Q. Okay. But you have a newer -- 19 A. I do. 20 Q. -- CV? 21 A. Yeah. 22 Q. How would I obtain a copy? Could I ask 23 plaintiffs' counsel for a copy to be provided? 24 A. You certainly could. 25 Q. All right. And as we're talking about CVs,	1 Q. Where do you keep your CV? 2 A. In the office. 3 Q. In the office? So on one of the office 4 computers? 5 A. Yes. 6 Q. Looking at your CV, is the 9248, is it 7 Vendome Drive -- 8 A. Yes. 9 Q. -- Bethesda, Maryland, is that still a 10 current address? 11 A. It's one -- it's a place I have up in 12 Washington when I'm up there teaching and whatnot. 13 Q. And you're licensed, I think, to practice 14 medicine in Washington, D.C.? 15 A. I am. 16 Q. But not necessarily in Maryland? 17 A. I'm also licensed in Maryland. 18 Q. Okay. Looking at page 2 of your -- 19 A. CV? 20 Q. -- CV, yes, sir. I didn't see Maryland 21 listed, that's why I was curious. 22 A. Actually, there are some other states too. 23 Q. Tell me the other states that you're 24 licensed in. 25 A. Arizona.
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1 for just a second, let me ask: The new one you think 2 is two or three more pages, correct? 3 A. Yeah. 4 Q. All right. What is this additional two or 5 three pages that have occurred in the last year? 6 A. Some articles that I've written, some 7 presentations at national and international meetings, 8 some abstracts and poster sessions at national and 9 international meetings. 10 Q. Okay. Work experience type items? 11 A. Mostly, yeah, academic activities. 12 Q. Academic, okay. Academic activities? 13 A. Yes. 14 Q. Thank you. Did you type your CV? 15 A. Yeah, I did. 16 Q. And do you update your CV? 17 A. Periodically, but not as consistently or as 18 often as desirable. 19 Q. But you don't have a staff member that helps 20 with you that? 21 A. No, unfortunately not. 22 Q. Okay. And you mentioned earlier that you 23 have a computer that you carry with you. 24 Is that where you keep your CV, as well? 25 A. No.	1 Q. Arizona, okay. 2 A. California. I think Massachusetts I just 3 let lapse. 4 Q. Mass is a question mark. California is 5 good? 6 A. Yeah. I think New Jersey is still good. 7 Q. New Jersey, okay. What else? 8 A. I think that's it. 9 Q. All right. 10 A. New Jersey, Massachusetts maybe, California, 11 Arizona, Washington, Maryland. I think that's it. New 12 Jersey. 13 Q. And any reason they're not listed? 14 A. What? On here? 15 Q. Yes, sir. 16 A. Sin of omission. 17 Q. Okay. All right. Looking back, can you 18 give me, for lack of a better term, and, again, I'm 19 going to let you do this, it will be a lot quicker, can 20 you give me a thumbnail sketch of your educational -- 21 A. Yeah. 22 Q. -- and professional? 23 A. Sure. 24 Q. Thank you. 25 A. Graduated medical school from Indiana

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1 University, combined degree program in experimental 2 medicine with a master's degree in pharmacology and a 3 medical degree. Intern, Temple University. Internal 4 medicine residency, Public Health Hospital in 5 affiliation with the National Cancer Institute and 6 Hopkins, Johns Hopkins, and University of Maryland. 7 Medical oncology, Harvard Medical School. Radiation 8 oncology, Harvard Medical School. Clinical 9 pharmacology, Harvard Medical School. Then I came to 10 Florida. 11 I was on the faculty at University of South 12 Florida in medicine, clinical pharmacology. Chief of 13 Department of the oncology program at Tampa General 14 Hospital, a teaching hospital. 15 Then I left to actually go spend time in 16 Washington. Spent time teaching at the Uniform 17 Services University working with Health and Human 18 Services. And then kept that affiliation, those 19 affiliations, and then came back to Florida to 20 practice, to continue to practice. 21 Q. Is that good? Okay. 22 A. Here I am. 23 Q. No, I appreciate it. 24 And I noticed you got some current positions 25 listed.	1 Q. So is that 70 percent? 2 A. Yeah. 3 Q. We've still got three other ones to do. 4 A. I do? What else? Let's see. Where are 5 you? 6 Q. I'm at No. 2 on your current professional 7 positions on page 1. 8 A. Let's see here. Two, yeah, those are just 9 medical staff. Those are unpaid positions. 10 Q. Okay. So the other one we'll say is 80ish 11 percent? 12 A. Yeah. Well, I don't know. It's hard to 13 say. That's -- I know you're a quantitative guy, but 14 I'm bad with those numbers. 15 Q. Well, I mean, your accountant could tell us, 16 right? 17 A. Doubtful. 18 Q. If he doesn't know, who does? 19 A. We're going to find out because I have a new 20 accountant. 21 Q. Okay. Fair enough. Now, let's look over to 22 page 2. 23 You're board certified in a few things; is 24 that correct, Doctor? 25 A. Yes.
Page 51	Page 53
1 A. Yeah. Let's see here. 2 Q. And I assume this is the other 90 percent of 3 your income? 4 A. Yeah. 5 Q. Okay. The '96 to present as the medical 6 officer for the Center of Drug Evaluation and Research 7 with the FDA -- 8 A. Yeah. 9 Q. -- tell me about that. 10 A. It is an appointment that I have for 11 consulting. 12 Q. Is it a paid appointment? 13 A. Yeah, sure. 14 Q. And what approximately -- I know you don't 15 want to talk numbers, so what about percentages? What 16 percentage does that make up of your income? 17 A. Ten percent maybe. 18 Q. Okay. So that's ten percent. 19 And Director of Oncology, New Hope Cancer 20 Center? 21 A. That's just a private practice. 22 Q. Okay. What percentage of that 80 percent 23 that's left does that make up? 24 A. That's the predominant part of it. That's 25 the major part of my income.	1 Q. All right. And looking at the first one, 2 you were board certified with the American Board of 3 Internal Medicine? 4 A. Correct. 5 Q. And that certification was in the year of 6 1972, correct? 7 A. Is that right? Might have been '73. Might 8 have been '73. 9 Q. Now, Doctor, you already told me you 10 maintain your CV? 11 A. Yeah, so I'm taking the responsibility for 12 the inaccuracy. 13 Q. So either '72 or '73? 14 A. Yeah. 15 Q. Now, I know just enough to have some 16 questions, so you're going to have to educate me a 17 little bit about board certifications, please. 18 The internal medicine, what's the number 19 passed that? 20 A. The number to pass it? 21 Q. The number passed that. You've got a number 22 here -- 23 A. Oh. 24 Q. -- 4433. 25 A. That's my certificate number.

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Page 54 1 Q. That's your certificate number? Okay. 2 And, Doctor, you had -- how did you become 3 board certified in internal medicine? 4 A. Well, I did a residency -- 5 Q. Yes, sir. 6 A. -- applied, was accepted, and then became a 7 slave for two years and enact in addition learning the 8 art of internal medicine through practice, imitation, 9 mentoring, reading, studying, working, slaving away. 10 Q. Was there a test? 11 A. Sure. 12 Q. And did you pass the test? 13 A. Yeah. 14 Q. And was the test necessary to become board 15 certified? 16 A. Absolutely. 17 Q. And, again, going back, internal medicine 18 now has sub-boards -- 19 A. Yes. 20 Q. -- is that correct, such as pulmonology? 21 A. Yes. 22 Q. And when you became board certified in 23 internal medicine in '72 or '73, it's my understanding 24 you don't have to recertify in internal medicine? 25 A. I was grandfathered.	Page 56 1 ionizing radiation to treat cancer, and it makes us a 2 specialist in the diagnosis and treatment of cancer 3 utilizing that form of radiation, i.e., ionizing 4 radiation. 5 Q. So this is not taking X-rays or CT scans? 6 A. Well, it's part of the practice, but it's 7 not part of the therapeutic part. We utilize CT scans 8 and X-rays in developing our treatment plan. 9 Q. And, for example, if you were board 10 certified in, say, interpreting X-rays, would it be 11 American Board of Radiology Diagnostic Radiology -- 12 A. Yeah. 13 Q. -- is that correct? 14 A. That's correct. 15 Q. And these are two very different board 16 certifications? 17 A. Yes, they are. 18 Q. All right. And you've not -- and, again, I 19 assume you're listing the ones that you're currently 20 boarded in, correct? 21 A. Yes. 22 Q. All right. In the past, have you been board 23 certified in radiology, diagnostic radiology? 24 A. No. 25 Q. All right. Looking at '77, Board of
Page 55 1 Q. You were grandfathered? 2 A. Yes. 3 Q. So once and done? 4 A. Yeah. That was a good thing. 5 Q. Anytime we get those perks we smile and go 6 along, correct? 7 A. Amen. 8 Q. '76, Board of Radiology, American Board of 9 Radiology? 10 A. Yes. 11 Q. And that says besides therapeutic radiology? 12 A. Yes. 13 Q. Is '76 right? 14 A. Yes. 15 Q. All right. Was that a test? 16 A. Oh, yeah. 17 Q. Do you have to re-test? 18 A. Grandfathered. 19 Q. Okay. Again, once and done, you are now 20 certified henceforth; is that correct? 21 A. Correct. 22 Q. What is therapeutic radiology? Because I 23 have no idea. 24 A. Therapeutic radiology is now referred to as 25 radiation oncology. It deals with the utilization of	Page 57 1 Internal Medicine, sub-specialty oncology. 2 A. Yes. 3 Q. Took a test? 4 A. Sure. 5 Q. And I assume passed? 6 A. Yes. 7 Q. All right. And became board certified? 8 A. Yes. 9 Q. Are we grandfathered? 10 A. Yes. 11 Q. All right. Thumbing on down, 1991 American 12 Board of Clinical Pharmacology? 13 A. Yes. 14 Q. Again, I would assume that there's a test? 15 A. Correct. 16 Q. And, again, I'm going to ask: Are you 17 grandfathered into that specialty? 18 A. I'm not sure that they have a requirement 19 for repeat testing. 20 Q. Okay. So we don't know. 21 So if it has a ten-year cycle, would you be 22 currently board certified? 23 A. Well, let's see. When was I board 24 certified? 1992. That would bring us to 2002. 25 Q. No, I'm talking about the '91 one. I'm

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Page 58 1 sorry. I'm one up from where you are. 2 A. One up? Well, then -- 3 Q. American Board of Clinical -- 4 A. So let's add a year then. 5 Q. All right. 6 A. So that would take us to 2001. If it's 7 beyond 2001, it's a repeat board certification was 8 required, which I don't believe it is, then I would not 9 be board certified. 10 Q. All right. Looking at the next one. But -- 11 and, again, to ask my question just a slightly 12 different way: You have not taken a recertification 13 board test? 14 A. Nor have I been asked or required to. 15 Q. Thank you. Thumbing on down, American Board 16 of Quality Assurance? 17 A. Yes. 18 Q. What is the No. 30431? 19 A. I believe that refers to the certificate 20 number. 21 Q. All right. And I assume you took a test? 22 A. I did. 23 Q. And you passed the test? 24 A. I did. 25 Q. And, again, we're looking back at 1992.	Page 60 1 Q. And, again, I'm simply asking you to educate 2 me -- 3 A. Right. 4 Q. -- because I look at these things more than 5 I want to, but -- 6 A. Sure. 7 Q. -- they're all put together different. I 8 just want to make sure. 9 A. Right. 10 Q. So working on the premise that the listing 11 of written articles -- 12 A. Uh-huh. 13 Q. And you have to give her yeses and noes, I'm 14 sorry. 15 A. I already told her uh-huh means yes and 16 she's going to convert that automatically. 17 Q. I'm still going to do my best to keep the 18 record clean. We'll all work together. 19 A. And yeah is yes, so... 20 Q. And having lived in Maryland I understand 21 some of this, so, anyway. All right. 22 On page 13, though, your peer review 23 publications -- 24 A. Yes. 25 Q. -- I think that goes from page 13 through
Page 59 1 Do you know if there is a recertification 2 process? 3 A. There is a recertification process for that. 4 Q. Okay. 5 A. And I believe it's every two years actually. 6 Q. Okay. Wow, they believe in testing. 7 A. Yeah. 8 Q. So every two years? 9 A. Yes. 10 Q. And have you maintained your board 11 certification? 12 A. I have. 13 Q. All right. You've got a listing of peer 14 review material that I believe is in your CV; is that 15 correct? I think it starts on page 13. 16 A. Oh, 13. Okay. Okay. 17 Q. Or let's do this a different way. I think 18 this will help all of us to keep things in perspective 19 a little bit faster. 20 Where does the listing of written materials 21 start in your CV? In other words, articles or things 22 of that nature that you somehow have participated in 23 that have been published. I believe it starts on page 24 13, but I'm not sure. 25 A. Yeah, I think that's correct, page 13.	Page 61 1 page 14? 2 A. Yes. 3 Q. Okay. Which of these articles, if any, do 4 you think are relative to the questions that are 5 presented by Mr. Bruce's case? 6 A. Probably none of them. 7 Q. Okay. Do you want to take a second to look 8 at them -- 9 A. No. 10 Q. -- or are you confident with that answer 11 that none of those would have a bearing on the issues 12 that we're talking about? 13 A. Yeah, I don't think any of the peer reviewed 14 articles have anything to directly do with lung cancer. 15 Q. All right. The next section I believe 16 starts on the bottom of page 14. 17 A. Yes. 18 Q. And that lists what, abstracts? 19 A. Yeah, those are short publications. 20 Q. And I think that carries through to page 18, 21 if I'm not mistaken, Dr. Sokol? 22 A. Yes. 23 Q. And I am pronouncing your name right? 24 A. Oh, yeah, you're doing a great job. 25 Q. Thank you very much. When we get to the

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Page 62 1 medical terms I'm really going to shine because I can't 2 pronounce any of them, but anyway. 3 But looking at your abstracts, which of these 4 abstracts would have any kind of relevance to the facts 5 of Mr. Bruce's case? 6 A. Well, let's see here. I think there was an 7 article here on cytology, which was -- 8 Q. Can you give me the number? 9 A. The number? 10 Q. I'm all about numbers, remember? 11 A. Okay. Let's see. Gee, did it get dropped? 12 Oh, this one. 3, actually. 13 Q. Okay. So No. 3 is one? 14 A. Yeah. 15 Q. All right. Any others? Now, I have a 16 question for you. 17 Oat cell cancer, what is oat cell cancer? 18 A. Oat cell cancer is referred to as small cell 19 cancer. It's a variety of lung cancer. In the article 20 it reviewed the accuracy of cytology, however, in oat 21 cell, but it referred to the accuracy of cytology in 22 non-oat cell cancer, as well. 23 Q. Which does Mr. Bruce have? 24 A. He had a non-small cell cancer. 25 Q. Okay. All right. And I think it's referred	Page 64 1 Q. Which one is that one? 2 A. That's 27. 3 Q. All right. So 27 is tangentially? 4 A. Yeah. 5 Q. All right. What else? 6 A. And then there's several articles here on 7 polypharmacy and geriatric patients, elderly patients, 8 such as Mr. Bruce. 9 Q. Okay. Which ones are they? 10 A. Oh, let's see. 31. 11 Q. Okay, 31. And what else? 12 A. That's pretty much it, I think. 13 Q. Okay. Book chapters, which of the book 14 chapters that are listed -- I think there are five of 15 those -- which of those have bearing to Mr. Bruce? 16 A. Well, one, of course, has to do with how 17 radiation and drugs work together -- 18 Q. Okay. 19 A. -- mechanistically. 20 Q. Yes, sir. 21 A. And No. 3, there's another chapter in that 22 book. It's rationale of how -- 23 Q. All right. 24 A. -- the modalities, combined modalities work 25 together. And then there's another chapter I see here
Page 63 1 to as, what, NSLC {sic}? 2 A. Whatever non-small cell cancer turns out to 3 be. 4 Q. All right. So, anyway -- but oat cell is 5 small cell, correct? 6 A. Yes. 7 Q. All right. What are these other abstracts? 8 A. Well, they have to do with other aspects of 9 drugs. 10 Q. I'm sorry, that would relate to Mr. Bruce's 11 case. I'm sorry, I'm just looking for the ones that 12 specifically have some bearing to Mr. Bruce. 13 A. Oh, well, you know, there are some articles 14 here about nausea. 15 Q. Which ones are those? 16 A. Number coming up, 14. 17 Q. All right. Number 14. 18 A. And then there was just sort of peripheral 19 articles about general practice of medicine. 20 Q. I'm sorry, are you saying some of these are 21 relevant? 22 A. Well, tangentially. 23 Q. Which are the ones that are tangentially? 24 A. Oh, improvement of hazardous medication 25 ordering by physicians.	Page 65 1 on pharmacological implications of radiation drug 2 interactions. 3 Q. Is that No. 4 you're saying? 4 A. Yeah, that's No. 4. 5 Q. Two does not, but 4 does? 6 A. And No. 5, again, I think is, again, 7 geriatric issues as it pertains to quality of life. 8 Q. So that applies to Mr. Bruce's case? 9 A. Well, in a way it does. 10 Q. Okay. 11 A. He was an elderly gentleman, and so that's a 12 maybe. 13 Q. All right. So let's go back to page 1, 14 then. All right? 15 Going back to page 1, tell me in here what 16 applies specifically in your academic or professional 17 careers specifically to lung cancer. I know you've got 18 a couple of grants listed. 19 But I'm asking that, you know, of all these 20 things that you've got listed, what do you feel are 21 those unique things that touch upon lung cancer? 22 A. Well, there are books on radiation, drug 23 interactions that are certainly -- 24 Q. Well -- 25 A. -- as we've already reviewed.

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Page 66 1 Q. And, Dr. Sokol, it would help me if we can 2 start at page 1 and go through and as you see the 3 things that have -- 4 A. But I think the main issue is that I'm an 5 oncologist, and lung cancer just happens to be one of 6 the major tumors that we treat. 7 Q. All right. And I accept that. 8 And so where does it list that you're an 9 oncologist? I believe -- 10 A. Where does it list? Oh, you mean, like 11 director of oncology -- 12 Q. Sure. 13 A. -- or vice chief of radiation oncology? 14 Q. And we're touching upon that, your board 15 certification, correct? 16 A. Yes. 17 Q. So we'll accept wherever the word is of 18 oncologist, we can accept that that, of course, 19 relates. 20 A. Can we go off the record for like ten 21 seconds or on the record? But this isn't going to go 22 anywhere in the next couple of hours, so -- and I'm 23 under a time pressure, so let's just -- let's just 24 reconvene. We can do it tomorrow or next week or next 25 month or whenever you'd like, and I'd be happy to --	Page 68 1 THE DEPONENT: Well, thank you. I wish 2 there was more of it, but I never would have 3 perceived it would have been quite so. 4 THE VIDEOGRAPHER: That concludes today's 5 testimony. It's 6:24. 6 THE COURT REPORTER: Who's ordering? 7 MR. HENRIKSON: An E-tran. 8 THE COURT REPORTER: Sure. 9 MR. MANN: E-tran. 10 MS. DEMINT: E-tran. 11 (THEREUPON, said deponent wished to waive 12 the reading and signing of the deposition, and the 13 taking of this deposition was concluded at 6:24 p.m.) 14 <i>Deborah Anzalone</i> 15 16 17 18 19 20 21 22 23 24 25
Page 67 1 MR. MANN: You tell me. 2 MS. DEMINT: Let's go off the record. 3 THE VIDEOGRAPHER: Request to go off the 4 record. It's 6:19. 5 (Discussion held off the record.) 6 THE VIDEOGRAPHER: We're back on the record 7 at 6:23 p.m. 8 THE COURT REPORTER: Read or waive? 9 THE DEPONENT: Oh, what do you recommend? 10 Waive it? 11 MS. DEMINT: Sure. 12 THE DEPONENT: Okay. 13 THE COURT REPORTER: Anybody ordering? 14 MR. MANN: And before we get off the record 15 though, again, I think everyone is in consensus 16 that we're going to continue the deposition. 17 Dr. Sokol has agreed to reappear for his 18 deposition, and I don't think that we have an 19 objection to the continuation of the deposition by 20 any party; correct? 21 MR. HENRIKSON: No objection. 22 MS. DEMINT: No objection. 23 MR. HENRIKSON: No objection. 24 MR. MANN: Dr. Sokol, thank you for your 25 time.	Page 69 1 CERTIFICATE OF OATH 2 3 STATE OF FLORIDA 4 5 COUNTY OF PASCO 6 7 I, the undersigned authority, certify that 8 GERALD H. SOKOL, M.D. personally appeared before me on 9 February 24, 2012, at 5:03 p.m., and was duly sworn. 10 11 WITNESS my hand and official seal this 12 29th day of February, 2012. 13 14 15 16 17 18 19 20 21 22 23 24 25 Deborah Anzalone Florida Professional Reporter Notary Public, State of Florida Commission No.: DD 821564 My Commission Expires: 09/10/2012

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CERTIFICATE OF COURT REPORTER

STATE OF FLORIDA

COUNTY OF PASCO

I, Deborah Anzalone, Court Reporter, certify that I was authorized to and did stenographically report the deposition of GERALD H. SOKOL, M.D.; that a review of the transcript was not requested; and that the transcript, pages 1 through 68, is a true and correct record of my stenographic notes.

I FURTHER CERTIFY that I am not a relative, employee, or attorney, or counsel of the parties, nor am I a relative or employee of any of the parties' attorneys or counsel connected with the action, nor am I financially interested in the action.

DATED this 29th day of February, 2012, Pasco County, Florida.

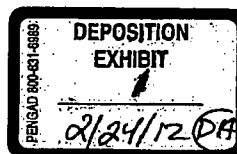
Deborah Anzalone

Deborah Anzalone, FPR

EXHIBIT "B"

AFFIDAVIT OF GERALD H. SOKOL, MD

1. I am over eighteen (18) years of age and legally competent to make this Affidavit based upon my background, education, training and experience, as well as a review of the medical records from Greenville Pharmaceutical Research, Upstate Lung and Critical Care Specialists, PC and Greenville Radiology a part of GHS Partners in Health INC. regarding John L. Bruce. My qualifications and background are listed in my attached *Curriculum Vitae*.
2. In this case, based upon my review of the medical records as stated, specifically the radiology report of Nayan Desai, MD on Mr. Bruce's chest film of January 26, 2010, there is at least one negligent deviation from the standard of care on behalf of Nayan Desai, M.D., North Hills Medical Center, and Greenville Pharmaceutical Research in the care given to John Bruce.
3. According to the Medical Records, John Bruce began participating in a research study for COPD with Greenville Pharmaceutical Research in 2006. This study required Mr. Bruce to have a chest x-ray on January 26th, 2010. Dr. Nayan Desai of North Hills Medical Center read Mr. Bruce's chest x-ray on January 28th, 2010. Dr. Desai's conclusion was that there was a suggestion of a small soft tissue density measuring 1.8 cm in size in the right upper lung field medially at about T5 level. He recommended a CAT scan with and without contrast for further evaluation.
4. Mr. Bruce never received the information found in the January 26th 2010 x-ray. He was never informed that he had a 1.8 cm density in his upper right lung, nor was he told that he should have a CAT scan for further evaluation.
5. The Greenville Pharmaceutical Research study required Mr. Bruce to have another chest x-ray in August of 2010. Dr. Desai generated the x-ray report on August 3, 2010 and his conclusion that of an abnormal density seen in the right upper lung field medially and posteriorly. Dr. Desai stated that the density had increased in size in comparison to the 1/26/2010 x-ray, and the density currently measured 3.05 cm in size. Dr. Desai strongly recommended a CT scan, and concluded that the rest of the chest was within normal limits.



10.

6. Mr. Bruce was informed of the August 2010 x-ray results and a CT scan was done of his chest with and without contrast on 8/19/2010. The CT scan was interpreted by Paresh Shah, M.D. at North Hills Medical Center. Dr. Shah's impression of the study was that Mr. Bruce had a 4 cm x 3 cm sized mass in the right upper lobe posteriorly or it could be in superior segment of the right lower lobe. It probably represented carcinoma of the lung, and there was lymph node enlargement in the right hilum and mediastinum, probably representing a metastatic disease. Dr. Shah suggested a percutaneous biopsy. The cancer had grown and spread.
7. Mr. Bruce underwent a needle biopsy on 8/26/2010 which revealed T2 N3 squamous cell carcinoma of the lung. It was determined that Mr. Bruce's large cell carcinoma had metastasized and was non-operable. He began radiation and chemotherapy treatments.
8. Mr. Bruce's prognosis at stage 3(B) squamous cell carcinoma is grim to incurable.
9. In my opinion, more probably than not to a reasonable degree of medical certainty, had the results of Mr. Bruce's January 26th, 2010 chest x-ray been reported to his treating physicians and had those physicians acted appropriately upon that information, Mr. Bruce would have undergone a CAT scan with and without contrast and a needle biopsy which would have revealed that the 1.8 cm density in his lung was stage one squamous cell carcinoma and that his tumor was operable.
10. It is further my opinion that had Mr. Bruce's tumor been diagnosed and treated at the time of the January 26th, 2010 x-ray, he more probably than not to a reasonable degree of medical certainty would have had a prognosis of greater than fifty percent for survival.
11. There may be other deviations from the standard of care and there may be additional bases for the opinions expressed herein that may be discussed or discovered at a later time. As a result, I reserve the right to modify, change and/or supplement these opinions in the future.

Dated this 26 day of May, 2011.


GERALD H. SOKOL, MD

11

Subscribed and sworn to before me this
26 day of May, 2011.

Evelyn R. Deaton

Notary Public

In and For the State of Florida

My Commission Expires: June 7, 2014



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BARNEY O. SMITH, JR.
(1952-1996)

March 29, 2011

Via FED-EX DELIVERY

Ms. Ellen Rieback, RN
Rieback Medical-Legal Consultants, Inc.
772 N.W. 100th Terrace
Fort Lauderdale, FL 33324

Re: John Bruce -- Requested Reviewer: Gerald H. Sokol, MD

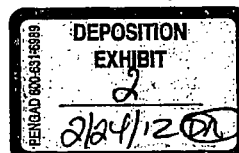
Dear Ellen:

I hope this letter finds you well.

Pursuant to your recent communication with our office, please find enclosed herewith the pertinent medical records relating to our client John Bruce. John is a retired trucker who lives in the Greenville area of South Carolina.

We are now in the early stages of investigating a potential claim which involves Mr. Bruce and his medical treatment and care rendered by physicians and physician extenders at Greenville Pharmaceutical Research, a local research entity established by several physicians in Greenville and Spartanburg Counties. Mr. Bruce tells us that he has COPD. His sister-in-law had, from time to time, become a patient at Greenville Pharmaceutical Research herself and had mentioned that he might go with her to Greenville Pharmaceutical Research to seek relief from his complaints of trouble breathing. Shortly thereafter, Mr. Bruce went with his sister-in-law to Greenville Pharmaceutical Research and was treated and evaluated by members of their staff.

When Mr. Bruce first appeared, he advised Greenville Pharmaceutical Research of his thirty year past history of smoking, however, he had quit smoking twelve



years earlier. He also revealed his diagnosis of COPD. As a part of his study, he was required to obtain a chest x-ray by the group's personnel on January 26, 2010. This x-ray was read by Nayan R. Desai, MD, a local radiologist, who runs a Medicaid clinic in Greenville, South Carolina. The report of the film on January 26, 2010 is neither signed or nor does it indicate that it was ever seen by any physician. On this particular x-ray, Dr. Desai noted a small soft mass measuring 1.8 cm in the right upper lobe and a CT scan was recommended. Mr. Bruce denies that anyone either told him of this finding or of the need to obtain a CT scan.

1/26/10
7/10

When Mr. Bruce returned for a follow-up in August of 2010, another film was obtained. The initial lesion appeared to now be 3.05 cm in size and Mr. Bruce was notified of the need for a CT scan. This led to a fine needle aspiration and diagnosis of large cell lung cancer which had metastasized. It was noted that the growth of the lesion and its metastasis caused it to be non-operable. Mr. Bruce recently finished 35 treatments of radiation and 9 treatments of chemotherapy.

Mr. Bruce seems to be a fine gentleman. He has been married for the past 44 years. He has no children. He left the workforce in 2003 and his wife is on disability for her back.

We have attempted to organize the records in the best way we can. They have not been forwarded to us in any timely or organized fashion. Two things to draw from the records, however, are clear. This large cell carcinoma was not reported to either the patient or another physician in January of 2010 as it should have been. Secondly, once reported, following the August study, Mr. Bruce had ceased to be a surgical candidate and had to undergo excruciating chemotherapeutic and radiation therapy. While I am pleased to enclose herewith certain recent radiographic studies of March 18, 2011 indicating some significant response to chemotherapy and radiation, I think that all of us are aware of the usual customary course of this disease once allowed to metastasize.

As per our previous conversation, I would appreciate your best efforts in obtaining from Dr. Sokol his opinion upon several issues:

1. Did Dr. Desai deviate from ordinary and customary standards of care in failing to inform the patient and/or the referring physician of the existence of the lesion in January of 2010?
2. Did Dr. Desai deviate from ordinary and customary standards of care in failing to advise the patient and/or the referring physician of the need for follow-up with CT scan following the study of January, 2010?

3. Had diagnosis of this lesion been made in January of 2010, was the lesion, in your opinion, to a reasonable degree of medical certainty, most probably an operable lesion?
4. Due to the pathology of the lesion and its small size without metastasis in January of 2010, had surgery taken place would Mr. Bruce, most probably, live his full and complete life expectancy?
5. Had Mr. Bruce undergone surgical intervention in January of 2010 with reference to this lesion, would he most probably have avoided the necessitation of having to undergo both radiation and chemotherapy?

If Dr. Sokol can be positive on these issues, we would be pleased to prepare for his review the appropriate Affidavit which would then allow us to place this matter in early litigation. As you know, here in South Carolina we cannot sue the physician directly. Rather, we bring an action known as a Notice of Intent to File Suit and then proceed for 120 days to mediation in which all parties hope that some type of closure can be brought to the matter prior to the filing of a formal complaint.

As you might guess, our client is anxious to proceed. He cherishes each day of his life, however, he is aware of how uncertain day to day living has become. He continues to be tortured with terrible coughing spasms since his radiation and chemotherapy. If Dr. Sokol can help, we need to move quickly.

We thank you in advance for your cooperation and assistance with this matter. Upon completion of Dr. Sokol's review, I ask that he please contact my assistant Christen Blom so that she can arrange a telephone conference wherein we can discuss his thoughts and opinions regarding this case. Christen can be reached in the office at 864-242-9008.

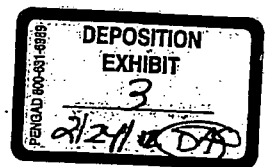
I remain,

Yours very truly,

Michael Parham
MP:cb

Enclosures

Cc: Mr. John Bruce
P.O. Box 24
Marietta, SC 29661



John Bruce

Medical Records Index

1. PA and Lateral examination of the Chest-Nayan Desai, MD-01/26/2010
2. PA and Lateral examination of the Chest-Nayan Desai, MD-08/03/2010
3. Greenville Pharmaceutical Research records
4. Upstate Lung and Critical Care Specialists, PC records
5. Whole Body PET/CT-03/18-2011 & Chest CT 03/18/2011 by John Bruce, MD

Milton Mann

Patient ID: 441665

Patient Name: GVL PHARM R RESEARCH

Date of Birth: Date of Service: 01/26/2010

PATIENT: John Bruce
A/C#: 000130
DR. Clemons

CHEST:

PA and lateral examination of the chest shows heart and mediastinal structures are in midline. Costophrenic angles are clear. Diaphragms are flattened with slight increased AP diameter of chest. There is suggestion of a small soft tissue density in the right upper lung field medially. It is measuring 1.8 cm in size. Aortic knob is partially calcified. No active lung infiltrate is seen.

CONCLUSION:

1. Suggestion of a small soft tissue density measuring 1.8 cm in size in right upper lung field medially at about T5 level. CAT scan with and without contrast is recommended for further evaluation.
2. Mild hyperinflation is seen.

NRD

Electronically Signed by: Nayan R. Desai MD on Thursday, January 28, 2010 9:24 am



NORTH HILLS
MEDICAL CENTER

800 PELHAM ROAD
GREENVILLE, SOUTH CAROLINA 29616

000130

NAME *Bruce, John*

X-RAY NO. *8-1-46*

ADDRESS

ACCOUNT NO. *248-80. 0872*

AGE

DATE *8-3-10*

PHYSICIAN *Greenville Pharmaceutical Research*

EXAM *CXR*

HISTORY

X-RAY REPORT

CHEST (PA & LAT): PA and lateral views of the chest show mediastinal structures are midline. The heart is normal in size, shape and position. Pulmonary fields are clear without evidence of infiltrate, fluid or congestive heart failure. Abnormal density seen in the right upper lung field medially and posteriorly. Density has increased in size in comparison to 1-26-2010 chest x ray. Density currently measures 3.05 cm in size. The bony thorax appears normal.

CONCLUSION: Abnormal density seen in the right upper lung field medially and posteriorly. Density has increased in size in comparison to 1-26-2010 chest x ray. Density currently measures 3.05 cm in size. Strongly recommend CT scan. Rest of the chest is within normal limits.

NRD/cd

*Sent immediately
to Ulls i
CT chest*

Nayan R. Desai

NAYAN R. DESAI, M.D.
RONALD GARDNER, M.D.

PHYSICIAN Greenville Pharmaceutical
Research
HISTORY

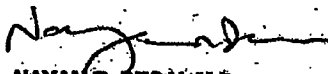
EXAM CML

X-RAY REPORT

CHEST (PA & LAT): PA and lateral views of the chest show mediastinal structures are midline. The heart is normal in size, shape and position. Pulmonary fields are clear without evidence of infiltrate, fluid or congestive heart failure. Abnormal density seen in the right upper lung field medially and posteriorly. Density has increased in size in comparison to 1-26-2010 chest x ray. Density currently measures 3.05 cm in size. The bony thorax appears normal.

CONCLUSION: Abnormal density seen in the right upper lung field medially and posteriorly. Density has increased in size in comparison to 1-26-2010 chest x ray. Density currently measures 3.05 cm in size. Strongly recommend CT scan. Rest of the chest is within normal limits.

NRD/cd


NAYAN R. DESAI, M.D.
RONALD GARDNER, M.D.

Encounter: 09/29/10; 10/01/10

1 Patient Demographics

Pat. Name	Location	Age	Sex	Adm. Date	Adm. Diagnosis	Test Refs: 14:19
Bruce, John L.	DIS 10/01	64Y	M	09/29/10 05:46	162.9-MAL NEO BRONCH/LUNG NOS	Allergies FISH/SHELL/FISHSHELL

2 CM Results Viewer

Go to... MED

Report for Bruce, John L. (MRN: 000681316)

Results List Select All Tests Check 10 on All Selected

Check 10 on Selected Components for PATH REPORT

TEST PATH REPORT

Collected Date & Time: 10/01/10 08:38

Result Name	Results Received (..)	Units	Reference Range
GROSS			
Received fresh from the OR labeled with the patient's name, DOB, and "4L" is a 1.0 x 1.0 x 0.4 cm. aggregate of black nodal tissue admixed with yellow-tan adipose tissue. The specimen is entirely submitted as received in block A/s for frozen section evaluation. --JA/sj			
FROZEN SECTION DIAGNOSIS: METASTATIC NON-SMALL CELL CARCINOMA/JDW.			
Tissue handling and fixation: Cold ischemic time less than or equal to 1 hour Time in 10% phosphate buffered neutral formalin is between 6 and 72 hours (GF /RLG) 10/04/10			
DIAGNOSIS	LYMPH NODE(..)		
LYMPH NODE: LEVEL 4L, BIOPSY:			
METASTATIC LARGE CELL CARCINOMA CONSISTENT WITH LUNG PRIMARY. SEE COMMENT.			
COMMENT: The immunophenotypic profile does not distinguish between a squamous carcinoma and adenocarcinoma in this particular case. The CK36 is weakly positive, the CK7 is strongly positive, the Napsin A and p63 and TTF-1 are all negative.			
TS RO			
88305, 88331, 88342 x5			
CLINICAL HISTORY	Pre-Op: RM(..)		
Pre-Op: Rt. lung CA.			
SURGICAL SPECIMN	A. Four-L		

Other Clinicians who have viewed this Result in Portal or Rounding

Results List Select All Tests Check 10 on All Selected

Powered by
MCKESSON HORIZON

COPY FOR PATIENT
PER PATIENT REQUEST

Patient Name: BRUCE, JOHN L.
MR#: 248800872
Specimen #N10-622
Physician: CHANDAR R ABBY, MD
SOURCE:
Fine Needle Aspiration

PATHOLOGIST: Lawrence J. Minette, MD
CYTOLOGIST: Cathe Johnson, CT(ASCP)
CLINICAL HISTORY:
FNA Right Lung Lesion suspect primary lung cancer. No known prior.

COPY FOR PATIENT
PER PATIENT REQUEST

GROSS DESCRIPTION:

4 fixed, 3 unfixed smears plus sample in CytoLyt.

CYTOLOGIC FINDINGS:

Cytology slides and cell block are reviewed showing abnormal cells, with hyperchromatism and pleomorphism with nucleoli. Keratinization and definite gland formation are not seen. The tumor cells are positive for CK5/6, CK7, and focally p63. The tumor cells are negative for TTF-1 and mucicarmine. The immunostains have appropriate control. Consultant: Dr. Robert Farrar.

FINAL CYTOLOGIC DIAGNOSIS:

"RIGHT LUNG MASS" ASPIRATION CYTOLOGY WITH CELL BLOCK:
MALIGNANT CELLS CONSISTENT WITH POORLY DIFFERENTIATED LARGE CELL CARCINOMA.
SEE COMMENT.

COMMENT: The immunoprofile is not specific but appears to favor origin in squamous cell carcinoma over adenocarcinoma. The changes are compatible with lung primary. Calls placed to Dr. Abby 9-2-10.

ELECTRONICALLY RELEASED BYLawrence J. Minette, MD

Cy. All with + pel
w/o and cast pel

HA Cat
malignant
Cytology
showing
cellular
pleomorphism
FNA
cellular
pleomorphism
FNA
cellular
pleomorphism
FNA

Noval
Cytology
small cell
density
R/L Lung
Medically
T-1 Lung

cellular
pleomorphism
FNA
cellular
pleomorphism
FNA
cellular
pleomorphism
FNA
cellular
pleomorphism
FNA

GENERAL MEDICAL HISTORY

Patient Name John Bruce Initials (

Greenville Pharmaceutical
Research's

records

received 3/1/11

Hand delivered
by Milton Mann

CONDITIONS: Check YES or NO column

Condition	Yes	No	Description/Comment
EYES			
Glaucoma			
Vision Deficit (myopia, presbyopia)			
Cataracts: ☐ R ☐ L ☐ Bilateral			
Chronic Infections			
Retinopathy (diabetic, other...)			
Macular Edema			
Other: <u>macular degeneration</u>	☒		
Other:			2003
EARS			
Infections			
Hearing Deficit (HOH, deaf, etc...)			
☐ R ☐ L ☐ Bilateral			
Other:			
Other:			
NOSE & THROAT			
Sinus Infections			
Allergic Rhinitis	☒		Aspx age of 40 Feb 2006
Nose Bleeds			
Nasal/Sinus congestion			
Chronic Throat Infections			
Other:			
Other:			
CARDIOVASCULAR			
Hypertension	☒		2001
Hyperlipidemia/Hypercholesterolemia	☒		1962
Heart Murmur			
Myocardial Infarction (MI)	☒		1962
Peripheral Vascular Disease (PVD)			
Angina / Chest Pain	☒		2001
Arteriosclerosis (specify if known - carotid, coronary, etc)			
Congestive Heart Failure	☒		2001
Cardiac Arrhythmia			
Congenital Heart Disease			
Valvular Heart Disease			

Participant Name John C. Bruce Initials CB Date 19 JAN 2010 Page 2 of 7

Condition	Yes	No	Description/Comment	Start Date	Ongoing	Stop Date
CARDIOVASCULAR (cont'd)						
Abdominal Aortic Aneurism					☐	
Deep Vein Thrombosis					☐	
Pulmonary Embolism					☐	
Pacemaker					☐	
Other:					☐	
Other:					☐	
LUNG/RESPIRATORY						
Asthma					☐	
Chronic Bronchitis					☐	
Pneumonia					☐	
Chronic Cough					☐	
<u>COPD / Emphysema</u>	✓		King / VA	2003	☒	
Dyspnea (shortness of breath)					☐	
Sleep Apnea	✓			2005	☐	
Tuberculosis					☐	
Other:					☐	
Other:					☐	
Other:					☐	
ENDOCRINE						
Diabetes Type I (Insulin dependent)					☐	
Diabetes Type II					☐	
Hyperthyroidism				MAY 04	☒	
Hypothyroidism					☐	
Goiter					☐	
Obesity					☐	
Other:					☐	
Other:					☐	
GASTROINTESTINAL						
Liver Disease					☐	
Hepatitis					☐	
Gall Bladder Disease					☐	
Pancreatitis					☐	
Cholecystitis					☐	
Cholelithiasis (stone)					☐	
Heartburn					☐	
☒ GERD ☐ Other →	✓		nausea + vomiting	1980s	☐	
Ulcer: specify type →					☐	
Hemla	✓		Hiatal		☐	

Participant Name John C. BruceInitials CBDate 19 JAN 2010

Page 3 of 7

Condition	Yes	No	Description/Comment	Start Date	Ongoing	Stop Date
GASTROINTESTINAL (cont'd)						
Constipation: specify details →					☐	
Diarrhea: specify details →					☐	
Irritable Bowel Syndrome					☐	
Inflammatory Bowel Disease					☐	
Blood In Stool					☐	
Hemorrhoids					☐	
Diverticulosis					☐	
Diverticulitis	✓		possible → vomiting + nausea	APR 06	☐	
Nausea					☐	
Vomiting: specify details, i.e.: duration, etc... →					☐	
Appendicitis					☐	
Bleeding					☐	
Other:					☐	
GENITOURINARY						
Kidney Disorder					☐	
Kidney Infection					☐	
Nephrolithiasis (Kidney stones)					☐	
Incontinence					☐	
Chronic Urinary Tract Infections					☐	
Benign Prostatic Hyperplasia					☐	
Impotence / Erectile Dysfunction					☐	
Sexually Transmitted Disease					☐	
Other:					☐	
Other:					☐	
GYNECOLOGICAL						
Chronic Vaginal Infections					☐	
Abnormal Pap Smear					☐	
Abnormal Mammogram					☐	
Fibrocystic Breast Disease (cysts)					☐	
Hot Flashes					☐	
Irregular Menstrual Cycle					☐	
Endometriosis					☐	
Other:					☐	
NEUROLOGICAL						
Seizure Disorder/Convulsions					☐	
Epilepsy					☐	

Participant Name John F. Bruce Initials CB Date 19 JAN 2010 Page 4 of 7

Condition	Yes	No	Description/Comment	Start Date	Ongoing	Stop Date
NEUROLOGICAL (cont'd)						
Headaches (Indicate type)						
Dizziness / Lightheadedness					☐	
Numbness / Tingling (Location)					☐	
Peripheral Nerve Disorder (specify type: diabetic, other...)					☐	
Multiple Sclerosis					☐	
Paralysis					☐	
Insomnia					☐	
Stroke					☐	
Cerebral Vascular Accident (stroke)					☐	
Transient Ischemic Attack (TIA)					☐	
Cerebral Hemorrhage					☐	
Other:					☐	
Other:					☐	
Other:					☐	
MUSCULOSKELETAL						
Osteoarthritis	☒			2001	☐	
Rheumatoid Arthritis					☐	
Osteoporosis					☐	
Osteopenia					☐	
Fractures/Broken Bones					☐	
Leg Cramps			distal leg pain	2001	☐	
Fibromyalgia					☐	
Recurrent Joint Pain					☐	
Recurrent Back Pain	☒		Compressed disc	2001	☐	
Degenerative Disc Disease					☐	
Gout					☐	
Other: Lower extremity edema				2001	☐	
Other: Carpal tunnel s	☒			2002	☐	
SKIN / INTEGUMENTARY						
Acne (current)					☐	
Rosacea					☐	
Atopic Dermatitis / Eczema					☐	
Cold Sores, Herpes Simplex					☐	
Psoriasis					☐	
Recurrent Rashes					☐	
Other:					☐	

Participant Name John D. Bruce Initials JB Date 19 JAN 2010 Page 5 of 7

Condition	Yes	No	Description/Comment	Start Date	Ongoing	Stop Date
EMOTIONAL/PSYCHOLOGICAL						
Drug or Alcohol Abuse						
Depression	☒				☐	
Anxiety / Panic attacks					☐	
Anorexia / Bulimia					☐	
Psychotic Episodes					☐	
Bi-Polar Disorder					☐	
Schizophrenia					☐	
Cognitive / Psychiatric Disorder					☐	
☐ Dementia					☐	
☐ Alzheimer's					☐	
☐ Other (specify)					☐	
Other:					☐	
Other:					☐	
Other:					☐	
Other:					☐	
IMMUNE SYSTEM						
Human Immunodeficiency Virus (HIV)					☐	
Immune Deficiency Disorder					☐	
Lupus					☐	
Chronic Fatigue					☐	
Other:					☐	
BLOOD DISORDER						
Anemia (specify type -- iron deficiency, pernicious, sickle cell, etc ...)					☐	
Clotting / Bleeding problems					☐	
Thrombocytopenia					☐	
Other:					☐	
CANCER						
Type:					☐	
Type:					☐	
Type:					☐	
Type:					☐	

ALLERGIES: List all including environment, food, dyes & medications:

Allergy	Reaction	☒ None Date
		/ /
		/ /
		/ /
		/ /
		/ /

Participant Name John Bruce Initials JB Date 19 JAN 2010 Page 6 of 7

SURGERIES/HOSPITALIZATIONS (✓ 'S' if surgery, or 'H' if hospitalization): List all including childbirth ☐ None

S	H		Date	Reason
✓		Neuroma removed	mt/mk/01	Left foot neuroma
✓		Rt foot tendon release	mt/mk/02	
✓		Carpal tunnel bilateral release	mt/mk/02	
✓		MI	mt/mk/12	Rheumatic Fever
✓		Colon polyps removed	mt/APR/00	
			/ /	
			/ /	
			/ /	
			/ /	

SOCIAL HISTORY (If ex-user, please complete prior use)

Tobacco	☐ Never Used ☒ Ex-user ☐ Currently use	Start Date <u>mt/mk/92</u> Stop Date <u>mt/mk/98</u>	# cig. Pks/day <u>1 1/2</u> ☐ NA # cigars/day ☐ NA # pipefuls/day ☐ NA # pinches/day ☐ NA
Alcohol	☐ Never Used ☐ Ex-user ☐ Currently use	Start Date <u> </u> Stop Date <u> </u>	Beer: # cans/week <u> </u> Wine: # glasses/week <u> </u> Liquor: # ounces/week <u> </u>
Recreational Drug Use	☐ Never Used ☐ Ex-user ☐ Currently use	Start Date <u> </u> Stop Date <u> </u>	List substance(s) inc. frequency and amounts: <u> </u>

BLOOD DONATION / RECEIVED

- 1) Have you donated blood within the last year? ☐ No ☐ Yes – most recent date: / /
- 2) Have you received blood or blood products within the last year? ☐ No ☐ Yes – explain

PRIOR INVESTIGATIONAL STUDY

Have you ever taken an investigational medication or participated in a clinical trial? ☐ No ☐ Yes

If yes, what was last dose of study medication: / / and date of study completion: / /

Patient Name John () Bruce Initials CB Date 19 JAN 2010 Page 7 of 7

FOR WOMEN ONLY: Please complete either Section A or Section B.

Date of last menstrual period: / /

N/A

Section A - ☐ Able to have children (childbearing potential).

1) Are you currently breastfeeding? ☐ No ☐ Yes

2) Do you plan to become pregnant during this study or within 30 days of study completion?
☐ No ☐ Yes

3) Check primary birth control method used:

☐ Oral Contraceptive Pill	☐ Condoms and foam/gel	☐ Vaginal Condom
☐ Contraceptive Injection	☐ Diaphragm and foam/gel	☐ IUD
☐ Contraceptive Implant (Norplant)	☐ Condoms only	☐ None
☐ Partner had vasectomy	☐ Abstinence	☐ Other, type: _____
☐ Rhythm	☐ Withdrawal	

Section B - ☐ Non-childbearing by means of (check one and specify date):

☐ Hysterectomy <u> </u> / <u> </u> / <u> </u>
☐ Tubal Ligation (tubes tied) <u> </u> / <u> </u> / <u> </u>
☐ Oophorectomy ☐ Bilateral <u> </u> / <u> </u> / <u> </u> ☒ Unilateral <u> </u> / <u> </u> / <u> </u> ☐ OR ☐ L
☐ Natural Post-Menopause: Date of last natural menstrual period <u> </u> / <u> </u> / <u> </u>
☐ Other: _____

Participant Signature _____

Date _____

Reviewed by (Site Staff) _____

Date 19 JAN 2010

Provider Signature _____

Date 19 Jan 2010

** Transcribed from pt's chart 19 JAN 2010. CB*

Greenville Pharmaceutical Research Medication List

Drug Name	Dose / Frequency	Indication	Physician	Start Date	End Date
Omeprazole	20mg PRN	vomiting	2	2003	2006
Furosemide	40mg qd	LEE		2001	2006
Centrum A12	1 tab qd	supplement		2001	
Etiopelac	300mg qd	Arthritis		2001	
Atenolol	50mg qd	HTN	RNH	2001	
Isosinbido	10mg qd	CHF	2001	2001	
Orthoplylin	10mg qd	One pain		2001	2001
Thamadol	50mg tid	Arthritis		2001	
Simvastatin	50mg qd	Hypertension		2001	
Aspirin	81mg qd	Cardiac		2001	
Nitroglycerin	0.4mg PRN	Angina		2001	
Combivent	2puffs PRN	COPD		2003	30 May 06
Advair	250/50 BID	COPD		2005	30 May 06
CPAP	12cm g/s	COPD SA		2005	2007 NOV
Albuterol	2puffs PRN	COPD	from ght sample	30 May 06	5 June 06
Atrovent	2puffs qid	COPD		30 May 06	07 June 06
Qvar	2puffs bid	COPD	nb	30 May 06	19 June 06
Albuterol	2puffs PRN	COPD		16 June 06	25 June 06
Combivent	2puffs qid	COPD		16 June 06	22 June 06
Lisinopril	20mg qd	HTN		2006	
Metformin	500mg BID	DM		2006	
Actos	300mg qd	DM		2006	
Nexium	40mg qd	Gastro		2006	

Reviewed By (Date): 2006-01 / / / /
 / / / /
 / / / /

Patient Initials: JLB

Patient DOB: 01 Aug. 1946

Patient SSN: 248800872

Medical Records Request Log

Study	Records Requested From	Attempt One	Attempt Two	Attempt Three
EXACTT	Gateway Family Medicine / Dr. King Phone # 834-4151	11 OCT 07 (F) P	1 / 1 - F / P	1 / 1 - F / P
EXACTT	GHS Phone # 455-7000	21 Dec 07 (F) P	1 / 1 - F / P	1 / 1 - F / P
DEY 191-090	Gateway Family Med. Phone # Fax # 834-4151	8 / 4 / 10 (F) P	08 / 10 / 10 (F) P	1 / 1 - F / P
DEY 191-090	GHS Phone # Fax # 455-7892	8 / 4 / 10 (F) P	1 / 1 - F / P	1 / 1 - F / P
	Phone #	1 / 1 - F / P	1 / 1 - F / P	1 / 1 - F / P
	Phone #	1 / 1 - F / P	1 / 1 - F / P	1 / 1 - F / P

Key:

F~ Faxed Request

P~ Phoned Request

GREENVILLE PHARMACEUTICAL RESEARCH

igative Staff

sser, MD, MBA, CCPI

Walker, MD

Godwin, MD

rinkle, PA-C, CCRC

Clemons, MSN, FNP-BC,
CRC

emons, CCRC

N. Tyson, AS, CCRC-

Tate, CCRC

Freeman, RCP

ons, BA

Peay, BS

Bradberry, BS

Allison

Date: 8/10/2010

To: Gateway Family Medicine/Dr. King

Fax: 834-6145

From: George Brown
Greenville Pharmaceutical Research
220 Roper Mountain Road Extension, Suite B
Greenville, SC 29615
Phone: (864) 770-0890
Fax: (864) 770-0892

Number of Pages (Including Cover) 2

☐ URGENT

☐ FOR YOUR RECORDS

☐ PLEASE REPLY

ENCLOSED:

Affn: Medical Record Request
For John Bruce DOB 8/1/1946

Greenville Pharmaceutical Research
220 Roper Mountain Road Extension, Suite B ~ Greenville, SC 29615
Phone: (864) 770-0890 ~ Fax: (864) 770-0892

Patient Authorization to Release Medical Information

I hereby authorize employees, Medical Staff Members or other agents of: Gateway
Family Medicine / Dr. King

to use or disclose the following information about me: Medical Records for past 6 months

for the following purposes:

- ☒ At the request of the undersigned individual
☐ Other: _____

To health information described above may be used or released to the following:

Greenville Pharmaceutical Research
Attention: Nik
220 Roper Mountain Road Extension, Suite B
Greenville, SC 29615
Phone ~ (864) 770-0890
Fax ~ (864) 770-0892

This Authorization expires:

- ☐ On the following date: ____/____/____, unless otherwise revoked by the patient, which is their right
☐ When the following event occurs: _____

- ☒ No Expiration (only for authorization used to create or maintain research databases or repositories)

I understand the information disclosed by this authorization may be subject to redisclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

[Signature]
Patient Signature

5-31-06
Today's Date

John A. Boscia
Patient Printed Name

8-1-46
Patient Date of Birth

Patricia Contreras, MD
David Erb, MD

Andras Koser, MD, MBA
Joseph Boscia, MD

Gregory Feldman, MD
Steve Clemons, RN, CCRC

HP LaserJet 3050

Fax Call Report



Greenville Pharmaceutical
864-770-0892
Aug-10-2010 11:57AM

Job	Date	Time	Type	Identification	Duration	Pages	Result
168	8/10/2010	11:55:08AM	Send	8346145	1:41	2	OK

Pulmonary Function Report

Greenville Pharmaceutical Research
Greenville, SC

Screener Report

Patient Information

Name: Bruce, John L.	ID: 248-80-0872	Birthdate: 8/1/1946
Height at test (in): 68.0	Sex: Male	Smoking history (pk-yr): 39
Weight at test (lb): 230.0	Age at test: 59	Predicted set: Crapo 1981, Polgar (Peds) 1971

Comments: Screening
Diagnosis: COPD

Interpretation

MILD RESTRICTIVE VENTILATORY DEFECT. This is indicated by the finding of a mildly reduced forced vital capacity (FVC). The finding of a disproportionately reduced forced expiratory flow during the middle half of exhalation (FEF 25-75) suggests the possibility of a **SUPERIMPOSED EARLY OBSTRUCTIVE PULMONARY IMPAIRMENT.** This interpretation is valid only upon physician review and signature.

Site:
Physician:
Technician: Nicole Hayes

Effort protocol: ATS 1987

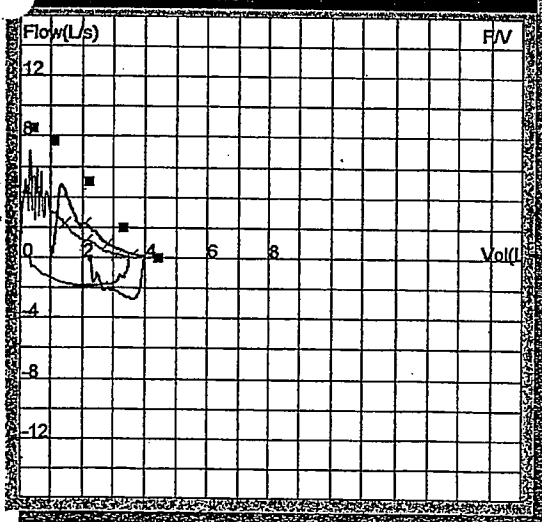
Test date/time: 05/30/06 10:56:23 AM
Number of efforts performed: 2

Results

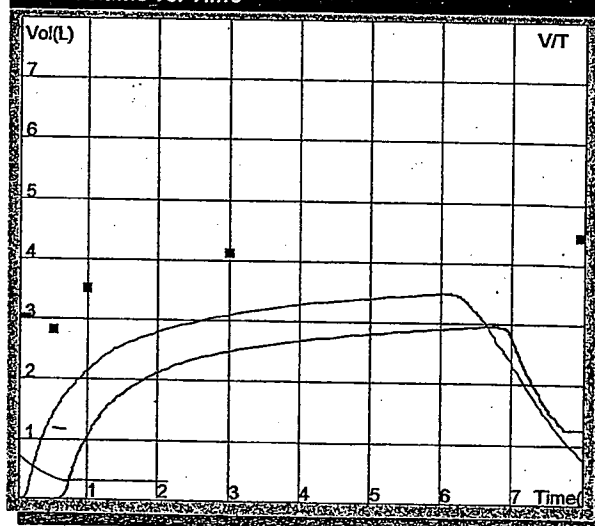
Result	Pred	Best	%Prd	Inc	%Prd	%Prd
FVC (L)	4.45	3.51	79%	2.96	67%	—
FEV ₁ (L)	3.52	2.27	64%	1.91	54%	—
FEV ₁ /FVC	0.79	0.65	82%	0.65	82%	—
FEF ₂₅₋₇₅ (L/s)	3.41	1.36	40%	1.13	33%	—
PEFR (L/s)	8.59	7.02	82%	4.79	56%	—
Vext %	—	1.96	—	2.96	—	—

Test comments:

FVC Flow vs. Volume



FVC Volume vs. Time



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Sep 18, 2006

TITLE: PRIMARY CARE EXIT INTERVIEW

DATE OF NOTE: JUN 22, 2006@10:03

ENTRY DATE: JUN 22, 2006@10:03:33

AUTHOR: GRIFFIN, ANGELA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

1.a. Did your provider talk to you about any new medications he/she ordered for you today?

☐ No new medications ordered

☐ Yes

☒ No

b. Do you have any questions about your medications or their side effects?

☐ Yes

☒ No

☐ * If yes, referred to RN, PharmD or Provider.

new bs monitor

c. Do you have any questions about drug-food interactions for any of the following medications: (CHECK ALL BOXES THAT APPLY):

☐ FLUOROQUINOLONES - Ciprofloxacin, Levofloxacin, Gatafloxacin

☐ CALCIUM CHANNEL BLOCKER - Felodipine, Verapamil, Diltiazam, Amlodipine

☐ ACE INHIBITORS - Captopril, Fosinopril, Lisinopril, Ramipril, Enalapril

☐ Drug-Food Interaction Education Sheet reviewed and provided

☒ Has had education previously, declined further education at this time

☐ Not applicable

☐ Referred to RN, PharmD, or Provider for further education

2. a. Did your provider include you in decisions about your medical care?

☒ Yes

☐ No

b. What is the plan for your care?

☒ Can state

☐ Unable to state

* If unable to state, referred to Provider.

3. Do you have any questions about caring for yourself when you are at home?

☐ Yes

☒ No

* If yes, then patient should be referred to RN or Provider.

4. Do you have any questions about any tests performed today or the results of tests?

☐ Yes

☒ No

☐ No tests ordered today

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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*Revised
2/9/06*

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* If yes, then patient should be referred to RN or Provider.

5. How will you find out about the results of your tests?

☒ Can state

☐ Information provided: Provider will contact if there is a problem or call the Telephone Advice Program- TAP card provided.

6. What should you do if problems develop or your symptoms continue or you have questions?

☒ Can state

☐ Information provided

Patient's pain level is: 0 (06/22/2006 09:12)

7. Did your provider answer all your questions about how to take care of your pain?

☒ No pain reported

☐ Yes

☐ No

* If no, then patient should be referred to RN or Provider.

8. Do you have any questions about your condition and/or treatment?

☒ No

☐ Yes * If yes, then patient should be referred to RN or Provider.

/es/ ANGELA GRIFFIN

RN

Signed: 06/22/2006 10:04

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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TITLE: PCC (GOPC) SCHEDULED VISIT
DATE OF NOTE: JUN 22, 2006@09:20 ENTRY DATE: JUN 22, 2006@09:21
AUTHOR: VANDERKNYFF,BRENDA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

GOPC SCHEDULED VISIT

CHIEF COMPLAINTS/HISTORY OF PRESENT ILLNESS:

c/o numbness right foot 4 th toe x 2 weeks, no trauma, no change in color. No change in shoes, no additional exercise. Hx of neuroma removed from same toe left foot - done by Dr. Fant.

Has chronic low back pain and leg pain. Hx of DDD.

fbs was 124 this am

Still having problems with nausea/vomiting after meals, has hiatal hernia. Notes that fluids are the worst triggers, has decreased fluids with meals. Sitting in upright position when eating and after meals.

PAST MEDICAL HX:

Computerized Problem List is the source for the following:

1. Diverticulosis, Colonic	04/05/06	VANDERKNYFF,BRE
2. Personal History of Colonic Polyps CRE 4/5/06- 1 polyp removed	04/05/06	VANDERKNYFF,BRE
3. Allergic rhinitis * (ICD-9-CM 477.9)	02/23/06	VANDERKNYFF,BRE
4. HEMORRHOIDS, EXTERNAL	03/11/05	ROBERTS,GREGORY
5. Heme Positive Stool (ICD-9-CM 578.1)	02/23/05	VANDERKNYFF,BRE
6. Sleep disturbances * (ICD-9-CM 780.50)	02/17/05	VANDERKNYFF,BRE
7. Carpal Tunnel Syndrome	09/07/04	VANDERKNYFF,BRE
8. Wheezing (ICD-9-CM 786.07)	08/10/04	VANDERKNYFF,BRE
9. Dysphagia * (ICD-9-CM 787.2)	07/08/04	VANDERKNYFF,BRE
10. HYPERTHYROID	05/19/04	VANDERKNYFF,BRE
11. LOW BACK PAIN	11/04/03	VANDERKNYFF,BRE
12. Macular Degeneration	07/01/03	VANDERKNYFF,BRE
13. Diabetes Mellitus Type II or unspecified	02/28/03	VANDERKNYFF,BRE
14. HYPERTENSION NOS	12/16/02	VANDERKNYFF,BRE
15. Arthritis	11/19/02	VANDERKNYFF,BRE
16. Overweight	08/19/02	SULLIVAN,PETER
17. CAD	05/08/02	VANDERKNYFF,BRE
18. Hyperlipidemia dyslipidemia With CAD, target LDL < 100.	08/19/02	SULLIVAN,PETER
19. Tachycardia	12/19/01	WEIDLER,DONALD
20. ESOPHAGEAL REFLUX	09/29/99	GILLESPIE,JANIC
21. OTHER PSORIASIS	11/26/97	CROSBY,WILLIAM

MEDICATIONS: MEDICATIONS HAVE BEEN RECONCILED AND CHANGES ARE NOTED IN PLAN BELOW.

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Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	=====
1) ALBUTEROL 90/IPRATROP 18MCG 200D PO INHL INHALE 2 PUFFS FOUR TIMES A DAY FOR WHEEZING--SHAKE WELL	ACTIVE
2) ATENOLOL 50MG TAB TAKE ONE TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE, HEART * DO NOT SKIP DOSES OR DISCONTINUE UNLESS DIRECTED BY YOUR DOCTOR, TAKE ON EMPTY STOMACH *	ACTIVE
3) ETODOLAC 300MG CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY WITH FOOD FOR ARTHRITIS -REPLACES CELEBREX	ACTIVE
4) FLUNISOLIDE 25MCG 200D NASAL INH SPRAY SPRAY 2 SPRAYS IN EACH NOSTRIL EVERY DAY FOR NASAL CONGESTION	ACTIVE
5) FUROSEMIDE 40MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR FLUID REMOVAL	ACTIVE
6) ISOSORBIDE MONONITRATE 60MG SA TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR THE HEART	ACTIVE
7) NORTRIPTYLINE HCL 10MG CAP TAKE ONE CAPSULE BY MOUTH AT BEDTIME FOR LEG PAIN	ACTIVE
8) OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY FOR PERSISTANT VOMITING. TAKE 30 MINUTES BEFORE A MEAL	ACTIVE
9) SIMVASTATIN 80MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	ACTIVE
10) TRAMADOL HCL 50MG TAB TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN FOR PAIN	ACTIVE

Pending Outpatient Medications	Status
=====	=====
1) LANCET USE 1 AS DIRECTED FOR TESTING BLOOD SUGAR FOR FINGERSTICKS	PENDING

Active Non-VA Medications	Status
=====	=====
1) Non-VA ZINC SULFATE 220MG CAP 220MG MOUTH AS NEEDED	ACTIVE

12 Total Medications

ALLERGIES:

FISH, SALSALATE

DIAGNOSTICS: REVIEWED labs

REVIEW OF SYSTEMS:

DENIES CHILLS, FEVER, NIGHT SWEATS, WEIGHT LOSS/GAIN;

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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HEADACHES, VISUAL CHANGES; CHEST PAIN, SOB; CHANGES
IN BOWEL OR BLADDER FUNCTION; PERIPHERAL EDEMA;
SKIN CHANGES; MOOD SWINGS, SUICIDAL OR HOMOCIDAL IDEATIONS.

PHYSICAL EXAM:

GENERAL APPEARANCE: WELL-DEVELOPED, WELL-NOURISHED MALE IN NO APPARENT
DISTRESS.

VITAL SIGNS:

HEIGHT: 68.5 in [174.0 cm] (04/05/2006 10:52)
WEIGHT: 217.2 lb [98.7 kg] (06/22/2006 09:12)
TEMPERATURE: 96.6 F [35.9 C] (06/22/2006 09:12)
PULSE: 59 (06/22/2006 09:12)
BLOOD PRESSURE: 123/68 (06/22/2006 09:12)
RESPIRATION: 20 (06/22/2006 09:12)
PAIN: 0 (06/22/2006 09:12)
HEENT: NC/AT, FACE SYMMETRICAL; PERRL, EOMI. PHONATES W/O DIFFICULTY.

NECK: SUPPLE; TRACHEA MIDLINE. NO CAROTID BRUITS. NO JVD
NO LYMPHADENOPATHY

CHEST: CHEST EXPANSION SYMMETRICAL. BBS CTA.
RESPIRATIONS REGULAR AND NONLABORED.

HEART: RRR; NO RMG.

ABDOMEN: BOWEL SOUNDS ACTIVE, NO BRUITS; SOFT/NT/obese. NO HSM, OR MASSES.

BACK: NO CVAT; FROM

EXTREMITIES: FROM, NO CCE. PEDAL PULSES PALPABLE. MUSCLE STRENGTH
SYMMETRIC.

INTEG: INTACT, TURGOR ADEQUATE. toenails onychomycotic. Sensation to filament
testing intact except both 4th toes.

NEURO/PSYCH: ALERT, ORIENTED, COOPERATIVE, SPEECH CLEAR. GAIT STEADY. NO
FOCAL DEFICITS. NO ABNORMAL MOVEMENTS.

IMPRESSION/PLAN:

- 1) peripheral neuropathy- he will f/u with Dr. Fant who he has seen for podiatry
in past.
- 2) type 2 dm- reviewed management- has pending labs for later this summer. Will be
given Accucheck meter by nsg when in clinic. Strips ordered.
- 3) chronic low back pain- continue current tx. Advised wt loss.
- 4) dysphagia- reviewed management- h/o on lifestyle changes which may affect

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reflux given/reviewed.

f/u changed to October ACA Recall from August
Will have May labs done today, August labs in Sept.

PATIENT VERBALIZES UNDERSTANDING OF INSTRUCTIONS AND IS AGREEABLE TO
TREATMENT PLAN.

CLINICAL REMINDER ACTIVITY

V7-DM/IHD LDL ≥ 100 :

Labs have been ordered.

Patient received nutrition and weight counseling including
dietary/nutritional management of fat and cholesterol intake.

Level of Understanding: Good

/es/ BRENDA K VANDERKNYFF

MSN, RN, APRN-BC, ANP, ADM, CDE

Signed: 06/22/2006 16:42

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

BRUCE, JOHN

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TITLE: PCC CBOC NURSING NOTE TL
DATE OF NOTE: JUN 22, 2006@09:15 ENTRY DATE: JUN 22, 2006@09:15:11
AUTHOR: WERNER,WANDA S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Vital Signs: Temperature : 96.6 F [35.9 C] (06/22/2006 09:12)
Pulse: 59 (06/22/2006 09:12)
Respirations: 20 (06/22/2006 09:12)
Blood Pressure: 123/68 (06/22/2006 09:12)
Weight: 217.2 lb [98.7 kg] (06/22/2006 09:12)
Height: 68.5 in [174.0 cm] (04/05/2006 10:52)
Pain Scale: 0 (06/22/2006 09:12)
FSBS, fasting:124

Sch. appt: Routine

C/o rt. 4th toe, numbness feeling

Alert, oriented, ambulatory. No acute distress.

Veteran is accompanied by:No one but self

Medications:

Veteran would like med/prescriptions reviewed and updated

Referred to provider.

/es/ WANDA S WERNER
RN,staff nurse
Signed: 06/22/2006 09:18

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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TITLE: GI DISCHARGE INSTRUCTIONS

DATE OF NOTE: APR 05, 2006@11:29

ENTRY DATE: APR 07, 2006@11:29:35

AUTHOR: STEELE, K ALFORD

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Please refer to the scanned document attached. This can be accessed by selecting Vista Imaging Display from the Tools Menu at the top of the screen.

/es/ K ALFORD STEELE

Scanning Specialist

Signed: 04/07/2006 11:29

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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TITLE: GI PROCEDURE CONSULT NOTE
DATE OF NOTE: APR 05, 2006@11:10 ENTRY DATE: APR 05, 2006@11:10:34
AUTHOR: SARBAH, STEEDMAN A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PROCEDURE: Esophagogastroduodenoscopy (EGD)
ENDOSCOPIST: Dr Steedman A. Sarbah
MEDICATIONS:

- 1) Demerol 75 mg intravenous.
- 2) Versed 2 mg intravenous.
- 3) Phenergan 12.5 mg intravenous.
- 4) 2% Viscous lidocaine, 15 cc.

FINDINGS/DESCRIPTION OF PROCEDURE: Prior to the initiation of the procedure, written informed consent was obtained from the patient. The patient was placed in the left lateral position and swallowed viscous lidocaine to numb the oropharynx and produce local anaesthetic effect. The Olympus video endoscope was then passed under direct visualization to the descending duodenum. The mucosa of the duodenal bulb and second portion appeared normal without any evidence of ulceration, masses or other lesions. The gastric mucosa, including retroflex views in the fundus and cardia appeared normal. On withdrawal of the scope the gastroesophageal junction and diaphragmatic hiatus were noted to be at 37cm and 40 cm respectively from the incisors (3 cm hiatal hernia). The esophageal mucosa appeared normal.

PROCEDURE: Colonoscopy.
ENDOSCOPIST: Dr Steedman A. Sarbah

MEDICATIONS:

Given for preceeding EGD evaluation .

FINDINGS/DESCRIPTION OF PROCEDURE: Following completion of EGD portion of the evaluation the cart was rotated, the patient was placed in the left lateral position and the anal canal lubricated with K-Y jelly. Under direct visualization the Olympus video colonoscope was then passed to the cecum. The prep was Excellent. The cecum was identified by standard anatomical markings including the ileocecal valve, appendiceal orifice and confluence of haustral folds. On withdrawal of the scope, careful evaluation was made of the colonic mucosa. There were a couple of tiny sigmoid diverticuli and a solitary diminutive 2mm sigmoid polyp removed by biopsy. Apart from this there was normal appearing mucosa in the cecum, ascending colon, transverse colon, descending colon and sigmoid colon without any evidence of masses, colitis, or other lesions. Retroflex views in the rectum showed internal hemorrhoids. The patient tolerated the procedure well.

/es/ STEEDMAN A SARBAH MD.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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Chief, Gastroenterology Section
Signed: 04/05/2006 11:40

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TITLE: GI PRE-PROCEDURE HISTORY & PHYSICAL
DATE OF NOTE: APR 05, 2006@11:03 ENTRY DATE: APR 05, 2006@11:03:07
AUTHOR: SARBAH, STEEDMAN A. EXP. COSIGNER:
URGENCY: STATUS: COMPLETED

ATTENDING PHYSICIAN: Steedman Sarbah

INDICATIONS FOR THE PROCEDURE: polyp surveillance also with persistent GERD.
For EGD, Colonoscopy

MEDICATIONS:

ASPIRIN: No
COUMADIN: No
BETA BLOCKERS: Yes
NSAIDS: Yes
BENZODIAZEPINES: No
DIGITALIS: No
CLOPIDOGREL: No
HOME OXYGEN: No
INSULIN: No
ORAL HYPOGLYCEMIC AGENT: No
OTHER SIGNIFICANT:

GENERAL EXAMINATION:
alert oriented, cooperative, nad

COMPREHENDS PROCEDURE:
Yes

PREVIOUS ANESTHESIA: Yes
ADVERSE REACTION IN PATIENT: No
ADVERSE REACTION IN FAMILY: No.

AIRWAY ASSESSMENT:
EXCESSIVE OBESITY: Yes
SLEEP APNEA: Yes

PATIENT BREATHLESS AT REST: No

STIGMATA OF LIVER DISEASE: No
JAUNDICE: No
PETECHIE OR ECCHYMOSIS:
[X] NO
[] YES, LOCATION AND DESCRIPTION:

CARDIOVASCULAR SYSTEM:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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HEART RATE: 60 (02/23/2006 10:39)

RHYTHM:

- ☒ NORMAL SINUS
☐ IRREGULAR:
☐ S3
☐ S4

JUGULAR VENOUS PRESSURE ELEVATED:

- ☒ NO
☐ YES, CMS:

MURMURS:

No

RESPIRATORY SYSTEM:

BREATH SOUNDS:

- ☒ VESICULAR
☐ BRONCHIAL, MENTION AREAS:

RALES:

- ☒ NO
☐ YES, MENTION AREAS:

RHONCHI:

- ☒ NO
☐ YES, MENTION AREAS:

ABDOMEN:

TENDERNESS:

- ☒ NO
☐ YES, MENTION AREAS:

LIVER:

- ☐ ENLARGED
☒ NOT ENLARGED

SPLEEN:

- ☒ NOT PALPABLE
☐ PALPABLE, CMS:

OTHER MASSES:

- ☒ NONE
☐ PALPABLE, DESCRIBE:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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ASCITES CLINICALLY EVIDENT: No

OTHER: (Other features if they pertain to the safety of the patient during the procedure.)

Patient educated about the following:
Plan of Care/illness/condition, Tests/procedure

EDUCATION SUMMARY & COMMENTS:

RECIPIENT OF EDUCATION:
Patient

TEACHING METHOD:
Verbal

OUTCOME:
Verbalized understanding

/es/ STEEDMAN A SARBAH MD.
Chief, Gastroenterology Section
Signed: 04/05/2006 11:40

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BRUCE, JOHN
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TITLE: EDUCATION PRE COLONOSCOPY GROUP CLINIC NOTE
DATE OF NOTE: MAR 15, 2006@15:56 ENTRY DATE: MAR 15, 2006@15:57:19
AUTHOR: HRUSCHAK, NANCY LEE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

The patient was shown the video Gastroenterology Colonoscopy.

Pre-colonoscopy instructions were reviewed with the patient and a copy was provided to the patient.

The patient's procedure was scheduled and appointment date and time provided in writing. Bisacodyl and Colon Electrolyte Lavage prep was given to the patient to take as directed.

The patient had an opportunity to ask questions and was provided with telephone number for further questions.

Instructed to not take BP medications morning of procedures.

Veteran is scheduled for both EGD and Colonoscopy on 4/5/06 at 1015

/es/ NANCY LEE HRUSCHAK
RN, NURSE MANAGER GOPC
Signed: 03/15/2006 16:46

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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TITLE: NURSING NOTE
DATE OF NOTE: MAR 15, 2006@15:27 ENTRY DATE: MAR 15, 2006@15:27:11
AUTHOR: MEMMER, SUSAN E EXP COSIGNER:
URGENCY: STATUS: COMPLETED

While here for GI prep, veteran requested refill of combivent inhaler, which has expired. This can be mailed to veteran. Will refer request to B.Vanderknyff, NP.

10759480A ALBUTEROL 90/IPRATROP 18MCG 200D PO INHL E 1 02-02-05 12-06-05
QTY: 4 SIG: INHALE 2 PUFFS FOUR TIMES A DAY FOR
WHEEZING--SHAKE WELL

/es/ SUSAN E MEMMER RN

RN

Signed: 03/15/2006 15:31

Receipt Acknowledged By:

03/15/2006 15:35

/es/ BRENDA K VANDERKNYFF

MSN, RN, APRN-BC, ANP, ADM, CDE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BRUCE, JOHN

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Progress Note

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Sep 18, 2006

TITLE: PC (GPOC) PRE-PROCEDURE (GI) HISTORY AND PHYSICAL TL
DATE OF NOTE: MAR 02, 2006@16:08 ENTRY DATE: MAR 02, 2006@16:09:09
AUTHOR: VANDERKNYFF, BRENDA EXP COSIGNER: SARBAH, STEEDMAN A
URGENCY: STATUS: COMPLETED

PROCEDURE REQUESTED: EGD, Colonoscopy

INDICATIONS FOR THE PROCEDURE: persistent emesis- hx dilatation 1/2005 but s/s returning. (States fluid "sit like a blob") Having persistent reflux. Had CRE done 5/18/05 with recommendation for 1 yr f/u by Dr Sarbah

Has patient had prior endoscopic procedure?

Yes.

Date: 5/18/05

Significant Findings: adenomatous polyp with focal moderate dysplasia

COMORBID CONDITIONS: (List the major comorbid conditions that may adversely affect the patient's condition during the procedure.)
dm, htn, cad, hyperlipidemia, macular degeneration, hyperthyroid, obesity, hemorrhoids, GERD, hx tachycardia

MEDICATIONS:

ASPIRIN: No

COUMADIN: No

BETA BLOCKERS: Yes

NSAIDS: Yes

BENZODIAZEPINES: No

DIGITALIS: No

CLOPIDOGREL: No

HOME OXYGEN: No

INSULIN: No

ORAL HYPOGLYCEMIC AGENT: No

OTHER SIGNIFICANT:

GENERAL EXAMINATION:

alert oriented, cooperative, nad

COMPREHENDS PROCEDURE:

Yes

PREVIOUS ANESTHESIA: Yes

ADVERSE REACTION IN PATIENT: No

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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ADVERSE REACTION IN FAMILY: No.

AIRWAY ASSESSMENT:

EXCESSIVE OBESITY: Yes

SLEEP APNEA: Yes

PATIENT BREATHLESS AT REST: No

STIGMATA OF LIVER DISEASE: No

JAUNDICE: No

PETECHIE OR ECCHYMOSIS:

☒ NO

☐ YES, LOCATION AND DESCRIPTION:

CARDIOVASCULAR SYSTEM:

HEART RATE: 60 (02/23/2006 10:39)

RHYTHM:

☒ NORMAL SINUS

☐ IRREGULAR:

☐ S3

☐ S4

JUGULAR VENOUS PRESSURE ELEVATED:

☒ NO

☐ YES, CMS:

MURMURS:

No

RESPIRATORY SYSTEM:

BREATH SOUNDS:

☒ VESICULAR

☐ BRONCHIAL, MENTION AREAS:

RALES:

☒ NO

☐ YES, MENTION AREAS:

RHONCHI:

☒ NO

☐ YES, MENTION AREAS:

ABDOMEN:

TENDERNESS:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BRUCE, JOHN

PO BOX 24

WOODLAND RD

MARIETTA, SOUTH CAROLINA 29661-0024

248800872

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☒ NO
☐ YES, MENTION AREAS:

LIVER:

☐ ENLARGED
☒ NOT ENLARGED

SPLEEN:

☒ NOT PALPABLE
☐ PALPABLE, CMS:

OTHER MASSES:

☒ NONE
☐ PALPABLE, DESCRIBE:

ASCITES CLINICALLY EVIDENT: No

OTHER: (Other features if they pertain to the safety of the patient during the procedure.)

Patient educated about the following:
Plan of Care/illness/condition, Tests/procedure

EDUCATION SUMMARY & COMMENTS:

RECIPIENT OF EDUCATION:

Patient

TEACHING METHOD:

Verbal

OUTCOME:

Verbalized understanding

/es/ BRENDA K VANDERKNYFF
MSN, RN, APRN-BC, ANP, ADM, CDE
Signed: 03/02/2006 16:17

/es/ WAEI ISMAIL YOUSSEF
MD, Staff Gastroenterologist
Cosigned: 03/03/2006 08:41
for STEEDMAN A SARBAAH MD.
Chief, Gastroenterology Section

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BRUCE, JOHN
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TITLE: PRIMARY CARE EXIT INTERVIEW

DATE OF NOTE: FEB 23, 2006@11:51

ENTRY DATE: FEB 23, 2006@11:51:44

AUTHOR: WERNER, WANDA S

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

1.a. Did your provider talk to you about any new medications he/she ordered for you today?

☐ No new medications ordered

☒ Yes

☐ No

b. Do you have any questions about your medications or their side effects?

☐ Yes

☒ No

☐ * If yes, referred to RN, PharmD or Provider.

c. Do you have any questions about drug-food interactions for any of the following medications: (CHECK ALL BOXES THAT APPLY):

☐ FLUOROQUINOLONES - Ciprofloxacin, Levofloxacin, Gatafloxacin

☐ CALCIUM CHANNEL BLOCKER - Felodipine, Verapamil, Diltiazam, Amlodipine

☐ ACE INHIBITORS - Captopril, Fosinopril, Lisinopril, Ramipril, Enalapril

☐ Drug-Food Interaction Education Sheet reviewed and provided

☐ Has had education previously, declined further education at this time

☒ Not applicable

☐ Referred to RN, PharmD, or Provider for further education

2. a. Did your provider include you in decisions about your medical care?

☒ Yes

☐ No

b. What is the plan for your care?

☒ Can state

☐ Unable to state

* If unable to state, referred to Provider.

3. Do you have any questions about caring for yourself when you are at home?

☐ Yes

☒ No

* If yes, then patient should be referred to RN or Provider.

4. Do you have any questions about any tests performed today or the results of tests?

☐ Yes

☒ No

☐ No tests ordered today

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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* If yes, then patient should be referred to RN or Provider.

5. How will you find out about the results of your tests?

☒ Can state

☐ Information provided: Provider will contact if there is a problem or call the Telephone Advice Program- TAP card provided.

6. What should you do if problems develop or your symptoms continue or you have questions?

☒ Can state

☐ Information provided

Patient's pain level is: 1 (02/23/2006 10:39)

7. Did your provider answer all your questions about how to take care of your pain?

☐ No pain reported

☒ Yes

☐ No

* If no, then patient should be referred to RN or Provider.

8. Do you have any questions about your condition and/or treatment?

☒ No

☐ Yes * If yes, then patient should be referred to RN or Provider.

Current Medication Orders include:

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status Refills	Issue Date Last Fill Expiration
=====		
1) ACETAMINOPHEN 500MG TAB Qty: 100 for 30 days Sig: TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED	ACTIVE Refills: 1	Issu:05-05-05 Last:01-10-06 Expr:05-06-06
2) ATENOLOL 50MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE, HEART * DO NOT SKIP DOSES OR DISCONTINUE UNLESS DIRECTED BY YOUR DOCTOR, TAKE ON EMPTY STOMACH *	ACTIVE Refills: 2	Issu:08-26-05 Last:12-06-05 Expr:08-27-06
3) ETODOLAC 300MG CAP Qty: 180 for 90 days Sig: TAKE ONE CAPSULE BY MOUTH TWICE A DAY WITH FOOD FOR ARTHRITIS -REPLACES	ACTIVE Refills: 3	Issu:08-26-05 Last:10-20-05 Expr:08-27-06

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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CELEBREX

4) NORTRIPTYLINE HCL 10MG CAP Qty: 30 for ACTIVE Issu:08-26-05
 30 days Sig: TAKE ONE CAPSULE BY Refills: 2 Last:01-10-06
 MOUTH AT BEDTIME FOR LEG PAIN Expr:08-27-06

Pending Outpatient Medications	Status	Issue Date
	Refills	Last Fill
		Expiration
1) FLUNISOLIDE 25MCG 200D NASAL INH SPRAY	PENDING	
Qty: 1 Sig: SPRAY 2 SPRAYS IN EACH	Refills: 0	
NOSTRIL EVERY DAY FOR NASAL CONGESTION		
2) NORTRIPTYLINE HCL 10MG CAP Qty: 30	PENDING	
Sig: TAKE ONE CAPSULE BY MOUTH AT	Refills: 0	
BEDTIME FOR LEG PAIN		
3) OMEPRAZOLE 20MG SA CAP Qty: 180 Sig:	PENDING	
TAKE ONE CAPSULE BY MOUTH TWICE A DAY	Refills: 0	
FOR THE STOMACH. TAKE 30 MINUTES		
BEFORE A MEAL		
4) SIMVASTATIN 80MG TAB Qty: 90 Sig: TAKE	PENDING	
ONE TABLET BY MOUTH AT BEDTIME FOR	Refills: 0	
CHOLESTEROL		
5) TRAMADOL HCL 50MG TAB Qty: 180 Sig:	PENDING	
TAKE TWO TABLETS BY MOUTH THREE TIMES	Refills: 0	
A DAY AS NEEDED FOR PAIN FOR PAIN		

Active Non-VA Medications	Refills	Start Date
		Expiration
1) Non-VA ZINC SULFATE 220MG CAP Sig:	ACTIVE	
220MG MOUTH AS NEEDED		

10 Total Medications

/es/ WANDA S WERNER

RN,staff nurse

Signed: 02/23/2006 11:52

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BRUCE, JOHN

PO BOX 24

WOODLAND RD

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Progress Note

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Sep 18, 2006

TITLE: PCC (GOPC) SCHEDULED VISIT
DATE OF NOTE: FEB 23, 2006@11:16 ENTRY DATE: FEB 23, 2006@11:17:03
AUTHOR: VANDERKNYFF,BRENDA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** PCC (GOPC) SCHEDULED VISIT Has ADDENDA ***

GOPC SCHEDULED VISIT

CHIEF COMPLAINTS/HISTORY OF PRESENT ILLNESS:

Still has problems with vomiting at times. Has been drinking some sports drinks. Denies any indigestion with diet coke. Has gained wt-- was using applecider supplement-- advised to stop. c/o fluids "like it sits in a blob) -- Had EGD done 2005- Dr. Yarborough- several polyps removed. Now having worsening of perisistant emesis. Had cre done 5/18/2005-- 1 yr f/u per Dr. Sarbah's order. States had persistant heartburn for 1 week

Has persistant knee pain bilaterally with worsening when going down steps. States was told would need bilat knee replacement to fix it by Ortho. Uses etodolac once daily most days.

States able to sleep ok with nortrip and CPAP

Has gained wt since last visit.

BS at home: 110 fasting today.

STATES FASTING BLOOD SUGAR THIS AM WAS 110 AT 1000 HRS.

FINGER STICK BLOOD SUGAR AT THIS TIME IS 142 AT 1045.

Has not been taking Zocor consistently.

Recent use of Zpack for recurrent uri s/s.

PAST MEDICAL HX:

Computerized Problem List is the source for the following:

1. HEMORRHOIDS, EXTERNAL	03/11/05	ROBERTS,GREGORY
2. RECTAL BLEED	03/11/05	ROBERTS,GREGORY
3. Heme Positive Stool (ICD-9-CM 578.1)	02/23/05	VANDERKNYFF,BRE
4. Sleep disturbances * (ICD-9-CM 780.50)	02/17/05	VANDERKNYFF,BRE
5. Carpal Tunnel Syndrome	09/07/04	VANDERKNYFF,BRE
6. Wheezing (ICD-9-CM 786.07)	08/10/04	VANDERKNYFF,BRE
7. Dysphagia * (ICD-9-CM 787.2)	07/08/04	VANDERKNYFF,BRE
8. HYPERTHYROID	05/19/04	VANDERKNYFF,BRE
9. LOW BACK PAIN	11/04/03	VANDERKNYFF,BRE
10. Macular Degeneration	07/01/03	VANDERKNYFF,BRE
11. Diabetes Mellitus Type II or unspecified	02/28/03	VANDERKNYFF,BRE
12. HYPERTENSION NOS	12/16/02	VANDERKNYFF,BRE
13. Arthritis	11/19/02	VANDERKNYFF,BRE

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14. Overweight	08/19/02	SULLIVAN, PETER
15. CAD	05/08/02	VANDERKNYFF, BRE
16. Hyperlipidemia dyslipidemia With CAD, target LDL < 100.	08/19/02	SULLIVAN, PETER
17. Tachycardia	12/19/01	WEIDLER, DONALD
18. ESOPHAGEAL REFLUX	09/29/99	GILLESPIE, JANIC
19. OTHER PSORIASIS	11/26/97	CROSBY, WILLIAM

MEDICATIONS: MEDICATIONS HAVE BEEN RECONCILED AND CHANGES ARE NOTED IN PLAN BELOW.

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	=====
1) ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED.	ACTIVE
2) ATENOLOL 50MG TAB TAKE ONE TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE, HEART * DO NOT SKIP DOSES OR DISCONTINUE UNLESS DIRECTED BY YOUR DOCTOR, TAKE ON EMPTY STOMACH *	ACTIVE
3) ETODOLAC 300MG CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY WITH FOOD FOR ARTHRITIS -REPLACES CELEBREX	ACTIVE
4) NORTRIPTYLINE HCL 10MG CAP TAKE ONE CAPSULE BY MOUTH AT BEDTIME FOR LEG PAIN	ACTIVE
5) OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH EVERY MORNING FOR THE STOMACH. TAKE 30 MINUTES BEFORE BREAKFAST	ACTIVE

Pending Outpatient Medications	Status
=====	=====
1) NORTRIPTYLINE HCL 10MG CAP TAKE ONE CAPSULE BY MOUTH AT BEDTIME FOR LEG PAIN	PENDING
2) SIMVASTATIN 80MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL	PENDING
3) TRAMADOL HCL 50MG TAB TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN FOR PAIN	PENDING

Active Non-VA Medications	Status
=====	=====
1) Non-VA ZINC SULFATE 220MG CAP 220MG MOUTH AS NEEDED	ACTIVE

9 Total Medications

ALLERGIES:

FISH, SALSALATE

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DIAGNOSTICS: REVIEWED labs

REVIEW OF SYSTEMS:

DENIES CHILLS, FEVER, NIGHT SWEATS,
HEADACHES, VISUAL CHANGES; CHEST PAIN, SOB; CHANGES
IN BOWEL OR BLADDER FUNCTION; PERIPHERAL EDEMA;
PARASTHESIAS; SKIN CHANGES; MOOD SWINGS, SUICIDAL OR HOMOCIDAL IDEATIONS.

PHYSICAL EXAM:

GENERAL APPEARANCE: WELL-DEVELOPED, overwt white MALE IN NO APPARENT
DISTRESS.

VITAL SIGNS:

HEIGHT: 68.5 in [174.0 cm] (02/17/2005 09:02)

WEIGHT: 214 lb [97.3 kg] (02/23/2006 10:39)

TEMPERATURE: 96.5 F [35.8 C] (02/23/2006 10:39)

PULSE: 60 (02/23/2006 10:39)

BLOOD PRESSURE: 120/75 (02/23/2006 10:39)

RESPIRATION: 20 (02/23/2006 10:39)

PAIN: 1 (02/23/2006 10:39)

HEENT: NC/AT, FACE SYMMETRICAL; PERRL, EOMI. CANALS PATENT, TM'S INTACT W/O
ERYTHEMA, BULGING OR RETRACTION. MMM. NO LESIONS NOTED. OROPHARYNX
NON-INJECTED, NO EXUDATES. PHONATES W/O DIFFICULTY. SINUSES NON-TENDER.

NECK: SUPPLE; TRACHEA MIDLINE. NO CAROTID BRUITS. NO JVD
NO LYMPHADENOPATHY

CHEST: CHEST EXPANSION SYMMETRICAL. BBS CTA.
RESPIRATIONS REGULAR AND NONLABORED.

HEART: RRR; NO RMG.

ABDOMEN: BOWEL SOUNDS ACTIVE, NO BRUITS; SOFT/NT/rounded. NO HSM, OR MASSES.

BACK: NO CVAT; FROM

EXTREMITIES: Decr rom knees, +crepitus. NO CCE. PERIPHERAL PULSES PALPABLE.
MUSCLE STRENGTH
SYMMETRIC.

INTEG: INTACT, NO LESIONS, TURGOR ADEQUATE.

NEURO/PSYCH: ALERT, ORIENTED, COOPERATIVE, SPEECH CLEAR. GAIT STEADY. NO
FOCAL DEFICITS. NO ABNORMAL MOVEMENTS.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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IMPRESSION/PLAN:

- 1) type 2 dm- well controlled with diet only. labs in 3 and 6 mos: CHEM 7, HGBA1C, UA, MICROAL, LIPIDS, LFTS. Encouraged wt loss.
- 2) esophageal reflux- referring to GI. Will increase omeprazole to 20 mg 1po bid# 180/1rf.
- 3) colon polyps- referring to GI
- 4) traumatic arthropathy- continue current meds. He will let me know when interested in knee replacement w/u with ortho.
- 5) allergic rhinitis- nasalide 2 puffs qday#1/5rf. Hypertonic nasal irrigation recommended.
- 6) htn- continue current meds.
- 7) hyperlipidemia- restart Zocor 80mg 1po qhs- may take earlier but needs to take daily. #90/3rf. labs as above. Wt loss recommended..
- 8) CAD- no change in meds.

f/u 6 mos aca or prn
fasting labs in 3 and 6 mos

PATIENT VERBALIZES UNDERSTANDING OF INSTRUCTIONS AND IS AGREEABLE TO TREATMENT PLAN.

CLINICAL REMINDER ACTIVITY

OTC/Non-VA Prescriptions:

OTC/Non-VA medication(s) have previously been documented in the order section and the list has been reviewed/corrected for accuracy.

Active Non-VA Medications

Non-VA Medications	Status
=====	
=====	
1) Non-VA ZINC SULFATE 220MG CAP 220MG MOUTH AS NEEDED	ACTIVE

V7 Diabetic Eye Exam:

GOPC Optometry consult ordered for diabetic eye exam.

Depression FY04 Screen:

Depression Screen:

During the past month, have you often been bothered by feeling down, depressed, or hopeless?

No

During the past month, have you often been bothered by little interest or pleasure in doing things?

No

In the past week have you had serious thoughts of killing yourself or had death wishes?

No

Depression screen PRIME-MD is negative.

Pain Assessment:

Pain Level: 1 (02/23/2006 10:39)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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The patient has pain problem. Pain assessment and plan addressed in today's note.

Pain Location: both knees

V7 DM/IHD LIPID >100mg/dl:

Patient has refused lipid screening at this time.

PTSD SCREEN:

PTSD screen:

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that in the PAST MONTH, you:

1. Had nightmares about it or thought about it when you did not want to?

No

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

No

3. Were constantly on guard, watchful or easily startled?

No

4. Felt numb or detached from others, activities, or your surroundings?

No

If < 3 responses to questions are "yes", the screen is NEGATIVE.
If 3 or 4 responses to questions are "yes", the screen is POSITIVE.

+++++
Score = 0, veteran responded 'yes' to none of the questions, PTSD screen is negative.

/es/ BRENDA K VANDERKNYFF
MSN, RN, APRN-BC, ANP, ADM, CDE
Signed: 02/23/2006 16:52

05/16/2006 ADDENDUM STATUS: COMPLETED
RECORDS WERE RECEIVED FROM NON-VA PROVIDERS: Kurt Heitman, MD - oph exam
3/24/06

RECORDS WERE REVIEWED. THE FOLLOWING ACTION WAS TAKEN:

[] MEDICATIONS ORDERED IN CONCURRENCE WITH THE PATIENT'S NON-VA PROVIDER PRESCRIPTIONS

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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No outpatient prescriptions entered today.

[] NO ACTION NECESSARY. RECORDS WERE SENT FOR PROVIDER INFORMATION AND COORDINATION OF CARE.

[] RECORDS WERE FORWARDED TO THE FOLLOWING SUBSPECIALTY CLINIC:

[x] RECORDS WERE SENT TO THE FILE ROOM FOR PLACEMENT IN THE PATIENT'S HARD COPY RECORD.

CLINICAL REMINDER ACTIVITY

V7-Diabetic Eye Exam:

Patient had a diabetic fundoscopic eye exam done previously by
Optometrist/Ophthalmologist within the last year.

Date: March 24, 2006

Location: Dr. Kurt Heitman

Comment: no retionopathy-early ARMD, posteriour vitreous detachment,
cataract

Exam Result: Abnormal

/es/ BRENDA K VANDERKNYFF

MSN, RN, APRN-BC, ANP, ADM, CDE

Signed: 05/16/2006 17:25

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

BRUCE, JOHN

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TITLE: PCC CBOC NURSING NOTE TL
DATE OF NOTE: FEB 23, 2006@10:41 ENTRY DATE: FEB 23, 2006@10:41:54
AUTHOR: GEORGE, DAVID L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Vital Signs: Temperature : 96.5 F [35.8 C] (02/23/2006 10:39)
Pulse: 60 (02/23/2006 10:39)
Respirations: 20 (02/23/2006 10:39)
Blood Pressure: 120/75 (02/23/2006 10:39)
Weight: 214 lb [97.3 kg] (02/23/2006 10:39)
Height: 68.5 in [174.0 cm] (02/17/2005 09:02)
Pain Scale: 1 (02/23/2006 10:39)

STATES FASTING BLOOD SUGAR THIS AM WAS 110 AT 1000 HRS.
FINGER STICK BLOOD SUGAR AT THIS TIME IS 142 AT 1045.

CLINICAL REMINDER ACTIVITY

Pain Assessment:

Pain Level: 1 (02/23/2006 10:39)

Functional Ability Screen:

Patient arrived via:

Ambulatory

Patient has had NO change in functional ability.

V7 Diabetic Foot Exam:

Foot Sensory examination

Foot sensory exam (using monofilament) done at this encounter is normal.

Visual Foot Inspection

Foot inspection done at this encounter is normal.

Foot Pulse Exam

Foot pulses examined at this encounter are normal.

/es/ DAVID L GEORGE

RN

Signed: 02/23/2006 10:48

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

BRUCE, JOHN
PO BOX 24
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248800872

GATEWAY FAMILY MEDICINE
OF TRAVELERS REST, P.A.

James P. MacMillan, DO
Diplomate American Osteopathic Board
of Family Physicians

Albert C. Mina, MD
Diplomate American Board of Family Practice

Fitzwilliam W. King, MD
Diplomate American Board of Family Practice
FAA Flight Medical Examiner

Fax Cover Sheet

(864) 834-4151 (PHONE)
(864) 834-6145 (FAX)

Send To:	From: Dr. MacMillan Dr. King Dr. Mina
Greenville Pharmaceutical	Sandra
Attention:	Date: 09/05/06
Nicole Hayes	09/25/06
Office Location:	
Fax Number: 864-770-0892	

- ☐ Urgent
- ☐ Reply ASAP
- ☐ Please Comment
- ☒ Please Review
- ☐ For Your Information

Re: John Bruce

Comments:

Total pages, including cover: 11

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Greenville Pharmaceutical Research
 220 Roper Mountain Road Extension, Suite B ~ Greenville, SC 29615
 Phone: (864) 770-0890 ~ Fax: (864) 770-0892
Patient Authorization to Release Medical Information

I hereby authorize employees, Medical Staff Members or other agents of King Dr. Fitzwilliam

to use or disclose the following information about me: 2005 to present all medical records from
 for the following purposes:

☒ At the request of the undersigned individual
☐ Other: _____

To health information described above may be used or released to the following:

Greenville Pharmaceutical Research
 Attention: Nicole Hays
 220 Roper Mountain Road Extension, Suite B
 Greenville, SC 29615
 Phone ~ (864) 770-0890
 Fax ~ (864) 770-0892

This Authorization expires:

- ☐ On the following date: ____/____/____, unless otherwise revoked by the patient, which is their right
- ☐ When the following event occurs: _____
- ☒ No Expiration (only for authorization used to create or maintain research databases or repositories)

I understand the information disclosed by this authorization may be subject to redisclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

John L. Bruce
 Patient Signature
John L. Bruce
 Patient Printed Name

5-22-06
 Today's Date
8-1-46
 Patient Date of Birth

Patricia Contreras, MD
 David Erb, MD

Andras Koser, MD, MBA
 Joseph Boscia, MD

Gregory Feldman, MD
 Steve Clemons, RN, CCRC

BRUCE, JOHN L.

8974

August 24, 2006

VS Wt: 230 BP: 124/66 Pulse: 72 Temp: 98.5 Ht: 68 inches Age: 60 years

S: He has had a URI for about one and a half days with some mild nausea and vomiting.

O: HEENT, neck, and chest are fairly unremarkable.

A: This is likely a viral illness. Of course, he does have some mild COPD; he is going to be going through the research program in Greenville, so records will be sent for that.

NEXT CONCERN: Aching in his legs. The aching consists of no claudication but a sense of aching when he walks, even when he is lying down. It is diffuse, and it doesn't appear to be radicular from his history. This may well be related to calcium deficiency; he doesn't drink any milk, and he doesn't eat calcium rich foods. We will start him on calcium with D, 500 twice a day, and see if it clears at all within the next month.

NEXT CONCERN: Sensation of tightness or irritation in the posterior oral-pharynx. He had done some vomiting; whenever he eats a meal or drinks a lot of liquid, he will vomit. He has had EGD twice for this, and we can't find a reason for it. He has had Reglan in the past, which caused him to be hyperkinetic; he can't use it. There is no true dysphagia; he did have some dilatation in 2004 that was helpful. I think this is probably related to gastric irritation. He is to sip on a little Mylanta or Maalox to see if it clears. If it doesn't, then we may have to send him back over to gastro.

~~Fitzwilliam W. King, MD/bjs~~

BRUCE, JOHN L.

8974

April 6, 2006

VS Wt: 221 BP: 124/66 Pulse: 66 Temp: 97 Ht: 68 inches

S: He had a very short episode of syncope, about 2-3 seconds; it was triggered by a severe coughing spasm. This started last night but has been ongoing for several days. He improved somewhat with Augmentin previously, but he has not cleared completely.

O: HEENT: No significant PND. Neck: No significant adenopathy. Thyroid seems to be normal. Carotids are full without bruits. Chest: Lung field is clear, but he does have a harsh bronchitic cough. Heart is regular rate and rhythm without murmur, rubs, or gallops.

A: Cough-induced syncope of short duration. It's possible that this triggered an arrhythmia or asystole. Everything is stable today, and his rate is regular.

P: We will use Biaxin 500 XL (2 QD with food). Follow-up will be if he has anymore episodes.

Fitzwilliam W. King, MD/bjs

BRUCE, JOHN L.

8974

February 1, 2006

VS Wt: 217 BP: 133/73 Pulse: 76 Temp: 97 Ht: 68 inches Age: 59 years

S: He has improved, but he is still pretty congested. He states that two days after he was here last time, he spiked a temperature up to 102.

O: Clinically, he sounds about the same; he is less congested in the head, but he is still congested. He still has some PND. Neck: No significant nodes. Chest: He has a few rales in the right lower lung field; that is actually worse, but he does feel better.

A: I suppose this could be viral, but with his multiple problems, I think we will continue him on antibiotics.

P: We will use Augmentin 1000 XL (2 BID with food) for both the sinuses and bronchitis. He is to advise by the first of the week if he is not doing better.

Fitzwilliam W. King, MD/bjs

BRUCE, JOHN L.

8974

January 25, 2006

VS Wt: 210 BP: 133/78 Pulse: 80 Temp: 98.8 Ht: 68 inches

S: He is in today with a URI that he has had for a week and is not getting any better. He has blown blood out of his nose, and his cough has been fairly nonproductive.

O: HEENT: He has PND and paranasal antral congestion, primarily along the maxillary antra. Neck: No significant nodes. The chest is clear, and the heart is regular in rate and rhythm without murmur, rubs, or gallops.

A: Sinusitis and bronchitis.

P: Phenergan with codeine for the cough (usual precautions) and Leva-pak 750 (1 QD with food for infection). He will notify us if he doesn't clear well.

Fitzwilliam W. King, MD/bjs

01/31/06 needs pt. Q

BRUCE, JOHN L.

8974

November 30, 2005

VS Wt: 215 BP: 145/64 Pulse: 52 Temp: 97 Ht: 68 inches

S: Blood pressure is running a little high, but he is feeling sick; he has had a URI for a week now, and it is not clearing. He is having chills and harsh coughing but no aching.

O: HEENT: paranasal antral congestion with minimal PND. TMs are normal. Neck: No significant nodes. Chest: Harsh bronchitic cough with rhonchi and harsh breath sounds, especially the right lower lung field. Heart is regular rate and rhythm without murmur, rubs, or gallops.

A: Bronchitis, URI, and sinusitis with COPD and C-PAP.

P: Because of his other conditions, I don't want to wait; we will start a Leva-pack.

Fitzwilliam W. King, MD/bjs

BRUCE, JOHN L.

8974

October 5, 2005

VS Wt: 213 BP: 132/75 Pulse: 69 Temp: 98 Ht: 68 inches Age: 59 years

S: He is in today with a fever that he has had for five days, and he has developed a sharp cough. He has had some trouble with the C-PAP because of his cough. We reviewed his labs from the VA, and they were good; they are now sending them to me on a regular basis. His last potassium was good.

O: HEENT: PND and paranasal antral congestion. No significant nodes. The chest is clear, and the heart is regular. He does have a harsh cough. TMs are bright.

A: URI and sinusitis that is persistent but a bit better today.

P: I think we will ride this out two to three more days to see if it begins to clear. If so, fine; if not, then we will place him on a Leva-pack (he was given a prescription to hold). Robitussin DM can be used in the daytime.

NEXT CONCERN: Chronic problem with arrhythmia and a concern about diabetes. There is nothing I find in the VA notes currently to support active diabetes. We will continue to followup on all notes and see if anything crops up. He will let me know if they make any changes. His last notes show a glucose of 115; whether that was fasting or not is unclear. It was at 8:08, so it could have been; it may be that he is a little bit glucose intolerant. They will keep an eye on it.

Fitzwilliam W. King, MD/bjs

BRUCE, JOHN L.

8974

July 20, 2005

VS Wt: 212 BP: 125/60 Pulse: 59 Temp: 96.9 Ht: 68 inches Age: 58 years

S: He is in today for a followup; he is still having mastalgia on the left. He doesn't have his VA labs with him, but he obtained them there; his A1C was low, and he thinks his LDL was around 65. He saw Dr. Williams, and apparently one of the blocked vessels is now open; he has a diagonal branch that was partially blocked, but the stent was too small. They decided to treat him medically. He will continue his medications where they are now.

O: The mastalgia is still palpable around the areolar and nipple. There is absolutely no mass, and the mammogram report was normal.

P: We will place him on vitamin E twice a day for a month. If it is not significantly better, we will reassess. We will make no other changes today; medications were reviewed, and they are all the same. He is not using Tramadol right now. Follow-up will be as needed.

NOTE: His feet are much better since using inserts; he is able to get around and do more. He is going to try and walk; he cuts grass on a riding lawnmower. We discussed his weight and the importance of losing.

Fitzwilliam W. King, MD/bjs

BRUCE, JOHN L.

8974

April 12, 2005

VS Wt: 211 BP: 142/80 Pulse: 76 Temp: 98 Ht: 68 inches Age: 58 years

1. He is in today for several issues. One, he has had chest tightness and discomfort. He took Nitrol, and it finally went away. Clinically, the chest is clear, and the heart is regular with S-2 split normally and without murmur, rubs, or gallops. We know that he has CAD; I reviewed that with him. I think he ought to be re-stressed, so he is to call Dr. Williams and get that scheduled.
 - 2/ Next is GI disease; he has postprandial vomiting, and he has GERD. They did an emptying test, and apparently he has a slow emptying starting at about two hours. The records are to be obtained from Dr. Yarborough.
 3. The next concern is chest pain. He has CCI pain, right and somewhat left. Pressure did not reproduce his symptoms of chest tightness. I think that in part this is costochondritis related symptoms; we will follow that after cardiology sees him and after we have the report is back. Clinical exam reveals fullness retro-areolar on the left breast compared to the right; it has been tender for two to three months. We will obtain a left mammogram. After the results are back, we will probably give a surgical referral.
- A: CAD, GERD, chest pain, fatigue, chest tightness, and breast pain.
- P: Follow-up will be after the tests are all back.

NOTE: He has applied for disability. He didn't have the MRS report because of the cost. Until we have definitive evaluation by MRS or someone else, it will be difficult to say definitively that he is disabled. It certainly appears that there is not much he can do. Clinically, I would say that he is disabled permanently. We will wait and see how the tests come back. Old notes are to be obtained.

Fitzwilliam W. King MD/bjs

05/11/05 pt. called, requested referral to Dr. Volin
 3:30 pm (foreign object) in eye - unable to
 obtain referral from tri-care,
 at this time, pt. - pt. states
 he will go to Dr. Voss and
 pay out of pocket for visits
 4:00 pm at Dr. Voss' office, general
 apt. w/ Dr. King, pt. declined
 at present time (u)

James P. MacMillan, DO
Diplomate American Osteopathic Board
of Family Physicians

Albert C. Mina, MD
Diplomate American Board of Family Practice

Fitzwilliam W. King, MD
Diplomate American Board of Family Practice
FAA Flight Medical Examiner

Fax Cover Sheet

(864) 834-4151 (PHONE)

(864) 834-6145 (FAX)

Send To:	From: Dr. MacMillan Dr. King Dr. Mina
Greenville Pharmaceutical	Sandra
Attention:	Date: 09/25/06
Nicole Hayes	09/25/06
Office Location:	
Fax Number: 864-770-0892	

- ☐ Urgent
- ☐ Reply ASAP
- ☐ Please Comment
- ☒ Please Review
- ☐ For Your Information

Re: John Bruce

Comments:

Total pages, including cover: 45

The enclosures of this facsimile include Protected Health Information of one or more individuals. This information is highly confidential and is protected by the provisions of the federal HIPAA Privacy Rules. No one except the intended recipient of this facsimile is entitled to see the contents of this fax. If you have received this fax in error, please notify us immediately at the telephone number noted on this cover sheet. You are not authorized to copy the contents of this facsimile. We will ask you to immediately return the faxed document to us, at our expense.

Once this facsimile has been received in the office or premises of the intended recipient, it should be immediately forwarded to the custody of the intended recipient. If the intended recipient is away or is otherwise unable to immediately take possession of these materials, the materials should be stored in a secure location away from the view of others until such time as the intended recipient is able to take possession of the materials. If there is any reason why the above instructions cannot be carried out, contact us immediately at the telephone number appearing above.

406 N. Poinsett Highway, Travelers Rest, SC 29690 • Phone (864) 834-4151 • Fax (864) 834-6145

Greenville Pharmaceutical Research
220 Roper Mountain Road Extension, Suite B ~ Greenville, SC 29615
Phone: (864) 770-0890 ~ Fax: (864) 770-0892
Patient Authorization to Release Medical Information

I hereby authorize employees, Medical Staff Members or other agents of King Dr. Fitzwilliam

to use or disclose the following information about me: all medical records from 2005 to present.
for the following purposes:

☒ At the request of the undersigned individual
☐ Other: _____

To health information described above may be used or released to the following:

Greenville Pharmaceutical Research
Attention: Nicole Hayes
220 Roper Mountain Road Extension, Suite B
Greenville, SC 29615
Phone ~ (864) 770-0890
Fax ~ (864) 770-0892

This Authorization expires:

- ☐ On the following date: ____/____/____, unless otherwise revoked by the patient, which is their right
☐ When the following event occurs: _____

☒ No Expiration (only for authorization used to create or maintain research databases or repositories)

I understand the information disclosed by this authorization may be subject to redisclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

John L. B. Ruse
Patient Signature

John L. B. Ruse
Patient Printed Name

5-30-06
Today's Date

7-8-1978
Patient Date of Birth

Patricia Contreras, MD
David Erb, MD

Andras Koser, MD, MBA
Joseph Boscia, MD

Gregory Feldman, MD
Steve Clemens, RN, CCRC



LabCorp
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

SPECIMEN 096-497-0368-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION SS#: 248-80-0872				
KING F FASTING: N PHONE: 864-836-6181 DOB: 8/01/1946				
PATIENT NAME BRUCE, JOHN L		SEX M	AGE(YR./MOS.) 59 / 8	
PT. ADDR: PO BOX 24 Marietta SC 29661-0000				
DATE OF COLLECTION TIME 4/06/2006 14:46	DATE RECEIVED 4/06/2006	DATE REPORTED 4/07/2006	TIME 5:40	7882
TEST RESULT LIMITS LAB				

CLINICAL INFORMATION CD-20181815893	
PHYSICIAN ID. KING	PATIENT ID. 00008974
ACCOUNT: Gateway Family Medicine Of Travelers Rest 406 N. Polksett Hwy Travelers Rest SC 29690-0000 ACCOUNT NUMBER: 39109610	

CBC With Differential/Platelet

White Blood Cell (WBC) Count	9.2	x10E3/uL	4.0 - 10.5	BN
Red Blood Cell (RBC) Count	4.81	x10E6/uL	4.10 - 5.60	BN
Hemoglobin	14.0	g/dL	12.5 - 17.0	BN
Hematocrit	39.2	%	36.0 - 50.0	BN
MCV	81	fL	80 - 98	BN
MCH	29.0	pg	27.0 - 34.0	BN
MCHC	35.6	g/dL	32.0 - 36.0	BN
RDW	13.1	%	11.7 - 15.0	BN
Platelets	293	x10E3/uL	140 - 415	BN
Neutrophils	65	%	40 - 74	BN
Lymphs	22	%	14 - 46	BN
Monocytes	8	%	4 - 13	BN
Eos	4	%	0 - 7	BN
Basos	1	%	0 - 3	BN
Neutrophils (Absolute)	6.0	x10E3/uL	1.8 - 7.8	BN
Lymphs (Absolute)	2.0	x10E3/uL	0.7 - 4.5	BN
Monocytes (Absolute)	0.7	x10E3/uL	0.1 - 1.0	BN
Eos (Absolute)	0.4	x10E3/uL	0.0 - 0.4	BN
Baso (Absolute)	0.1	x10E3/uL	0.0 - 0.2	BN

LAB: BN LabCorp Burlington. DIRECTOR: Frank Hancock MD
1447 York Court, Burlington, NC 27215-2230

Pat Name: BRUCE, JOHN L	Pat ID: 00008974	Spec #: 096-497-0368-0	Seq #: 7882

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

SEP 08, 2006 08:40A TRAVELERS REST

page 3



GREENVILLE RADIOLOGY

BREAST CENTER

131 Commonwealth Dr. Suite 220
Greenville, SC 29615
Ph: 864-213-9927 Fax: 864-213-9774

Fitzwilliam King M.D.
Gateway Family Medicine Of Travelers Rest
406 North Poinsett Highway
Travelers Rest, SC 29690

Phone: (864)834-4151 Fax: (864)834-8145

MAMMO INFORMATION FOR:

JOHN BRUCE
P O Box 24
Marietta, SC 29661
Home: (864)836-8181
PID#: 248800872
Soc Sec#: 248-80-0872
Exam#: 00910764
DOB#: 8/1/1946
Age: 58

P Post in chart

MALE #00910764 - MAMMOGRAM BILATERAL DIAGNOSTIC
BILATERAL DIAGNOSTIC MAMMOGRAM: 4/18/2005

FINDINGS:

No prior exams were available for comparison.

The tissue of the left breast is heterogeneously dense. This may lower the sensitivity of mammography. There are scattered fibroglandular elements in the right breast that could obscure a lesion on mammography. There is asymmetric increased density in the left retroareolar region in relationship to the right. There is no corresponding sonographic abnormality. This finding is consistent with the diagnosis of unilateral gynecomastia. No significant masses, calcifications, or other findings are seen in either breast.

IMPRESSION: BENIGN

Unilateral gynecomastia. Clinical follow-up recommended.
There is no mammographic evidence of malignancy.
A 1 year screening mammogram is recommended.

Linda M. Gray M.D.

Linda M Gray

img/penrad:4/18/2005 09:40:08

Imaging Technologist: Susan Hunnicutt RT(R)(M), Greenville Radiology Breast Center
letter sent: BIRADS 1-2 DX Neg Mam/US Abn Hx Code: BI-RADS: 2 Benign

04-20-05P04126 RCVD

John Bruce, PID#:248800872 EXAM#:00910764 DOB:8/1/1946 AGE:58

Page 1 of 1

SEP 08, 2006 08:41A TRAVELERS REST

page 4

**BREAST CENTER**

131 Commonwealth Dr. Suite 220
Greenville, SC 29615
Ph: 864-213-9927 Fax: 864-213-9774

Fitzwilliam King M.D.
Gateway Family Medicine Of Travelers Rest
406 North Poinsett Highway
Travelers Rest, SC 29690

Phone: (864)834-4151 Fax: (864)834-6145

ULTRASOUND PROCEDURE FOR:

JOHN BRUCE
P O Box 24
Marietta, SC 29661
Home: (864)836-8181
PID#: 248800872
Soc Sec#: 248-80-0872
Exam#: 00910765
DOB#: 8/1/1946
Age: 58

#00910765 - US BREAST UNI BILAT
ULTRASOUND OF THE LEFT BREAST : 4/18/2005

FINDINGS:

No prior exams were available for comparison. Real-time ultrasound was performed on the left breast. US performed over the left retroareolar region demonstrates no solid or cystic abnormalities. The appearance of the retroareolar region represents hyperproliferative breast tissue in a patient with gynecomastia.

ULTRASOUND IMPRESSION: ASSESSMENT COMPLETE : BENIGN

US performed over the left retroareolar region demonstrates no solid or cystic abnormalities. The appearance of the retroareolar region represents hyperproliferative breast tissue in a patient with gynecomastia. Clinical follow-up is recommended. A 1 year screening mammogram is recommended.

Linda M. Gray M.D.

A handwritten signature in cursive script that reads 'Linda M. Gray'.

img/penrad:4/18/2005 09:40:08

Imaging Technologist: Susan Hunnicutt RT(R)(M), Greenville Radiology Breast Center
Ultrasound BI-RADS: 2 Benign

John Bruce, PID#:248800872 EXAM#:00910765 DOB:8/1/1946 AGE:58 Page 1 of 1

GREENVILLE PHARMACEUTICAL RESEARCH

Investigative Staff

Gregory Feldman, MD

Joseph Boscia, III, MD

David Erb, MD

Alexandre Abreu, MD

Ann Sticew, MD

Brenda Sprinke, PA-C

Anita Cooper, APRN-BC

Steven Clemons, RN, CCRC

Nicole Hayes CRC

June 22, 2006

Dr. Fitzwilliam King
Gateway Family Medicine
406 North Poinsett Highway
Travelers Rest, SC 29690

PT/DOB: John L. Bruce / 1 August 1946

Dear Dr. King,

We are pleased to inform you that Mr. Bruce has volunteered for a COPD clinical trial. The patient will be randomized to one of the following:

Symbicort (Budesonide/Formoterol) pMDI 160/4.5 mcg BID,

Symbicort pMDI 80/4.5 mcg BID,

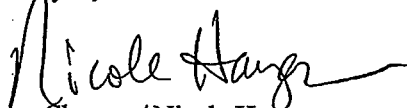
Formoterol Turbuhaler 4.5 mcg BID,

Or patient will have a 1 in 4 chance of being randomized to placebo, but will always have an Albuterol MDI to use as a rescue medication. The patient was enrolled on 20 June 2006.

While on the study, the patient will continue to use their usual home medications. The patient will be closely monitored for the 12 month period of the clinical trial. We will apprise you of any significant findings. Meanwhile, the patient should keep their usual appointments with you.

If you have any questions, please feel free to call us at our office at (864) 770-0890.

Thank you,


Steve Clemons/ Nicole Hayes

GREENVILLE PHARMACEUTICAL RESEARCH

Investigative Staff

nas Koser, MD, MBA, CCPI

ert R. Walker, MD

id A. Godwin, MD

ida Sprinkle, PA-C, CCRC

ren L. Clemons, MSN, FNP-BC,
C, CCRC

ia Clemons, CCRC

anie N. Tyson, AS, CCRC

my Tate, CCRC

lor Freeman, RCP

l Clemons, BA

ia N. Peay, BS

ny P. Bradberry, BS

itany Allison

Date: ~~8/4/10~~ 8/5/10

To: Gateway Family Medicine / Dr. King

Fax: 834-6145

From:

Greenville Pharmaceutical Research
220 Roper Mountain Road Extension, Suite B
Greenville, SC 29615
Phone: (864) 770-0890
Fax: (864) 770-0892

Number of Pages (Including Cover) 2

☐ URGENT

☐ FOR YOUR RECORDS

☐ PLEASE REPLY

ENCLOSED: Att:

Medical Record Request

For John Bruce DOB: 8/1/46

(If signature still not legible I
will resend once we get another signature)

Thanks!

HP LaserJet 3050

Fax Call Report



Greenville Pharmaceutical
864-770-0892
Aug-5-2010 11:14AM

Job	Date	Time	Type	Identification	Duration	Pages	Result
11	8/ 5/2010	11:13:04AM	Send	8346145	1:29	2	OK

Greenville Pharmaceutical Research
220 Roper Mountain Road Extension, Suite B ~ Greenville, SC 29615

Phone: (864) 770-0890 ~ Fax: (864) 770-0892

Patient Authorization to Release Medical Information

I hereby authorize employees, Medical Staff Members or other agents of: Gateway
Family Medicine / Dr. King

to use or disclose the following information about me: Medical Records for past 12 months
for the following purposes:

- ☒ At the request of the undersigned individual
☐ Other: _____

To health information described above may be used or released to the following:

Greenville Pharmaceutical Research
Attention: NKI
220 Roper Mountain Road Extension, Suite B
Greenville, SC 29615
Phone ~ (864) 770-0890
Fax ~ (864) 770-0892

This Authorization expires:

- ☐ On the following date: ____/____/____, unless otherwise revoked by the patient, which is their right
☐ When the following event occurs: _____

- ☒ No Expiration (only for authorization used to create or maintain research databases or repositories)

I understand the information disclosed by this authorization may be subject to redisclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

[Signature]
Patient Signature

5-31-06
Today's Date

John L. Boscia
Patient Printed Name

8-1-46
Patient Date of Birth

Patricia Contreras, MD
David Erb, MD

Andras Koser, MD, MBA
Joseph Boscia, MD

Gregory Feldman, MD
Steve Clemons, RN, CCRC

GREENVILLE PHARMACEUTICAL RESEARCH

Investigative Staff

Andreas Koser, MD, MBA, CCPI

Robert R. Walker, MD

David A. Godwin, MD

Emma Sprinkle, PA-C, CCRC

Steven L. Clemons, MSN, FNP-BC,
P-C, CCRC

Anna Clemons, CCRC

Debbie N. Tyson, AS, CCRC

Jimmy Tate, CCRC

Arlo Freeman, RCP

David Clemons, BA

Dayla N. Peay, BS

Donny P. Bradberry, BS

Rhett Allison

Date: 8/4/10

To: GHS

Fax: 455-78⁵⁵~~55~~

From:

Greenville Pharmaceutical Research
220 Roper Mountain Road Extension, Suite B
Greenville, SC 29615
Phone: (864) 770-0890
Fax: (864) 770-0892

Number of Pages (Including Cover) 2

☐ URGENT

☐ FOR YOUR RECORDS

☐ PLEASE REPLY

ENCLOSED:

Attn:

Medical
Records
Request

Greenville Pharmaceutical Research
220 Roper Mountain Road Extension, Suite B ~ Greenville, SC 29615
Phone: (864) 770-0890 ~ Fax: (864) 770-0892

Patient Authorization to Release Medical Information

I hereby authorize employees, Medical Staff Members or other agents of: Greenville Hospital System

to use or disclose the following information about me: Medical Records for past 6 months
for the following purposes:

☒ At the request of the undersigned individual
☐ Other: _____

To health information described above may be used or released to the following:

Greenville Pharmaceutical Research
Attention: Nick
220 Roper Mountain Road Extension, Suite B
Greenville, SC 29615
Phone ~ (864) 770-0890
Fax ~ (864) 770-0892

This Authorization expires:

- ☐ On the following date: ____/____/____, unless otherwise revoked by the patient, which is their right
☐ When the following event occurs: _____

☒ No Expiration (only for authorization used to create or maintain research databases or repositories)

I understand the information disclosed by this authorization may be subject to redisclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

[Signature]
Patient Signature

5-20-06
Today's Date

[Printed Name]
Patient Printed Name

8-7-76
Patient Date of Birth

Patricia Contreras, MD
David Erb, MD

Andras Koser, MD, MBA
Joseph Boscia, MD

Gregory Feldman, MD
Steve Clemons, RN, CCRC

HP LaserJet 3050

Fax Call Report



Greenville Pharmaceutical
864-770-0892
Aug-4-2010 4:12PM

Job	Date	Time	Type	Identification	Duration	Pages	Result
15223	8/ 4/2010	4:11:16PM	Send	4557855	1:07	2	OK

GREENVILLE PHARMACEUTICAL RESEARCH

Investigative Staff
Andres Korte, MD, MBA, CCP
Robert R. Walker, MD
David A. Gelske, MD
Deonda Spivey, PA-C, CCRC
Steven L. Chomson, MSH, PNP-BC, NP-C, CCRC
Jenna Chomson, CCRC
Shirley N. Tyson, AS, CCRC
Tamiya Tate, CCRC
Carol A. Freeman, RCP
Fred Chomson, BA
Kayla M. Poy, BS
Jenny P. Brubaker, BS
Orlando Allison

Date: 8/4/10
To: CHS
Fax: 455-7855
From:
Greenville Pharmaceutical Research
220 Roper Mountain Road Extension, Suite B
Greenville, SC 29615
Phone: (864) 770-0890
Fax: (864) 770-0892

Number of Pages (including Cover) 2
☐ URGENT ☐ FOR YOUR RECORDS ☐ PLEASE REPLY

ENCLOSURE: Attn
Medical Records Request

220 Roper Mountain Rd. Extension Suite B - Greenville, SC 29615 - Phone: (864) 770-0890 - Fax: (864) 770-0892

HP LaserJet 3050

Fax Call Report



Greenville Pharmaceutical
864-770-0892
Aug-4-2010 4:00PM

Job	Date	Time	Type	Identification	Duration	Pages	Result
15215	8/ 4/2010	3:59:12PM	Send	8346145	1:16	2	OK

Progressive Notes

Subject Name: _____ Address: _____

DOR

[illegible]

Greenville Pharmaceutical Research

Medical History

Name: John L. Bruce is a 59 old White Male ☒ Male ☐ Female referred by
re following: friend for treatment of COPD

Patients Physicians:

King Trest
VA - Greenville

Dates:

ONGOING

☐ Past	☒ Current
☐ Past	☐ Current
☐ Past	☐ Current
☐ Past	☐ Current
☐ Past	☐ Current
☐ Past	☐ Current

Pulmonary History: (Indicate Duration and Severity)

1 Chronic Cough: ☒	☐ Sputum Production: ☒	☐ Sputum Color: ☒
1 Consistency: ☒	☐ Shortness of Breath: ☒	☐ Chest Pain: ☒
1 Unexpected Wt. Loss: ☐	☐ Wheezing: ☒	☐ Hemoptysis: ☐
1 Dust / Fume Exposure: ☐	☐ TB Exposure: ☐	☐ Indoor Pets: ☐
	☐ Recent Travel Outside the US: ☐	

Medication Use:

- ☐ HHN: ☐ Home Oxygen: CPAP ☐ Flu Shot: ☐ Pneumonia Vaccine: ☐

Prior Concomitant Meds: ☒ YES Please refer to medication sheet. ☐ NONE

Last date/name of any antibiotics taken: March 06 Antibiotics - King (5x in past year)

Has patient ever been enrolled in a clinical trial? NO When: NA

Drug Allergies: NKA
Type of reaction: N/A
Date of first occurrence:

Form of birth control: N/A Males PK

Test Date: Test Time: am/pm Results: 2

Social History: ☐ Single ☒ Married ☐ Widow ☐ Divorced

Number of persons in household:

Type of Heat in home: ☐ Gas ☐ Electric ☐ Heat pump Other:

~~removed from these pages - not to be used in any way~~

Recreational Drugs: Alcohol Usage: _____ Marijuana: Cocaine/Crack:

Educational Level: _____ Hobbies: _____

Smoking History:

	Ever Smoked? YES or NO	Past or Current Smoker	Start Date	Average # Cigs. Per Day	Stop Date
Cigarettes	yes	past	1980 ^{6/6/02} 1992	1 1/2 pkts	1998
Pipes					
Cigars					

Married Years: 39

$$\begin{array}{r} 1998 \\ 26 \\ \hline 72 \end{array}$$

$$\begin{array}{r} 1998 \\ 72 \\ \hline 26 \\ 13 \\ \hline 39 \end{array}$$

Present Occupations:

Truck Driver For 10 Years
Goodwill For 6 Years

Armed Services: 20yrs military 1984

Family History:

Relatives	Living	Deceased	Age	Diseases
Mother		✓		
Father		✓		
Siblings	✓			
Children	✓			

Medical History

Diagnosis	Date Diagnosed	Comments
Eyes / Ears / Nose / Throat		
Macular Degenerative Disease	Feb 2004	2/5/04
Allergic Rhinitis	after the age of 40	2003 Allergic Rhinitis
Respiratory		
OPD	2003	Ring / UA
Sleep Apnea	2005	
Cardiovascular		
HTN	2001	
CHF / CAD	2001	
Lipidemia	1962	
MI	1962	
Gastrointestinal		
GERD	1980s	Epauent vomiting
Hiatal Hernia		
Vomiting - trauma (possible Diverticulitis)	April 2006	
Hepatic / Endocrine / Hematologic		
DM		
Hyperthyroidism	May 2001	
Genitourinary		
Neurological		
Musculoskeletal / Dermatologic		
lateral leg pain	2001	Carpal tunnel Bilateral release 2001
Compressed Disc in back	2001	
left foot aneurysm removed	2001	Right foot tendon release 2002
overextremity edema	2001	
Surgery / Hospitalizations		
MI	1962	Rheumatic fever
Colon polyp remove	2004 April	
Drug Abuse / Psychiatric		
Depression		

* I agree that this history accurately reflects my personal medical history.

Patient Signature:

John L. Brown

Date:

8-16-06

John L. Brown MD



**NORTH HILLS
MEDICAL CENTER**

800 PELHAM ROAD
GREENVILLE, SOUTH CAROLINA 29615

000130

NAME *Bruce, John*

X-RAY NO. *8-1-46*

ADDRESS

ACCOUNT NO. *248-80. 0872*

AGE

DATE *8-3-10*

PHYSICIAN *Greenville Pharmaceutical
Research*

EXAM *CXR*

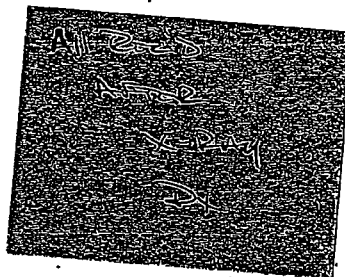
HISTORY

X-RAY REPORT

CHEST (PA & LAT): PA and lateral views of the chest show mediastinal structures are midline. The heart is normal in size, shape and position. Pulmonary fields are clear without evidence of infiltrate, fluid or congestive heart failure. Abnormal density seen in the right upper lung field medially and posteriorly. Density has increased in size in comparison to 1-26-2010 chest x ray. Density currently measures 3.05 cm in size. The bony thorax appears normal.

CONCLUSION: Abnormal density seen in the right upper lung field medially and posteriorly. Density has increased in size in comparison to 1-26-2010 chest x ray. Density currently measures 3.05 cm in size. Strongly recommend CT scan. Rest of the chest is within normal limits.

NRD/cd



*Sent immediately
to
ultrasound
at chest*

[Signature]
2010/2/10

**NAYAN R. DESAI, M.D.
RONALD GARDNER, M.D.**

North Hills Medical Center

800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: 441665

Patient Name: GYL PHARM R RESEARCH

Date of Birth: Date of Service: 01/26/2010

PATIENT: John Bruce
A/C#: 000130
DR. Clemons

CHEST:

PA and lateral examination of the chest shows heart and mediastinal structures are in midline. Costophrenic angles are clear. Diaphragms are flattened with slight increased AP diameter of chest. There is suggestion of a small soft tissue density in the right upper lung field medially. It is measuring 1.8 cm in size. Aortic knob is partially calcified. No active lung infiltrate is seen.

CONCLUSION:

1. Suggestion of a small soft tissue density measuring 1.8 cm in size in right upper lung field medially at about T5 level. CAT scan with and without contrast is recommended for further evaluation.
2. Mild hyperinflation is seen.

NRD

Electronically Signed by: Nayan R Desai MD on Thursday, January 28, 2010 9:24 am

000130

NAME *Bruce, John*

X-RAY NO. *8-1-46*

ADDRESS

ACCOUNT NO. *248-80-0872*

AGE

DATE *8-3-10*

PHYSICIAN *Greenville Pharmaceutical
Research*

EXAM *CXR*

HISTORY

X-RAY REPORT

CHEST (PA & LAT): PA and lateral views of the chest show mediastinal structures are midline. The heart is normal in size, shape and position. Pulmonary fields are clear without evidence of infiltrate, fluid or congestive heart failure. Abnormal density seen in the right upper lung field medially and posteriorly. Density has increased in size in comparison to 1-26-2010 chest x ray. Density currently measures 3.05 cm in size. The bony thorax appears normal.

CONCLUSION: Abnormal density seen in the right upper lung field medially and posteriorly. Density has increased in size in comparison to 1-26-2010 chest x ray. Density currently measures 3.05 cm in size. Strongly recommend CT scan. Rest of the chest is within normal limits.

NRD/cd

*Sent immediately
to Vicks 'i'
AT chest*

[Signature]
2010/8/30

Nayan R. Desai
**NAYAN R. DESAI, M.D.
RONALD GARDNER, M.D.**

North Hills Medical Center

800 Pelham Road
Greenville, SC 29615
(864) 234-5800

Patient ID: 441665

Patient Name: GVL PHARM R RESEARCH

Date of Birth: Date of Service: 01/26/2010

PATIENT: John Bruce
A/C#: 000130
DR. Clemons

CHEST:

PA and lateral examination of the chest shows heart and mediastinal structures are in midline. Costophrenic angles are clear. Diaphragms are flattened with slight increased AP diameter of chest. There is suggestion of a small soft tissue density in the right upper lung field medially. It is measuring 1.8 cm in size. Aortic knob is partially calcified. No active lung infiltrate is seen.

CONCLUSION:

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2. Mild hyperinflation is seen.

NRD

Electronically Signed by: Nayan R. Desai MD on Thursday, January 28, 2010 9:24 am



FAX COVER SHEET

North Hills Medical Center

800 Pelham Rd. @ Patwood Drive.

Greenville, SC 29615

Phone Number: (864) 234-5800 Ext. 263 or 265

Fax Number: (864) 234-5888

Send to: <i>H. Pharo Res.</i>	From: <i>Medical Records</i>
Attention:	Date: <i>12-20-10</i>
Fax Number: <i>770-0892</i>	Phone Number:
Phone Number:	

☐ Urgent

☐ Reply ASAP

☐ Please Review

☐ Please Comment

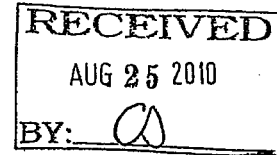
Total Pages, including cover: _____

Comments:

<i>John Bruce</i> <i>CT/MRI</i> <i>No X-Rays</i>

The document in this facsimile transmission may contain confidential health information that is privileged and legally protected from disclosure by federal law including the Health Insurance Portability and Accountability Act (HIPAA). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that reading, disseminating, disclosing, distributing, copying, or otherwise using this information is strictly prohibited.

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800



PatientID: 420640
Patient Name: JOHN L BRUCE
Date of Birth: 08/01/1946 Date of Service: 08/19/2010

PATIENT: John Bruce
A/C#: 420640
DR. Koser

CT SCAN OF CHEST WITH AND WITHOUT CONTRAST:

Lungs are hyperexpanded. There is about 4 cm x 3 cm sized soft tissue mass in the right upper lobe posteriorly. It is essentially in the posterior segment.

It does not show any cavitation or any calcification. It has slightly regular margin. There is no evidence of any pleural effusion or pneumothorax. Trachea and mainstem bronchi are normal.

Thyroid gland is normal in size. Brachiocephalic vessels are grossly normal. Thoracic aorta is partially calcified. Pulmonary arteries are normal. The patient has about 2-cm sized enlarged lymph nodes in the right hilum. There are also small prominent enlarged nodes in the paratracheal region in the superior mediastinum. Cardiac shadow is normal.

Liver, spleen, pancreas, and adrenal glands are grossly normal. Gallbladder shows no evidence of any radiopaque stone. Upper pole of kidneys are normal.

IMPRESSION:

A 4 cm x 3 cm sized mass in the right upper lobe posteriorly or it could be in superior segment of the right lower lobe. It probably represents carcinoma of the lung. There is lymph node enlargement in the right hilum and mediastinum, probably represents a metastatic disease. I would like to suggest percutaneous biopsy.

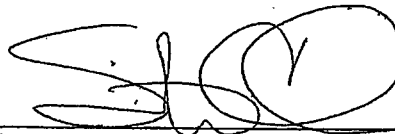
Paresh Shah
for Paresh Shah
Paresh Shah, M.D.

VERIFICATION OF RECORDS CUSTODIAN

As the Records Custodian for **Greenville Pharmaceutical Research, I**
verify that the attached documents are a true, accurate and complete copy of all
documents referring or relating to:

Patient Name: John Bruce
SSN: XXX-XX-0872
DOB: 08/01/1946

as requested by the law firm of PARHAM & SMITH, LLC.



(Signature of Records Custodian)

Dated: 29 Dec 2010

Greenville Pharmaceutical Research

☒ New Patient Screening

Today's Date: 5-30-06

☐ Established Patient

To be Completed by the Patient

Name: John L. BAUCP

Date of Birth: 8-1-46

Address: P.O. Box 24

City: Marietta

State: SC

Zip code: 29661

Telephone: (H): 836-6181

(C): 313-7044

(W):

Emergency Contact: Name: MARILYN BAUCP

Phone Number: Wife

Social Security Number: 248-80-0872

Allergies: Dust, Grass, Fish

Type of Reactions: Fish - throat
Dust, Grass wheezing

Referred BY: ☒ Advertisement: friend

☐ Physician:

LIST OF PHYSICIANS:

Dr. Fritzwilliam King

Height: 68 1/2"

Weight: 230

OFFICE USE ONLY

Race: CAR

Sex: Male

☐ ETOH

☐ Allergic Rhinitis

☐ Anemia

☐ Anxiety

☒ Arthritis

☒ Asthma

☐ Atrial Fibrillation

☐ CAD

☐ CHF

☒ COPD

☐ CVA

☒ Chronic Bronchitis

Medical History:

☐ Chronic Sinusitis

☐ Depression

☒ Diabetes: Type I / II

☐ Drug Abuse

☐ Emphysema

☐ GERD

☒ Glaucoma board line

☐ Hyperlipidemia

☐ Hypertension

☐ Hyperthyroidism

☐ Hypothyroidism

☐ Myocardial Infarction

☐ Migraine

☐ Obesity

☐ Osteoporosis

☐ PVD

☐ Parkinson's

☐ PUD

☐ Seizures

☐ TB

☐ Smoking

Malignancies:

COPD Treatment (If Applicable):

ICS

Beta2-Antagonist

Oral Steroids

Coordinator Screening: Nicole Hays

Date Entered into Study Manager: 30 May 06

Greenville Pharmaceutical Research
220 Roper Mountain Road Extension, Suite B ~ Greenville, SC 29615
Phone: (864) 770-0890 ~ Fax: (864) 770-0892

Patient Authorization to Release Medical Information

I hereby authorize employees, Medical Staff Members or other agents of: _____

to use or disclose the following information about me: _____

for the following purposes:

- ☒ At the request of the undersigned individual
☐ Other: _____

To health information described above may be used or released to the following:

Greenville Pharmaceutical Research
Attention: _____
220 Roper Mountain Road Extension, Suite B
Greenville, SC 29615
Phone ~ (864) 770-0890
Fax ~ (864) 770-0892

This Authorization expires:

- ☐ On the following date: ____ / ____ / ____, unless otherwise revoked by the patient, which is their right
☐ When the following event occurs: _____

- ☒ No Expiration (only for authorization used to create or maintain research databases or repositories)

I understand the information disclosed by this authorization may be subject to redisclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

John L. B. Roper
Patient Signature

John L. B. Roper
Patient Printed Name

5-30-06
Today's Date

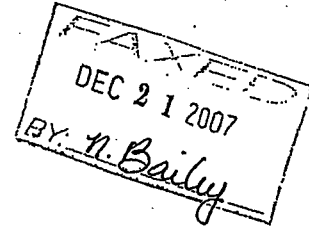
8-1-46
Patient Date of Birth

Patricia Contreras, MD
David Erb, MD

Andras Koser, MD, MBA
Joseph Boscia, MD

Gregory Feldman, MD
Steve Clemons, RN, CCRP

GREENVILLE PHARMACEUTICAL RESEARCH



Investigative Staff

Andre Koser, MD
Gregory Feldman, MD
Joseph Boscia, III, MD
Ahmad Boota, MD
Alexandre Abreu, MD
David A. Godwin, MD
Trenda Sprinkle, PA-C
Janita Cooper, APRN-BC
Steven Clemons, RN, CCRC
Allison, BBA, PhD
Lili Mcavoy, PCT
Mary Clemons, RN
Donna Clemons, Regulatory Affairs
Hevy Jeter, MPH, CRC
Latalie Bailey

Date: December 21, 2007

To: GHS

Attention: Medical Information Department

Fax: 455-7855

From:

Greenville Pharmaceutical Research
220 Roper Mountain Road Extension, Suite B
Greenville, SC 29615
Phone: (864) 770-0890
Fax: (864) 770-0892

Number of Pages (Including Cover) _03__

☐ URGENT

☐ FOR YOUR RECORDS

☐ PLEASE REPLY

ENCLOSED:

Medical records release form.

GREENVILLE PHARMACEUTICAL RESEARCH

Investigative Staff

Andras Koser, MD

Gregory Feldman, MD

Joseph Boscia, MD

David A. Godwin, MD

Alexandre Abreu, MD

Ahmad Boota, MD

Brenda Sprinke, PA-C

Anita Cooper, APRN-BC

Steven Clemons, RN, BSN,
CCRC

Heather Allison, CPhT,
BBA, CRC

Natalie Bailey

Niki McAvoy, CRC

Gary Clemons, RN, CRC

**Greenville Hospital System
Attention: Medical Information Department
701 Grove Road
Greenville, SC 29605
Phone: (864)455-7896
Fax: (864)455-7855**

To Whom It May Concern:

Our office is requesting medical records for patient John L. Bruce. His date of birth is August 01, 1946 and social security number is 248-80-0872.

The patient stated he was seen in the hospital from November 27, 2007 to November 30, 2007. He was hospitalized for approximately four days. We are requesting that his complete medical chart be sent to office regarding the dates listed above.

If you need any further information, please give me a call at (864)770-0890. Thanks for your help with this matter.

Thanks,

Natalie Bailey

Greenville Pharmaceutical Research
220 Roper Mountain Road Extension, Suite B ~ Greenville, SC 29615
Phone: (864) 770-0890 ~ Fax: (864) 770-0892
Patient Authorization to Release Medical Information

I hereby authorize employees, Medical Staff Members or other agents of: Greenville Memorial Hospital - Attn: Medical Info Dept Fax 4557855

to use or disclose the following information about me: Please send all medical records (the pt's whole chart) from a hospital stay from November 27,
for the following purposes: 2007 to November 30, 2007.

☒ At the request of the undersigned individual
☐ Other: _____

To health information described above may be used or released to the following:

Greenville Pharmaceutical Research
Attention: Niki McAvoy
220 Roper Mountain Road Extension, Suite B
Greenville, SC 29615
Phone ~ (864) 770-0890
Fax ~ (864) 770-0892

This Authorization expires:

☒ On the following date: 05 / 30 / 08, unless otherwise revoked by the patient, which is their right

☐ When the following event occurs: _____

☒ No Expiration (only for authorization used to create or maintain research databases or repositories)

I understand the information disclosed by this authorization may be subject to redisclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

[Signature]
Patient Signature

5-30-08
Today's Date

[Printed Name]
Patient Printed Name

8-1-40
Patient Date of Birth

SS # 248-80-0872

Patricia Contreras, MD
David Erb, MD

Andras Koser, MD, MBA
Joseph Boscia, MD

Gregory Feldman, MD
Steve Clemons, RN, CCRC

HP LaserJet 3050

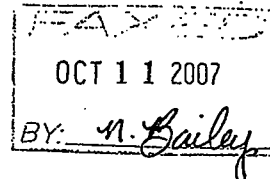
Fax Call Report



GREENVILLE RESEARCH
864 770 0892
Dec-21-2007 2:33PM

Job	Date	Time	Type	Identification	Duration	Pages	Result
10820	12/21/2007	2:31:48PM	Send	4557855	1:27	3	OK

Greenville Pharmaceutical Research
220 Roper Mountain Road Extension, Suite B ~ Greenville, SC 29615
Phone: (864) 770-0890 ~ Fax: (864) 770-0892
Patient Authorization to Release Medical Information



I hereby authorize employees, Medical Staff Members or other agents of: Gateway Family Medicine / Dr. King Fax # 834-6145

to use or disclose the following information about me: Medical records from July 2006 to present.
for the following purposes:

☒ At the request of the undersigned individual.
☐ Other: _____

To health information described above may be used or released to the following:

Greenville Pharmaceutical Research
Attention: Niki McAvey
220 Roper Mountain Road Extension, Suite B
Greenville, SC 29615
Phone ~ (864) 770-0890
Fax ~ (864) 770-0892

This Authorization expires:

☐ On the following date: ____/____/____, unless otherwise revoked by the patient, which is their right

☐ When the following event occurs: _____

☒ No Expiration (only for authorization used to create or maintain research databases or repositories)

I understand the information disclosed by this authorization may be subject to redisclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

[Signature]
Patient Signature

5-30-06
Today's Date

[Printed Name]
Patient Printed Name

8-7-46
Patient Date of Birth

SS# 248800892

Patricia Contreras, MD
David Erb, MD

Andras Koser, MD, MBA
Joseph Boscia, MD

Gregory Feldman, MD
Steve Clemons, RN, CCRC

HP LaserJet 3050

Fax Activity Log



GREENVILLE RESEARCH
864 770 0892
Oct-11-2007 2:59PM

Job	Date	Time	Type	Identification	Duration	Pages	Result
8999	10/10/2007	3:30:46PM	Receive		1:02	6	OK
9000	10/10/2007	4:12:57PM	Send	14845954303	1:24	1	OK
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9002	10/10/2007	4:41:44PM	Send	19734423379	2:08	6	OK
9003	10/10/2007	4:50:09PM	Receive		0:39	0	No fax detected
9004	10/10/2007	4:52:13PM	Receive	Praxis	0:45	3	OK
9005	10/11/2007	1:15:01AM	Receive	LOW-FAX-102	1:13	1	Comm Error 232
9006	10/11/2007	1:21:31AM	Receive	LOW-FAX-102	0:44	1	OK
9007	10/11/2007	8:16:36AM	Send	18772868141	1:42	4	OK
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9009	10/11/2007	8:22:33AM	Receive	ICTI	0:22	1	OK
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9021	10/11/2007	12:09:20PM	Send	2326540	0:56	1	OK
9022	10/11/2007	12:11:46PM	Receive	7045226275	0:50	1	OK
9023	10/11/2007	12:15:16PM	Receive	415 362 4525	1:05	2	OK
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9027	10/11/2007	12:27:13PM	Send	2280915	0:57	1	OK
9028	10/11/2007	12:53:06PM	Receive		0:36	1	OK
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9033	10/11/2007	1:58:33PM	Send	14845954303	0:52	1	OK
9034	10/11/2007	2:18:55PM	Send	19193154249	6:00	14	OK
9035	10/11/2007	2:25:00PM	Send	8346145	0:00	0	Busy
9036	10/11/2007	2:26:24PM	Send	8346145	0:53	0	Comm Error 386
9037	10/11/2007	2:28:29PM	Send	8346145	0:59	1	OK
9038	10/11/2007	2:32:55PM	Receive	415 362 4525	1:14	2	OK



Greenville Pharmaceutical Research
220 Roper Mountain Road Extension, Suite B ~ Greenville, SC 29615
Phone: (864) 770-0890 ~ Fax: (864) 770-0892
Patient Authorization to Release Medical Information

I hereby authorize employees, Medical Staff Members or other agents of: Greenville VA Clinic

to use or disclose the following information about me: Medical Records from 2005 to present.
for the following purposes:

- ☒ At the request of the undersigned individual
☐ Other: _____

To health information described above may be used or released to the following:

Greenville Pharmaceutical Research
Attention: Nicole
220 Roper Mountain Road Extension, Suite B
Greenville, SC 29615
Phone ~ (864) 770-0890
Fax ~ (864) 770-0892

This Authorization expires:

- ☐ On the following date: ____/____/____, unless otherwise revoked by the patient, which is their right
☐ When the following event occurs: _____

- ☒ No Expiration (only for authorization used to create or maintain research databases or repositories)

I understand the information disclosed by this authorization may be subject to redisclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

John J. B. [Signature]
Patient Signature

5-30-06
Today's Date

John J. B. [Printed Name]
Patient Printed Name

8-1-46
Patient Date of Birth

Patricia Contreras, MD
David Erb, MD

Andras Koser, MD, MBA
Joseph Boscia, MD

Gregory Feldman, MD
Steve Clemons, RN, CCRC

**GATEWAY FAMILY MEDICINE
OF TRAVELERS REST, P.A.**

James P. MacMillan, DO
Diplomate American Osteopathic Board
of Family Physicians

Albert C. Mina, MD
Diplomate American Board of Family Practice

FitzWilliam W. King, MD
Diplomate American Board of Family Practice
FAA Flight Medical Examiner

Fax Cover Sheet

(864) 834-4151 (PHONE)
(864) 834-6145 (FAX)

PAID

CK. NO. 1275
DATE 9/5/06

Send To:	From: Dr. MacMillan Dr. King Dr. Mina
Greenville Pharmaceutical	Sandra
Attention:	Date: 09/05/06
Nicole Hayes	09/25/06
Office Location:	
Fax Number: 864-770-0892	

- ☐ Urgent
- ☐ Reply ASAP
- ☐ Please Comment
- ☒ Please Review
- ☐ For Your Information

Re: John Bruce

Comments:

Total pages, including cover: _____

The enclosures of this facsimile include Protected Health Information of one or more individuals. This information is highly confidential and is protected by the provisions of the federal HIPAA Privacy Rules. No one except the intended recipient of this facsimile is entitled to see the contents of this fax. If you have received this fax in error, please notify us immediately at the telephone number noted on this cover sheet. You are not authorized to copy the contents of this facsimile. We will ask you to immediately return the faxed document to us, at our expense.

Once this facsimile has been received in the office or premises of the intended recipient, it should be immediately forwarded to the custody of the intended recipient. If the intended recipient is away or is otherwise unable to immediately take possession of these materials, the materials should be stored in a secure location away from the view of others until such time as the intended recipient is able to take possession of the materials. If there is any reason why the above instructions cannot be carried out, contact us immediately at the telephone number appearing above.

406 N. Poinsett Highway, Travelers Rest, SC 29690 • Phone (864) 834-4151 • Fax (864) 834-6145

James P. Mac Millan, DO
Diplomate American Osteopathic Board
of Family Physicians

GATEWAY FAMILY MEDICINE
OF TRAVELERS REST, P.A.

Albert C. Mina, MD
Diplomate American Board of Family Practice

Fitzwilliam W. King, MD
Diplomate American Board of Family Practice
FAA Flight Medical Examiner

MEDICAL RECORDS FEE FORM

DATE: 07/25/06

TO: Greenville Pharmaceutical Research

REFERENCE: John Bruce

MEDICAL RECORDS FEE IS AS FOLLOWS:

PAGES 1-30 @ \$.65 PER PAGE

7.15
\$10.50 (16 PAGES)

PAGES 30 AND UP @ \$.50 EACH

—

CLERICAL FEE

15.00

POSTAGE FEE

—

TOTAL

22.15

TAX IDENTIFICATION #571109355

**Gateway Family Medicine
of Travelers Rest, P.A.
406 North Polinsett Highway
Travelers Rest, SC 29690**

RECORDS WILL BE SENT UPON RECEIPT OF PAYMENT VIA:

☒ FAX
☐ MAIL

* Records will be faxed
upon receipt of payment.
Thank you

PRE-PAYMENT IS REQUIRED.

406 N. Polinsett Highway, Travelers Rest, SC 29690 • Phone (864) 834-4151 • Fax (864) 834-6145

Greenville Pharmaceutical Research
220 Roper Mountain Road Extension, Suite B ~ Greenville, SC 29615
Phone: (864) 770-0890 ~ Fax: (864) 770-0892

Patient Authorization to Release Medical Information

I hereby authorize employees, Medical Staff Members or other agents of: Dr. Fitzwilliam King

to use or disclose the following information about me: all medical records from 2005 to present.
for the following purposes:

- ☒ At the request of the undersigned individual
☐ Other: _____

To health information described above may be used or released to the following:

Greenville Pharmaceutical Research
Attention: Nicole Hayes
220 Roper Mountain Road Extension, Suite B
Greenville, SC 29615
Phone ~ (864) 770-0890
Fax ~ (864) 770-0892

FILED
3/24/06

This Authorization expires:

- ☐ On the following date: ____/____/____, unless otherwise revoked by the patient, which is their right
☐ When the following event occurs: _____

- ☒ No Expiration (only for authorization used to create or maintain research databases or repositories)

I understand the information disclosed by this authorization may be subject to redisclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

John J. Bence
Patient Signature

5-30-06
Today's Date

John J. Bence
Patient Printed Name

8-27-46
Patient Date of Birth

Patricia Contreras, MD
David Erb, MD

Andras Koser, MD, MBA
Joseph Boscia, MD

Gregory Feldman, MD
Steve Clemens, RN, CCRC

GREENVILLE PHARMACEUTICAL RESEARCH

Investigative Staff

Andre Koser, MD
Gregory Feldman, MD
Joseph Boscia, III, MD
David Erb, MD
Alexandre Abreu, MD
Patricia Contreras, MD
Beth Edwards, PA-C
Brenda Sprinkle, PA-C
Anna Cooper, APRN-BC
Steven Clemons, RN, CCRC
Nicole Hayes, CRC

Date *30 May 04*

To: *Dr. King*

Number of Pages (Including Cover) *834-6145*

From: *Nicole Hayes*

Phone: (864) 770-0890
Fax: (864) 770-0892

☐ URGENT

☐ FOR YOUR RECORDS

☒ PLEASE REPLY

*** Send log ***

MAY 30, 2006 11:47

el # Lexmark 7100 Series

864 770 0892

TOTAL PAGES SENT:

47

No.	Date	START	Time	SENT TO	PAGES	RESULT
01	MAY 17, 2006	10:11A	00:03A	5150094	6	OK
02	MAY 17, 2006	03:34P	00:01A	2952506	2	OK
03	MAY 17, 2006	04:29P	00:02A	2952506	2	OK
04	MAY 17, 2006	04:31P	00:02A	2614543	1	OK
05	MAY 18, 2006	12:48A	00:01A	13028855200	1	OK
06	MAY 19, 2006	12:22A	03:19A	864 233 8696	3	REMOTE FAX ERROR
07	MAY 22, 2006	01:25P	00:01A	2326540	2	OK
08	MAY 22, 2006	01:27P	00:01A	2356540	0	ERROR
09	MAY 22, 2006	03:46P	00:01A	2553238	1	OK
10	MAY 24, 2006	10:56A	00:00A	12159728720	2	OK
11	MAY 24, 2006	02:55P	00:01A	2338696	2	OK
12	MAY 24, 2006	04:37P	00:03A	5856717	7	OK
13	MAY 25, 2006	09:56A	00:02A	8770426	1	OK
14	MAY 25, 2006	01:24P	00:02A	2971044	1	OK
15	MAY 25, 2006	03:43P	00:01A	4588841	2	OK
16	MAY 26, 2006	12:42A	00:02A	5856717	1	OK
17	MAY 26, 2006	02:14P	00:02A	9678465	2	OK
18	MAY 30, 2006	10:31A	00:02A	2553238	2	OK
19	MAY 30, 2006	10:41A	00:00A	8349420	1	OK
20	MAY 30, 2006	10:43A	00:15A	8645736323	1	ERROR
21	MAY 30, 2006	10:43A	00:01A	2335971	1	OK
22	MAY 30, 2006	10:58A	00:02A	4541075	2	OK
23	MAY 30, 2006	11:09A	00:01A	4555731	1	OK
24	MAY 30, 2006	11:44A	00:02A	8346145	3	OK

RESEARCH SUBJECT INFORMATION AND PRE-SCREENING CONSENT FORM

INVESTIGATORS:

Patricia Contreras, M.D.
Andras Koser, M.D.
Gregory J. Feldman, M.D.
Joseph A. Boscia III, M.D.
David R. Erb, M.D.

Greenville Pharmaceutical Research
220 Roper Mountain Road Extension
Suite B
Greenville, SC 29615

APPROVED
by
STERLING IRB
IRB ID# Generic

This consent form may contain words that you do not understand. Please ask the study doctor or the study staff to explain any words or information that you do not clearly understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making your decision.

The preliminary medical evaluation or pre-screening process will obtain more information for you about clinical studies and possible participation in a current or future clinical research study. This pre-screening evaluation will provide information about your general health status and help to determine if you are eligible for a research study. Also, it does not guarantee that you will qualify for a research study.

In this pre-screening evaluation, you may have some or all of the following procedures, which are often done as part of a routine medical examination in a doctor's office:

- General medical history;
- Vital signs: weight, height, blood pressure, heart rate, breathing rate, measurement of oxygen level in blood with finger probe (pulse oximetry);
- Physical exam;
- Routine urine tests;
- Blood draw for routine tests such as blood count, blood chemistry, etc;
- Breathing test to measure amount and speed of air that can be inhaled and exhaled from lungs (spirometry, lung volumes, diffusion capacity);
- Electrocardiogram (ECG - tracing of the electrical activity of the heart);
- Chest x-ray;
- Tuberculosis skin test (PPD). Your state law requires that the results of positive tests for tuberculosis be reported to a local health agency. This is the legal obligation of the medical personnel.
- Examination of expectorated sputum (fluid or mucus produced by a deep cough); if productive cough present;

- Bone density test (DEXA scan);
- Alpha 1 anti-trypsin test (blood test used to check for a genetic abnormality that could speed up the deterioration of normal lung function); and
- Skin testing

This is a screening evaluation and if abnormal tests are found, they may need to be repeated with follow-up by your personal physician.

A copy of these tests will be given to you and only to the study healthcare providers specifically designated by you.

RISKS

The risks of this evaluation relate to the various standard procedures that could be done.

- Blood draw: Drawing blood from your arm may cause pain, bruising, lightheadedness, and, on rare occasions, infection.
- Chest x-ray and DEXA scan: While exposure to large amounts of radiation can cause harm, such as an increased risk of developing a cancer, office x-ray procedures use small amounts of radiation, not much different than exposures on an airplane ride, and are not associated with any harm in usual clinical practice. However, radiation exposure risk is cumulative over a lifetime, and the total should be kept as low as possible.
- Breathing tests: Risks associated with the breathing tests may include shortness of breath, and possibly dizziness.
- Skin Tests: The allergy skin test involves needle pricks to the outer layer of skin. This may produce brief discomfort in the local skin area such as burning, stinging or itching at the test site. A severe allergic reaction which can be life-threatening may occur, depending on the specific skin test done.

There may be risks or side effects which are unknown at this time.

NEW FINDINGS

You will be told about any new information that might change your decision to participate in this pre-study screening.

BENEFITS

The benefit of having this screening include information and education about your general medical condition. There are no other benefits that are expected.

ALTERNATIVES

This is not diagnosis or treatment. Your alternative is not to participate in this screening. If you do not wish to participate in this screening evaluation, you may arrange with your personal physician to have these same tests performed at a physician's office or clinic.

What if I decide not to give permission to use and give out my health information?

By signing this consent form, you are giving permission to use and give out the health information listed above from the pre-study screening for the purposes described above. If you refuse to give permission, you will not be able to be in this screening.

May I review or copy the information obtained from me or created about me?

You have the right to review and copy your health information.

May I withdraw or revoke (cancel) my permission?

Yes. You may withdraw or take away your permission to use and disclose your health information at any time. You do this by sending written notice to the study doctor. If you withdraw your permission, you will not be able to continue being in the research.

When you withdraw your permission, no new health information which might identify you will be gathered after that date. Information that has already been gathered may still be used and given to others. This would be done if it were necessary for any research you were participating in to be reliable.

Is my health information protected after it has been given to others?

If you give permission to give your identifiable health information to a person or business, the information may no longer be protected. There is a risk that your information will be released to others without your permission.

QUESTIONS

If you have any questions concerning your participation in this pre-screening, or if at any time you feel you have experienced an injury related to the pre-screening, contact:

Patricia Contreras, M.D., Andres Koser, M.D., Gregory J. Feldman, M.D., Joseph A. Boscia III, M.D. or David R. Erb, M.D. at 864-238-8588.

If you have questions about your rights as a research subject, you may contact:

Dr. Sally P. Green, Chairman of Sterling Institutional Review Board
6300 Powers Ferry Road, Suite 600-351
Atlanta, Georgia 30339
1-800-636-1062

Sterling IRB is a group of people who perform independent review of research.

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

AUTHORIZATION TO USE AND DISCLOSE INFORMATION FOR RESEARCH PURPOSES

Federal regulations give you certain rights related to your health information. These include the right to know who will be able to get the information and why they may be able to get it. The study doctor must get your authorization (permission) to use or give out any health information that might identify you.

What information may be used and shared?

If you decide to participate in this pre-study screening, medical information that identifies you will be created relating to your participation. The types of medical information created may include information obtained from the screening procedures used to find out whether you are eligible to take part in a research study. This may include physical examinations, blood and urine tests, x-rays and other procedures of tests, and any other information that you may release to us, including information about your health history.

Who may use and give out information about you?

Your information may be given to a sponsor of a research study in which you might take part. "Sponsor" includes any persons or companies that are working for or with the sponsor, or are owned by the sponsor.

Information about you and your health which might identify you may be given to:

- The U.S. Food and Drug Administration (FDA)
- Department of Health and Human Services (DHHS) agencies
- Governmental agencies in other countries.
- Sterling Institutional Review Board (IRB)

Why will this information be used and/or given to others?

Information about you and your health might identify you and may be given to others to carry out a research study in which you might participate. The sponsor will analyze and evaluate the results of the study. In addition, people from the sponsor and its consultants will be visiting the research site. They will follow how the study is done, and they will be reviewing your information for this purpose.

The information may be given to the FDA. It may also be given to governmental agencies in other countries. This is done so the sponsor can receive marketing approval for new products resulting from the research. The information may also be used to meet the reporting requirements of governmental agencies.

The results of the research may be published in scientific journals or presented at medical meetings, but your identity will not be disclosed.

The information may be reviewed by an Institutional Review Board. This is a group of people who perform independent review of research as required by regulations.

VOLUNTARY PARTICIPATION/WITHDRAWAL

Your participation in this screening evaluation is voluntary. You may decide not to participate in this screening. If you do participate, you may freely withdraw from the screening at any time. Your decision will not prejudice your ability to participate in a future screening evaluation or future research.

Your participation in this screening may be stopped at any time by the study doctor without your consent.

If you agree to participate in this screening, you will receive a signed and dated copy of this consent form for your records.

CONSENT

I have read the information in this screening consent form (or it has been read to me). All my questions about the screening and my participation in it have been answered. I freely consent to participate in this screening.

I authorize the use and disclosure of my health information to the parties listed in the authorization section of this consent for the purposes described above.

By signing this screening consent form, I have not waived any of the legal rights which I otherwise would have as a subject in a research study.

John L. Bruce

Printed Name of Subject

John L. Bruce

Subject's Signature

5-30-06

Date

Nicole Hayes

Signature of Person Conducting Informed Consent Discussion

30 May 06

Date

Use the following only if applicable

If this consent form is read to the subject because the subject is unable to read the form, an impartial witness not affiliated with the research or investigator must be present for the consent and sign the following statement:

I confirm that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the subject. The subject freely consented to participate in the research study.

Signature of Impartial Witness

Date

Note: This signature block cannot be used for translations into another language. A translated consent form is necessary for enrolling subjects who do not speak English.

Medical Director's Signature

GREENVILLE PHARMACEUTICAL RESEARCH

ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

I have received a copy of the Notice of Privacy Practices. The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling (864) 770-0890 or by requesting one at Greenville Pharmaceutical Research.

05-30-09
(Date)

[Signature]
(Signature)

[Printed Name]
(Print or Type Name)

As the representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.

(Signature)

(Relationship)

(Date)

The patient _____ was provided with a Notice and Written Acknowledgment form by _____ who explained that signing the form merely indicates the patient's acknowledgement that he or she received the Notice, but the patient nonetheless refused to sign.

Staff signature

Date

HIPAA Privacy Policy & Procedure Manual
Receipt of
©2002 Holtz Springer Publications
Practices

Acknowledgment of
Notice of Privacy

RESP. ILLNESS

Patient John Bruce Chart# 8974 Age 58 Date 1-24-05 LMP
 Wt 204 (Ht) 139 B/F 178 P 64 T 97.2 Allergies? NKDA Smoker? 6

Subjective:

Cough (NP) P Nasal congestion Rhinorrhea (Clear Pur) SOB Ear Pain 70a
Throat Pain PNS Face Pain Bd Aches N/V/D HA Fever 101 (highest) Duration 70a
 Med taken in last 4-6 hours? Sudafed
 OTC Meds for illness: Sudafed
 Other Routine Meds: Cold

Objective:

Ears: EAC patent obstructed TM normal injected bulging dull immobile R L
 Eyes: PERILA ECOM Conjunctiva clear injected purulent D/C
 Nose: Rhinitis swelling excoriation
 Face: Tenderness frontal maxillary nasal R L
 Throat: Clear Tonsils enlarged exudative erythematous lymphoid studding
 Neck: Tenderness Adenopathy anterior posterior mild mod severe
 Heart: RRR No murmur ectopy murmur
 Lungs: CTA rates rales wheezes R L
 Abd: BSC normal mass splenomegaly hepatomegaly tenderness

Pulse Oximetry 98 % P Post Tx 98 % P CXR _____
 Rapid Strep Test Result: _____
 Lab: CBC Mono Spot Throat culture (will contact pt with report)
 Nebulizer Tx with Albuterol x 1 2 3 _____ Pulm Fx Test _____

Assessment:

477.9	Allergic rhinitis	484.0	Laryngitis
493	Asthma	480	Nasopharyngitis (cold)
490	Bronchitis	382.00	Otitis Media (Acute)
519.1	Bronchospasm	482/483	Pharyngitis/Tonsillitis
496	COPD	511.0	Pleurisy
788.2	Cough	488	Pneumonia
484.4	Croup	381.01	Serous Otitis
381.81	Eustachian Tube Dysfunction	481.9	Sinusitis (acute)
780.8	Fever	479.8	Sinusitis (chronic)
487.1	Influenza	785.05	SOB
380.10	Otitis Externa	485.9	URI

Plan:

Patient information/instruction sheet given
Increase fluid intake Bedrest Sudafed
Cool Mist Vaporizer N/V dist Robitussin DM
Lozenges, SW gargle, etc. Autoinsufflation Tylenol
Saline Nasal Drops Voice Rest Ibuprofen

Antibiotic Aug 875 mg po bid until finish. 20 NO RF. SE discussed.
 Bicillin CR 600/000/1.2 mil units IM

Nasal Inhaler 2 puffs each nostril once daily RF _____ samples
Rob. AC/DAC Tussionex Levall 5.0 5/10 ml 2.5/ 5 mg po d prn _____ oz RF
Profen II/Forte DM Durahist Duraphen DM po q12 q24 20 RF # 6 Samples # 6
Allegra Allegra D Clarinet Zyrtec Zyrtec D12 po q12 q24 RF # _____ Samples
Advair /50 1 inh q12 hr RF _____ samples Vent. HFA/Alb. Inh 2 puffs QID prn RF

Return to school _____ Return to Work _____
 Follow-up in 5 days if no improvement or if fever persists greater than 48 hours.

James P. Mac Millan, DO
 Albert C. Mina, MD

Rev. 1/14/05

Gateway Family Medicine of Travelers Rest

2/1/05 Called in Doctor DS 7 po 12 W # 20 Cb R/E per
On med to start drug

AUTHORIZATION TO RELEASE
RECORDS AND FILES

I hereby authorize and request update lung critical care
Specialist, PC (organization to release information) to furnish my
attorneys, **PARHAM & SMITH, LLC**, Smith Barney Building, 2nd Floor, 501 River Street,
Greenville, South Carolina 29601, regarding: John Bruce

***-**- 0872 (Social Security Number) (Patient Name)
8/1/1946 (Date of Birth)
200 Woodland Road Marietta, SC 29661
(Address at time of Treatment)

All medical information of every kind and nature, medical bills and charges, including
information received from other health care providers, correspondence, consultations, lab results,
and any and all material concerning any history, examination, treatment, evaluation and/or
hospitalizations for the periods from ALL RECORDS

(Date(s) of Service)
I have been fully advised of my rights under the Health Insurance Portability and Accountability
Act of 1996 ("HIPAA") and I intend for this authorization to satisfy the requirements of "HIPAA" and
the rules and regulations thereof. In that regard, I certify that I consent to the release of my records to
my attorneys, that the purpose of this request is for my attorneys to assist me in a legal claim, and that
the release of my entire medical records is in the minimum disclosure authorized by this request.

I, John Bruce, have read the above and do authorize and
consent for update lung critical care
Specialist, PC to disclose the said information. I understand that
this consent may be withdrawn by me at any time except to the extent that action has been taken in
reliance upon it or as otherwise specified by law. No individual has coerced me into signing this
authorization and I am providing this authorization on my own free will. I understand that once this
information is received by the authorized individual/organization, then this information may be subject
to redisclosure, and may no longer be protected by federal privacy laws. I acknowledge that I have the
right to revoke this authorization in writing by contacting the above-named health care provider.

10/22/2010
(Date)

John L Bruce
(Signature of Patient or Legal Rep.)
Christie M
(Witness)

Unless otherwise revoked, this authorization will expire on the following date, event or condition:
1 year. If no date is specified, this authorization will expire in six (6)
months from the date of signature.

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 12/06/2010

Consultation
12/06/2010

Summary: From Paper Chart

Added File 1 (scan_1291931371021.jpg)
Added File 2 (scan_1291931375236.jpg)

Stored to chart by: Barbara Williams on 12/09/2010 at 04:49 PM

Received
these records
via hand
delivery by
Attorney Milton
Mann

**CANCER CENTERS OF THE CAROLINAS
HEMATOLOGY/ONCOLOGY - GROVE
3 BUTTERNUT DRIVE, SUITE B
GREENVILLE, SC 29605**

FOLLOW-UP VISIT

NAME: BRUCE, JOHN

DATE: 12/06/2010

M.D. Signature

SSN: 245-80-0872

AOCT #: 89060

cc: Jeanette Wilcox, MD
Celia P. Carter, MD
Clemens R. Abboy, MD
Christophe P. Nguyen, MD
Elizabeth King, MD
Marcus Williams, MD
John Gallagher, MD

DEC 08 2010

DIAGNOSIS:

CA

1. Lung cancer, currently on chemotherapy.
2. Presyncope with cough.
3. Hypokalemia.

HISTORY OF PRESENT ILLNESS: Mr. Bruce is 64-year-old gentleman who has T2 N3 squamous cell carcinoma of the lung. This was felt to be unresectable. He is receiving concomitant carboplatin, Taxol plus radiation therapy off trial. He declined clinical studies. He is due for cycle #6 today. He was actually due last week and this was held due to some counts and increased symptoms. He is back today and does state he wants to complete his therapy. He is due to complete his radiation on 12/09/2010. His most significant issue has been that when he has cough, he has presyncope or even syncope episodes. He reports that this has actually been ongoing for several years but had gotten worse during treatment. He is seeing Dr. Marcus Williams at Upstate Cardiology and is having further evaluation with a Holter monitor that was placed. He is now off all of his blood pressure medicines and is due to see Dr. Williams tomorrow to discuss further.

REVIEW OF SYSTEMS: Mr. Bruce reports that otherwise, he is tolerating his therapy well. He denies any significant numbness or tingling in his fingers and toes. He denies any headaches, visual changes, chest pain, shortness of breath, wheeze or hemoptysis. He does periodically have cough. This has not been helped by narcotic cough syrups or Tussionex Perles. He denies any significant esophagitis now and continues on Protixin. He overall states he feels fairly well and again does want to proceed with therapy. He denies any diarrhea, constipation, or lower extremity edema. He denies any focal neurologic weakness, depression or anxiety.

PHYSICAL EXAMINATION: Blood pressure 65, pulse 103, respirations 20, temperature 98.9. Weight 213 pounds, down from 224.6 on 11/05/2010. Mr. Bruce is a well-nourished, well-developed Caucasian gentleman in no apparent distress. He is alert and oriented x4. Pupils are equal, round, and reactive to light. Sclerae anicteric. Oropharynx normal, no lesions. Lungs: There is some mild rhonchi noted bilaterally in the anterior lung fields clear posteriorly. Cardiovascular: Regular rate and rhythm, although mildly tachycardic. Abdomen: Soft, nontender, and nondistended. Lower extremities: No edema, no clubbing, or cyanosis. Neurologic exam is grossly nondescript. Psychiatric exam with no overt signs of depression or anxiety.

LABORATORY: Values today: White blood cell count of 2.4, ANC 1900, hemoglobin 11.2, platelet count 169. Basic metabolic panel with potassium at 2.5, creatinine 1.0, calcium 7.7. Calculated GFR at 79, glucose 137.

RADIOGRAPHY: Review of imaging: The patient had CT of the chest 08/19/2010, MRI the brain 09/23/2010. PET/CT 09/23/2010. Chest x-ray 11/29/2010, which did show some decrease in the right hilar mass with no new infiltrate or other change.

ASSESSMENT AND PLAN: Mr. Bruce is a 64-year-old gentleman with stage IIIb unresectable squamous cell carcinoma of the lung. He is currently on carboplatin and Taxol plus radiation therapy. He tolerates this treatment well. He does have syncope episodes with cough, which has been ongoing for some time. He is having cardiology evaluation. This certainly is concerning and I did offer to the patient to hold further therapy. He states that as this has been going on for years and is only somewhat worse now with his hilar tumor, he does not want to stop his treatment. He does plan to continue following with cardiology. He is having no confusion today and I have said

CANCER CENTERS OF THE CAROLINAS
HEMATOLOGY/ONCOLOGY - GROVE
3 BUTTERNUT DRIVE, SUITE D
GREENVILLE, SC 29605

FOLLOW-UP VISIT

NAME: BRUCE, JOHN
DATE: 12/06/2010

SSN: 148-80-0872
ACCT #: 89060

Hopefully after some elucidation of what is happening with his cough and hemodynamic symptoms. He was not felt to be assessable and thus does not necessarily need to be reassessed with scan post concomitant therapy.

Carla W. Jorgensen, MD

UNREVIEWED COPY, APPROVED DELETIONS SIGNED ELECTRONICALLY

DD: 12/06/2010 10:29:29 BY: 1207/2010 17:33:05 and 02/11/11

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 12/08/2010

Treatment
12/08/2010

Summary: Nurse Notes

Provider: Chandar R. Abboy, MD

Added File 1 (scan_1291838103355.jpg)

Stored to chart by: Marcia D Howard on 12/08/2010 at 02:55 PM

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 12/08/2010

File 1 (scan_1291838103355.jpg)

Upstate Lung And Critical Care Specialists, P.C.

Name Bruce, John Chart # 33726 Date 12/8/10
Wt 218 Ht 124 HR 108 BP 108 Temp 97.3

Cough Smoking Present Illness + reason for visit
Sputum Nausea
Dyspnea Vomiting
Weight Diarrhea
Edema Chest Pain
Palpitations Pain
Orthostatic STOL
New Allergies
Last Chest X-ray

Physical Exam / WORKUP * ABSENT
* General Appearance
* Skin/Tongue
* EMT
* Eyes
* Mouth
* Neck
* Heart/Medical
 Murmurs
 Gallop
 Tenes
* Abdomen
* Chest/Lungs
 Crackles
 Wheezes
 Rales
 Effort
 Dyspnea
* Extremities
* Neurological
 Reflexes
 Ankle
* Mental Status

LAB ORDER: CBC/Chem EKG SPO2 LAC Glu PT INR O2 Sat
Long Vol CRP UA CMP ABG'S BUN Cr Et Time
O2 Sat
Other Orders

Education
Discharge Plan

Prescriptions
New Appl Wt Months SIB DRE Signature Staff
New Visit EV DLCO PA PUL Stress Other

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 12/08/2010

Treatment
12/08/2010

Summary: PERSCRIPTION

Provider: Chandar R. Abboy, MD

Added File 1 (scan_1291838222387.jpg)

Stored to chart by: Marcia D Howard on 12/08/2010 at 02:57 PM

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 12/08/2010

File 1 (scan_1291838222387.jpg)

The image shows a medical form, likely a CPT code sheet, with a grid structure. The grid has multiple rows and columns. The text is heavily degraded and mostly illegible, but the structure of the form is visible. The form appears to be a standard medical coding sheet used for billing purposes.

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 12/09/2010

Consultation
12/09/2010

Summary: From Paper Chart

Added File 1 (scan_1293552570069.jpg)

Stored to chart by: Nadine Anderson on 12/28/2010 at 11:10 AM

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 12/09/2010

Fax Server 12/16/2010 8:48:39 AM FAXR 2/002 Fax Server

CANCER CENTERS OF THE CAROLINAS
RADIATION ONCOLOGY—ANDREWS
210 ANDREWS STREET, SUITE 100
GREEKVILLE, NC 27031

TREATMENT SUMMARY

584-118-BU-4272
JAN 21 1966

cc: Capt. W. J. Ferguson, LAD
 Captain R. Anderson, LAD
 Richardson King, LAD
 DISTRICT: T2 515-444-4444

PLATE THIRTY-ONE ET ALIUM

附註

DATE PREPARED: 01/08/2010

12000000

212520 (TV) Mr. Brown is a 54-year-old male who was noted to have an abnormal chest x-ray (2/22/82) consistent for a pneumothorax. Chest CT scan of the chest confirmed this abnormality, and CT-guided biopsy was performed revealing poorly differentiated large cell carcinoma, consistent with small cell carcinoma. PET scan of the chest revealed that the 4-7 segments were intensely hypermetabolic, as were right lower and mediastinal nodes. Most of the biopsies were negative for metastatic disease, and the subsequent histology was consistent with SCLC. IV-L-Asparaginase infusion therapy for large cell carcinoma was initiated with the primary goal of treating metastatic disease. Chest x-rays and radiology were reviewed, followed by chest CT scan (4/14/82) and mediastinal

TREATMENT SUMMARY AND RESPONSE: Mr. Brown tolerated his treatment remarkably well. He had occasional nausea, and at the completion of treatment his weight was 115 pounds.

FOLLOW-UP INSTRUCTIONS: Oral/Intravenous chemotherapy is planned. The patient is to take pills week after the next and IV will need to be ordered and reschedule chemotherapy planned intervals. The patient will return to my chemotherapy clinic.

<u>FILE</u>	<u>PORTAL</u> <u>DESCRIPTION</u>	<u>WATERFORD</u> <u>SOURCE</u>	<u>WATERFORD</u> <u>CATEGORY</u>	<u>NUMBER OF</u> <u>TELEPHONES</u>
LIVE cases and Tough models Language	Telephone room	1847	3510	20
	Weighted pack	6347	3220	71

Information Release, 190

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M.D. Signature

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Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946; Age: 64 years, Male
Acct #: 33726, Encounter Date: 01/07/2011

Consultation
01/07/2011

Summary: CANCER CENTERS/ CAROLINAS

Added File 1 (scan_1295298149910.jpg)

Stored to chart by: Nadine Anderson on 01/17/2011 at 04:03 PM

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 01/07/2011

Fax 367907 1/10/2011 2:54:19 PM PAGE 2702 Fax 367907

CANCER CENTERS OF THE CAROLINAS
 HERMANOLOGICAL COLLECTOR - GROVE
 4011 TRINITY DRIVE, SUITE B
 GREENVILLE, SC 29609

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STILLBORNEN

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55-117-0371

NAME: BRUCE, JOHN
 TRADING NAME: J. BRUCE

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U.S. DEPARTMENT OF JUSTICE

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1. Long cabinet.
2. Postage paid by receipt.

[illegible][illegible]

PHYSICAL EXAMINATION: Blood pressure, 124/70, pulse 74, respirations 20, temperature 97.8. Weight 172 pounds. Mucous membranes pink, moist, and moist. Cardiac examination reveals normal heart sounds. Abdominal examination reveals normal bowel sounds and normal liver and spleen. Chest examination reveals normal lung sounds. Neurological examination reveals normal reflexes and normal mental status. No significant changes noted since last examination. The patient is well and is being discharged on oral medication. The patient is well and is being discharged on oral medication.

LABORATORY Values: WBC blood cell count 4.4, hemoglobin 17.7, platelets 235, LFTs liver function tests normal, BUN/Cr serum urea nitrogen

PHOTOLOGY ET OF THE CHEN ISLANDS, MAY 1911, 2111, RETRIEVED 02/23/2011

[illegible]

Chas. E. Johnson, Jr., MD

~~ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN
OTHERWISE BY A DATA TAG DATE 08-16-2011 BY SP5 BTJ/KJS~~

Findings

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 11/22/2010

Consultation
11/22/2010

Summary: From Paper Chart

Added File 1 (scan_1291926752016.jpg)

Stored to chart by: Barbara Williams on 12/09/2010 at 03:32 PM

Upstate Lung & Critical Care Specialists, P.C.
1091 Bolling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 11/22/2010

File 1 (scan_1291926752016.jpg)

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2/11/2011

CANCER CENTERS OF THE CAROLINAS
HEMATOLOGICAL ONCOLOGY - CHOCV
3 BUTTERNUT DRIVE, SUITE 200
COLUMBIA, SC 29204

COLLABORATION VISIT

NAME: BRUCE, JOHN
DATE: 11/22/2010

BSR: 2-3-40-0172
ACCT #: 33726

ON: JESSICA WILSON, MD
CELIA P. CHEN, MD
CHRISTOPHER W. JORGENSEN, MD
CHRISTOPHER P. JOHNSON, MD
RICHARD L. KING, MD
JOHN GALLAGHER, MD

Signature

11/23/2010

LA

Mr. Bruce is a 64-year-old Caucasian male with stage III non-small cell carcinoma of the lung, squamous cell variety, receiving combined modality therapy with cisplatin-based radiation therapy. Radiation therapy chest site was completed with target completion date 12/04/2010. The patient reports the weekly cisplatin therapy side effects week 1.

The patient continues to do fairly well. He is noticing some increase in fatigue. There are some increases in cough and some increase in difficulty with swallowing but he indicates that all are fairly tolerable. No fever is reported. No chills are reported. No postnasal secretions are reported. The patient indicates normal bladder and bowel function.

The patient indicates that his cough has been most bothersome and he is experiencing that worse on Fentanyl patches than when he is not on them. He has not been sleeping at home from Dr. Chen's last visit and he is now somewhat better than the previous visit. He still did not completely control his cough. Distress has improved. The patient remains off steroids and remains on hospice.

PHYSICAL EXAMINATION: Patient is alert and oriented. He is ambulatory with a steady gait. There is no tachypnea. There are no crackles or wheezes. Lungs are clear with hyperinflation. Weight is 212 pounds with 10% weight loss. Temperature is 98.6, heart rate 74, respiratory rate 18, BP improved to 115/70.

LABORATORY DATA: CBC reveals WBC 2200, ANC 1800, hemoglobin 11.4, platelet count 129,000.

RECOMMENDATIONS:

1. Stage III non-small cell lung cancer receiving combined modality therapy, week 1 of radiation therapy 11/22/2010. With adequate blood counts, the patient was treated with week 1 of cisplatin-based chemotherapy at tolerance level.
2. Resolution of hypoxemia, distress improved but not resolved. Continue off benzodiazepines and opioids.
3. Continued radiation therapy, slightly increased from last week but weight remains stable and the patient is tolerating therapy well.
4. Return appointment to the next visit with 14C, two weeks with physician. Next visit he will undergo his chest and first dose of chemotherapy.
5. If tolerable, resume post-completion of combined modality therapy, the patient will be managed and then considered for full dose of chemotherapy post the 3-4 weeks.
6. In regard to his cough, the patient will utilize the cough syrup previously prescribed by Dr. Chen. He however will be given a prescription by Dr. Jorgensen for the cough syrup 30 mg 3 p.m. q.d. every p.m. cough. He indicates that he has not noticed any effect in the past. This is not bothersome to him in any way and quite tolerable.

EnABE M. Jorgensen, MD, ABIM
Physician for

CELIA W. JORGENSEN, MD
On site physician Celia W. Jorgensen, MD
CANCER CENTERS OF THE CAROLINAS - CHOCV
DO: 11/22/2010 12:22:10 PM 11/23/2010 11:58:53 AM 33726

Page 1 of 1

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 11/17/2010

Consultation
11/17/2010

Summary: CONSULT

Provider: Chandar R. Abboy, MD

Added File 1 (scan_1290022901350.jpg)
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Stored to chart by: Marcia D Howard on 11/17/2010 at 02:42 PM

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 11/17/2010

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Exempts

CANCER CENTER OF THE CAROLINAS
HEALTH SCIENCES AND EDUC
900 W PARK ROAD
GREENVILLE, SC 29609

INITIAL CORRECTION

NAME: MADON, ARNOLD	SSN: 128-64-1072
DATE: 10/15/2008	ACCT #: 128600

cc: Jonathan Wilson, MD
Colin P. Cummings, MD
Charles R. Hays, MD
Christopher P. Nguyen, MD
Nicolaides King, MD
John Gallagher, MD

DELETED PAGE:

A.D. Signature

OCT 20 2001

RESEARCHER CREDIT: Newly diagnosed major (I) depressive and bipolar disorders, especially within

[illegible]

PATHOPHYSIOLOGICAL HISTORY: Significant hypogonadism, secondary energy decline, 30 year prior history of smoking prior to 1980; CVD, sleep apnea on CPAP, type 2 non-insulin dependent diabetes mellitus, asymptomatic degenerative arthralgia, cardiovascular disease on 20/2, independent trajectory in 20/2; chronic liver at age 16, asymptomatic

ADVERSE EFFECTS The patient has a high risk of signs that an adverse drug reaction

Medication Review: Current medications include Acetaminophen, Lipitor, Tylenol, aspirin, increased atorvastatin, fentanyl, Keonoxol, ibuprofen, Effexor, Quercetin, allopurinol, fentanyl, and Synthroid. The patient is also taking a cough syrup but cannot recall what it is at the current time.

SOCIAL HISTORY: The patient is married from the Army for 30 years. He is also a retired flight instructor. He lives at home with his wife and states he is able to care for himself. He has two children. He does not work as a flight instructor and again, has not worked since 1990.

FAMILY HISTORY: The patient's mother died of leukemia at age 45. His father died in his 50s from prostate cancer and heart disease. The patient has siblings with heart disease but no other malignancy of which he is aware.

[illegible]

Page 1 of 2

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Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 11/08/2010

Consultation
11/08/2010

Summary: H&P from Cancer centers of the Carolinas Hematology

Provider: Chandar R. Abboy, MD

Added File 1 (scan_1289935902333.jpg)

Stored to chart by: Angela Morin on 11/16/2010 at 02:38 PM

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 11/08/2010

* All served

11/10/2010 10:31:48 AM Page 2/403 Fax Server

CANCER CENTERS OF THE CAROLINAS
816 STONE MOUNTAIN CIRCLE - SUITE
HUNTER HILL DRIVE, SUITE B
GREENVILLE, SC 29615

FOLLOW-UP VISIT

~~STANDARD: OFFICIAL, TOP SECRET~~

HAIR; RECROSSING

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✓ OCT 1: 0220

551 Jacobus W. H. M. M.
Colin P. O'Connell, M.D.
Gladys E. W. H. M. M.
Christopher P. H. M. M.
F. W. H. M. M.
John G. H. M. M.

TECHNOLOGY

JUN 15 2013

[illegible][illegible][illegible]

LABORATORY: Values indicate: White blood cell count 11, neutrophils 22%, lymphocytes 12%, monocytes 27%.
Post-operative period with elevated GFR at 11; otherwise, normal. From JUNE 22nd: CP's normal at 6.8, 1 hour
fraction test within normal limits.

REVIEW OF INACADE: ST. JOSE CATHOLIC HIGH SCHOOL, 1000 N. 10th St., Phoenix, AZ 85006. TEL: 602/252-2310. FAX: 602/252-0510.

[illegible]

Charles H. Thompson, Jr.

~~Deutsche Amerikanische Zeitung~~

THE 1948-1949 FISCAL YEAR: CLOSING OF THE FISCAL YEAR

संज्ञा १६३

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 10/08/2010

Consultation
10/08/2010

Summary: CANCER CENTERS- CAROLINAS

Added File 1 (scan_1291049598775.jpg)
Added File 2 (scan_1291049603176.jpg)

Stored to chart by: Nadine Anderson on 11/29/2010 at 11:56 AM

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 10/08/2010

Page 5409407

10/12/2010 6:28:40 PM PAGE

51748

Erw. Schreyer

1. **Introduction**

CANCER CENTERS OF THE CAROLINAS
RADIATION ONCOLOGY - ANDREWS
310 ANDEW ST., SUITE 110
CHESAPEAKE, NC 28624

इतिहास-प्रस्तावना

NAME: EHRICH, RENE
DATE: 11/03/2010

1780-08-30-0873
JUN 30 1960

Collyer, George, M.D.
Hemphill, King, M.D.
Cramer, R. Webb, M.D.
Eliakim, N. S. M.D.

WLAN 240 (size III) non-stall, bell jar
type

[illegible][illegible]

பாதி மூலக்கூறு மீட்டர்கள்:

Allegation: None
Response: The complainant's statement was reviewed. COOP, along with the CPAAP, has been conducting various community meetings.
Affected: None

Sensitivity: Cervical tenderness; 2007, available only postmenstruation for females, uterine tenderness, and lower quadrant pain; and tenderness over

Ingredients: Aspirin 40 mg q.d., acetaminophen 500 mg S.O.B.I.D.[®], aspirin 80 mg q.d., Tylenol 50 mg t.i.d., salicylic acid 60 mg q.d., L-lysine 40 mg q.d., Tylenol 40 mg p.c.a.t.i.b.q.d., Tylenol 30 mg b.i.d., Motrin 30 mg c.d.

PAUL STUBBS: The patient's father was tried for possible murder and the patient's mother was found guilty.

WINDY OF SWIFTNESS: The principal factor in the weather is the wind blowing, with the weather bureau, 150 miles away in London, and Chicago, and the other cities, all being connected by the telegraph. The principal factor in the weather is the wind blowing, with the weather bureau, 150 miles away in London, and Chicago, and the other cities, all being connected by the telegraph. The principal factor in the weather is the wind blowing, with the weather bureau, 150 miles away in London, and Chicago, and the other cities, all being connected by the telegraph.

物理力学

Printed by Marcia D Howard on 03/01/2011, Page 1 of 1
CPT only ©2008 American Medical Association. All Rights Reserved.

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 10/08/2010

File 2 (scan_1291049603176.jpg)

FLX BQYVER

10/12/2010 01:18:48 PM PAGE 5/608 Fax Server

CANCER CENTERS OF THE CALIFORNIA
RADIATION ONCOLOGY - ANGELES
100 ALDER STREET, SUITE 100
GREENVILLE, CA 94611

ਅੰਗਰੇਜ਼ੀ ਦੋਸਤਾਨਾ

NAME:
DATE:

SEP 29 1980 0872
ACT 2: 5230

ALLEN described himself as a shy and quiet person. He is a PSN but he has a slightly ruffled air in the past. When he was hospitalized with meningitis, the PSN reported to himself. He did not understand the PSN. He was a little confused and a little nervous. He also expressed that he has a history of problems. He has had a little bit of a problem in various phases, but nothing serious. He has never been in a hospital.

LOCAL, HUSBAND: The golden has been married for 44 years. He is 64 himself today. He is married and has two kids. He is not retired. He has not used a gun for 12 years. After 10 days, he arrived in 1982 postcard for the 36 years. He has been a heavy drinker since in the past. He is not going there where there rarely is this year.

PHYSICAL EXAMINATION: The patient's height is 5 foot 4 inches, and the weight is 270 pounds. His blood pressure is 110/60, with a heart rate of 70, and an irregularly irregular ECG. His clinical ABENT. Negative. He has thin arms of muscle in the neck but no palpable thyroid enlargement. He has an overcoat of adipose in the neck and shoulders. His chest is normal. His lungs are clear. His heart is normal. His abdomen is normal. His extremities are normal. His skin is normal. His eyes are normal. His ears are normal. His nose is normal. His mouth is normal. His throat is normal. His larynx is normal. His trachea is normal. His bronchi are normal. His lungs are normal. His pleura are normal. His diaphragm is normal. His pericardium is normal. His heart is normal. His aorta is normal. His arteries are normal. His veins are normal. His lymphatic system is normal. His endocrine system is normal. His reproductive system is normal. His urinary system is normal. His digestive system is normal. His respiratory system is normal. His circulatory system is normal. His nervous system is normal. His muscular system is normal. His skeletal system is normal. His integumentary system is normal. His immune system is normal. His sensory system is normal. His motor system is normal. His cognitive system is normal. His emotional system is normal. His social system is normal. His spiritual system is normal. His overall health is normal.

BAKERSKAPENT STAMPER: A PET scan on 09/25/01 revealed no evidence of distant disease. The thymic upper lobe 4.7 cm mass was considered hyperenhancing. The right hilar and left hilar nodes were hyperenhancing, and there was evidence of nodal involvement. A PET of the brain obtained that same day was negative for evidence of metastatic disease.

PATHOLOGY REPORT: Findings from CT-guided needle biopsy of the right lung mass on 08/25/2010 revealed poorly differentiated large cell carcinoma, showing acinar and papillary. Pathology from needle biopsy on 08/25/2010 revealed large cell carcinoma consistent with the primary and low TTF-1 index, as well as other tumor

APRIL 25 - Mr. Dine is a 44-year-old male with a 72 (30 kg, BMI) non-smoking lung cancer. He is referred for consideration of treatment with radiation. He has Dr. Chang who is planning chemotherapy along with radiation. It was said that copies of Chang's letter from this week, but I will be communicating with him next week.

[illegible]

James C. Wilson, MD
DIRECTOR, MEDICAL SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Page 2 of 2

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/20/2010

Consultation
09/20/2010

Summary: From Paper Chart

Added File 1 (scan_1291047400128.jpg)
Added File 2 (scan_1291047429873.jpg)
Added File 3 (scan_1291047433686.jpg)
Added File 4 (scan_1291047437499.jpg)
Added File 5 (scan_1291047441514.jpg)

Stored to chart by: Nadine Anderson on 11/29/2010 at 11:17 AM

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/20/2010

File 1 (scan_1291047400128.jpg)

09/20/2010 10:44 FAX 804 640 6008 PALMETTO HEMATOLOGY 8001


Palmetto
Hematology, Oncology, PC

380 Sargeant's Drive, Suite 4200
Spartanburg, SC 29303
(864) 560-7050 FAX (864) 560-7050

James D. Swanson, MD, M.D.
Eric C. Nelson, M.D.
Austin R. Paul, M.D.
Steven M. Carter, M.D.
Cedric P. Curran, M.D.
Sarah L. Vignos, D.O.
Shamika M. Jones, M.D.
Samuel N. Wood, M.D.
Charles E. Bowers, M.D.

PATIENT: BRUCE, JOHN L. DOB: 08/01/46
MDIN: 000881316 PAGE: 1

M.D. Signature

NEW PATIENT CONSULTATION
DATE: 09/20/10

OCT 20 2010

DIAGNOSIS:

- Radiographic stage IIIA (T2N1M0) large cell carcinoma (favor squamous cell carcinoma) right upper lobe, age at diagnosis -54.
- First abnormal chest x-ray 1/22/15 at a Greenville Research Center while screening for eligibility to clinical trials; no follow up obtained.
- Secondary abnormal chest x-ray at same research center August 2010 now with 4.5 cm right upper lobe suspicious lung mass.
- CT scan of chest at Marsh Hills Medical Center 8/19/10 showing a 4.5 cm part-solid right upper lobe lung nodule with slight hilar and mediastinal enlargement.
- CT guided biopsy 7/31/10 at Greenville Hospital System with pathology from Greenville Hospital System showing poorly differentiated large cell, favoring squamous carcinoma.
- Hypertension.
- Coronary artery disease.
- 50+ pack year history of cigarette smoking, quit 1993.
- COPD.
- Sleep apnea on CPAP.
- Type II insulin-dependent diabetes mellitus.
- Dyslipidemia.
- Degenerative arthritis.
- Cervical laminectomy 2007.
- Multiple orthopedic surgeries (2003-2008).
- Obesity.

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/20/2010

File 2 (scan_1291047429873.jpg)

10/20/2010 12:48 FAX 864 573 6323 PALMETTO HOSPITAL 2405

Palmetto
HOSPITAL

380 S. Main Street, Suite 200
Spartanburg, SC 29303
(864) 561-7000 FAX (864) 560-7000

James D. Bracken, III, M.D.
Eric C. Nelson, M.D.
Asim R. Paul, M.D.
Steven W. Corso, M.D.
Celia F. Curran, M.D.
Sarah J. Vidin, D.O.
Shamile Mishra, M.D.
Samuel K. Wood, M.D.
Charles E. Roberts, M.D.

PATIENT: BRUCE, JOHN D.O.B: 08/01/46
MRN: 000681335 PAGE: 2

• History of obstructive pulmonary disease at age 15 requiring hospitalization.
• Osteoporosis.
• AAA.

RE: This pleasant 64-year-old married white male former heavy cigarette smoker seen today at the request of his pulmonologist, Dr. Abbey. Following diagnosis of a stage IIA non-small cell lung carcinoma.

The patient primarily has been followed at the VA Hospital in Columbia and VA Medical Center in Greenville and additionally by a family physician in Travelers Rest with his multiple chronic illnesses as outlined above. He quit smoking when 12 years ago but has significant COPD/chronic bronchitis and has been hospitalized in a clinical trial at a Greenville Research Center in January 2010. Apparently no abnormal EKG disqualified him from entry on to this trial.

Chest x-rays obtained at the time was read as showing a 1.5 cm right upper lobe suspicious lung mass with recommendations for CT follow up. This abnormality was not appreciated until a second chest x-ray obtained at the same center in August while trying to gain entry into a second clinical trial. This second chest x-ray showed a doubling of this right upper lobe mass now measuring 3.5 cm. This was followed up with CT scan of the chest noting this suspicious lung mass in the posterior right upper lobe or possibly superior segment of the right lower lobe with right hilar and mediastinal lymphopathy consistent with metastasis.

He was referred to Dr. Abbey who arranged for CT guided lung biopsy on 8/31/10 with pathology read as poorly differentiated large cell carcinoma, favoring squamous cell carcinoma.

In terms of symptoms, he relates a productive cough of blood in which sputum was easy expectorability in evening. He otherwise has had no change in his weight or appetite. He has no complaints of pain other than his recent biopsy site. He has had no

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Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/20/2010

File 3 (scan_1291047433686.jpg)

10/10/2010 12:41 FAX #54 550 6100

EMERGENCY HEMATOLOGY

Q400



100 Sergeant's Drive, Suite 400
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Adam R. Puri, M.D.
Steven W. Carst, M.D.
Cedric P. Carter, M.D.
Sarah L. Vidlin, D.O.
Shamika Mehta, M.D.
Samuel K. Wood, M.D.
Charles E. Bowden, M.D.

PATIENT: BRUCE, JOHN L. D.O.B: 08/01/46
MRN: 00001310 PAGE: 3

additional imaging studies such as PET/CT scan, have scan of
brain MRI.

PAST MEDICAL HISTORY: As outlined above including coronary artery
disease, hypertension, type II non-insulin dependent diabetes,
arthritis with multiple orthopedic surgeries and dyslipidemia.

RECENT SURGICAL HISTORY: As outlined above.

CURRENT MEDICATIONS:

- Lisinopril 30 mg q. 6 hours PRN
- Lisinopril 40 mg daily
- Lasix 40 mg daily
- Metoprolol 40 mg daily
- Glipizide 5 mg q. 1 tablet b.i.d.
- Atorvastatin 20 mg daily
- Insulin 20 mg b.i.d.
- Eutima 1 tab b.i.d.
- Simvastatin 40 mg daily
- Tylenol 325 mg q. 4 hours PRN
- Acetaminophen 325 mg daily
- Mometasone 500 mcg
- Advair 250/10 inhaler b.i.d.
- Zolpidem 12.5 mg at night
- Biotin 10 mg weekly

POSITIVE HISTORY: His mother is deceased from leukemia at age 60.
His father died in his late 80's from prostate cancer and heart
disease. He has two living siblings both with heart disease.

SOCIAL HISTORY: He is working from the Army 30 weeks. He is a
licensed truck driver. He smoked two packs a day for 38 years
quitting in 1998. He has no history of heavy alcohol usage. He is
married for 44 years and they have no children.

REVIEW OF SYSTEMS: Complete review of systems documented at our
last review. There is no history of TIA or stroke. He is
followed primarily by the VA Hospital and is on multiple

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Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/20/2010

File 4 (scan_1291047437499.jpg)

09/20/2010 12:44 PM 444 588 0590

PALMETTO HEMATOLOGY

Q0004



380 Soperline Drive, Suite 4000
Spartanburg, SC 29303
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James D. Davidson, M.D.
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Steven W. Cocco, M.D.
Celia P. Curran, M.D.
Sandra V. Johnson, D.O.
Shamila Nisha, M.D.
Samuel K. Wood, M.D.
Charles E. Powers, M.D.

PATIENT: BRUCE, JOHN L. DOB: 08/01/46
MRN: 006681716 PAGE: 4

medications. He has well controlled hypertension. He has no history of heart failure. He has no recent angina. He has no significant arrhythmia history. He has no history of peptic ulcer disease. He is up-to-date regarding colonoscopy for which he has had two in the last couple of years with repeat recommended in 2013. He is up-to-date regarding his vaccinations and does receive an annual flu vaccine. There is no history of diabetic complications such as retinopathy or neuropathy. He has no history of renal dysfunction. He has no history of gallstones or kidney stones. He has no history of DVT or PE.

VITALS: 117/62, P 66, 37.2 degrees, 223.74, 66 inches.

PHYSICAL EXAMINATION: Well middle-aged male who appears a bit older than his stated age. He is quite pleasant and gives an excellent history. His weight is 223 pounds. He is 117/62. His performance status is 1 on the ECOG scale. HEENT: oropharynx is without lesion. His neck is supple without adenopathy. The lungs are clear. There is no dullness or crackling. Heart sound are regular S1-S2 with a rate in the 60's. The abdomen is obese. There is no palpable mass. There is no hepatosplenomegaly. Lower extremities are without edema. There is no focal weakness. Digital exam is not done.

LABORATORY: He lab work drawn.

IMPRESSION: Radiographic stage 1A (T2a, N2, M0) non small cell lung carcinoma (favor squamous carcinoma).

PLAN:

- We will complete his radiographic staging with PET/CT soon and MRI of brain.
- We will plan for referral to Dr. Christopher Nguyen for consideration to surgical resection possibly after induction chemotherapy plus/minus radiation therapy.
- If he is not considered resectable, there is an open clinical trial per the NCI/NCI with Carboplatin/Faral plus/mime Valence with concurrent thoracic radiation which he may be eligible for. His Hgb is over two liters.

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Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/20/2010

File 5 (scan_1291047441514.jpg)

10/20/2010 12:42 PM 684 500 0000

PALMETTO HEALTHCARE

2005



380 Sargentine Drive, Suite #200
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(864) 582-7050 FAX (864) 562-7057

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Adam R. Paul, M.D.
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Colin P. Curran, M.D.
Gunnar T. Vidlin, D.O.
Sherrill A. Hinkle, M.D.
Samuel K. Ward, M.D.
Charles E. Bowers, M.D.

PATIENT: BRUCE, JOHN L.
MRN: 000681346

D.O.B: 08/01/46
PAGE: 5

with this clinical trial requiring greater than one liter
and we will inquire with CCO if they allow aqueous
metastasis. There is also a second clinical trial for the
NICE 40611 with Carboplatin/Taxol with concomitant
radiation plus/pinus Gemtuzumab which we may also be
eligible for. Eligibility includes inoperable disease as
well as prior thorctomy after three weeks postop
recovery.

We will see him back after his imaging studies to make
definitive recommendations regarding treatment.

Thank you for allowing us to participate in this patient's care.
Please feel free to contact our office with any additional
questions or concerns.

APPROVED BY: Colin P. Curran, M.D.
DATE: 09/27/2010 1:54:40
CRS/paw

cc: Dr. Charles Hinkle
Dr. Christopher Hinkle
Dr. Christopher Hinkle
Dr. Christopher Hinkle (VA Hospital, Greenville)

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
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Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/20/2010

Consultation
09/20/2010

Summary: From Paper Chart

Added File 1 (scan_1291047400128.jpg)
Added File 2 (scan_1291047429873.jpg)
Added File 3 (scan_1291047433686.jpg)
Added File 4 (scan_1291047437499.jpg)
Added File 5 (scan_1291047441514.jpg)

Stored to chart by: Nadine Anderson on 11/29/2010 at 11:17 AM

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Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/20/2010

File 1 (scan_1291047400128.jpg)

09/20/2010 13:43 FAX 804 540 7057 PALMETTO HOSPITAL 001

Palmetto
Hospitals of Charleston, SC

380 Sursumus Drive, Suite 400
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James D. Sanden, III, M.D.
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Cedric R. Curran, M.D.
Niraj L. Vidya, D.O.
Sammuel B. (Sam) M.D.
Samuel N. Wood, M.D.
Charles E. Brown, M.D.

PATIENT: BRUCE, JOHN L. DOB: 08/01/46
MRN: 000561316 PAGE: 1

M.D. Signature
OCT 26 2010
[Signature]

NEW PATIENT CONSULTATION
DATE: 09/20/10

CHIEF COMPLAINT:
* Radiographic stage 4A (T2a, N2bM1) right upper lobe, squamous cell carcinoma (favor squamous, metastatic) right upper lobe, squamous cell carcinoma -4C.

• First abnormal chest x-ray 1/28/10 at a Greenville Research Center while screening for eligibility to clinical trial; no follow-up obtained.

• Secondary abnormal chest x-ray at same Research Center August 2010 now with 3.4 cm right upper lobe suspicious lung mass.

• CT scan of chest at North Hills Medical Center 8/15/10 showing a 3.4 cm posterior right upper lobe lung mass with slight hilar and mediastinal adenopathy.

• CT guided biopsy 8/31/10 at Greenville Hospital System with pathology from Greenville Hospital System showing poorly differentiated large cell, favoring squamous carcinoma.

• Hypertension.

• Coronary artery disease.

• 50+ pack year history of cigarette smoking, quit 1988.

• COPD.

• Slowed down on CPAP.

• Type II non-insulin dependent diabetes mellitus.

• Dyslipidemia.

• Degenerative arthritis.

• Cervical laminectomy 2007.

• Multiple orthopedic surgeries (2003-2008).

• Obesity.

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Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/20/2010

File 2 (scan_1291047429873.jpg)

10/20/2010 11:40 FAX REC REC 0300

PALMETTO HEALTHCARE

0001



380 Spenner Drive, Suite #250
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Eric C. McLean, M.D.
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Colin P. Curtis, M.D.
Sarah J. Voth, D.O.
Shamika Moha, M.D.
Samuel K. Wood, M.D.
Charles E. Bowser, M.D.

PATIENT: BRUCE, JOHN L. ID#: 0877146
MRN: 000691316 PAGE: 2

- History of rheumatic fever at age 16 requiring hospitalization.
- Osteoporosis.
- HPA.

HPI: This pleasant 64-year-old married white male former heavy cigarette smoker seen today at the request of his pulmonologist, Dr. Atty. Following diagnosis of a stage IIA non-small cell lung carcinoma.

The patient primarily has been followed at the VA Hospital in Columbia and VA Medical Center in Greenville but additionally by a family physician in Transleria West with his multiple chronic illnesses as outlined above. He quit smoking about 12 years ago but has significant COPD/asthma and still enrolled in a clinical trial at a Greenville Research Center in January 2010. Apparently an abnormal ECG disqualified him from entry on to this trial.

Chest x-ray obtained at the time was read as showing a 1.6 cm right upper lobe suspicious lung mass with recommendations for CT follow up. This abnormality was not appreciated until a second chest x-ray obtained at the same center in August while trying to gain entry into a second clinical trial. This second chest x-ray showed a doubling of this right upper lobe mass now measuring 3.5 cm. This was followed up with CT scan of the chest noting this suspicious lung mass in the posterior right upper lobe or possibly superior segment of the right lower lobe with right hilar and mediastinal lymphadenopathy consistent with NS disease.

He was referred to Dr. Atty who arranged for CT guided lung biopsy on 8/31/10 with pathology read as poorly differentiated large cell carcinoma, favoring squamous cell carcinoma.

In terms of symptoms, he relates a productive cough of clear to whitish sputum and very fatigability on exertion. He otherwise has had no change in his weight or appetite. He has no complaints of pain other than his recent biopsy site. He has had no

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Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/20/2010

File 3 (scan_1291047433686.jpg)

10/19/2010 10:41 FAX 864 573 6323 PALMETTO HEMATOLOGY 2402


190 Serrano Drive, Suite 200
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(864) 560-7492 FAX (864) 560-7057

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Eric C. Nelson, M.D.
Aimee R. Felt, M.D.
Steven W. Conner, M.D.
Colin P. Curran, M.D.
Sarah L. Vidlin, D.O.
Shantell Nye, M.D.
Samuel R. Wood, M.D.
Charles E. Bowser, M.D.

PATIENT: BRUCE, JOHN L D.O.B: 08/01/46
ACCT#: 33726 PAIN: 1

Additional imaging studies such as PET/CT scan, bone scan or brain MRI.

PAST MEDICAL HISTORY: As outlined above including coronary artery disease, hypertension, type II non-insulin dependent diabetes, arthritis with multiple orthopedic surgeries and dyslipidemia.

PAST SURGICAL HISTORY: As outlined above.

CURRENT MEDICATIONS:

• Lisinopril 30 mg q. 4 hours PRN

• Aspirin 81 mg daily

• Lasix 40 mg daily

• Metformin 500 mg daily

• Glipizide 5 mg b.i.d.

• Atorvastatin 20 mg daily

• Insulin 20 mg b.i.d.

• Tylenol 325 mg b.i.d.

• Albuterol 2.5 mg daily

• Tylenol 325 mg q. 4 hours PRN

• Acton 30 mg daily

• Miralax 866

• Albuterol Inhaler b.i.d.

• Synagis 2 puffs at night

• Risperidone 75 mg weekly

PAST HISTORY: His mother is deceased from leukemia at age 60. His father died in his late 80's from prostate cancer and heart disease. He has two living siblings both with heart disease.

SOCIAL HISTORY: He is retired from the Army 30 years. He is a retired truck driver. He smoked two packs a day for 20 years quitting in 1998. He has no history of heavy alcohol usage. He is married for 24 years and they have no children.

REVIEW OF SYSTEMS: Complete review of systems documented in exam and reviewed. There is no history of TIA or stroke. He is followed primarily by the VA Hospital and is on multiple

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Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/20/2010

File 4 (scan_1291047437499.jpg)

09/20/2010 11:41 FAX 864 573 6323 PALMETTO HEMATOLOGY

Palmetto
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300 Sargeant Drive, Suite 400
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Sarah L. Vaillo, D.O.
Shamila Mehta, M.D.
Samuel K. Wood, M.D.
Charles E. Bowers, M.D.

PATIENT: BRUCE, JOHN L. DOB: 08/01/46
MRN: 400581316 PAGE: 4

medications. He has well controlled hypertension. He has no history of heart failure. He has no recent angina. He has no significant arrhythmia history. He has no history of peptic ulcer disease. He is up-to-date regarding colonoscopy for which he has had two in the last couple of years with repeat recommended in 2013. He is up-to-date regarding his vaccinations and does receive an annual flu vaccine. There is no history of diabetic complications such as neuropathy or retinopathy. He has no history of renal dysfunction. He has no history of gallstones or kidney stones. He has no history of DVT or PE.

VITALS: 117/66, P 66, 37.2 degrees, 221.74, 22 inches.

PHYSICAL EXAMINATION: Late middle-aged male who appears 2-3 yr older than his stated age. He is quite pleasant and gives an excellent history. His weight is 224 pounds. He is 117/62. His performance status is 1 on the ECOG scale. Neck: anteroposterior lymphatic is without lesion. The neck is supple without adenopathy. The lungs are clear. There is no dullness or wheezing. Heart tones are regular, S1-S2 with a rate in the 60's. The abdomen is obese. There is no palpable mass. There is no hepatosplenomegaly. Lower extremities are without edema. There is no focal vertebrae. Rectal exam is not done.

LABORATORY: He lab work down.

IMPRESSIONS: Radiographic stage (T2a, N2, M0) non small cell lung carcinoma (Tumor squamous carcinoma).

PLAN:

- We will complete his radiographic staging with PET/CT scan and MRI of brain.
- We will plan for referral to Dr. Christopher Nguyen for consideration to surgical resection possibly after induction chemotherapy plus/plasma radiation therapy.
- If he is not considered resectable, there is an open clinical trial per the ECOG (E1311) with Carboplatin/Taxol plus/mime Valsalva with concurrent thoracic radiation which he may be eligible for. His FEV1 is over two liters.

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Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/20/2010

File 5 (scan_1291047441514.jpg)

10/20/2010 13:43 FAX 864 573 6323

PALMETTO HEMATOLOGY

Cons



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Samir J. Vidin, D.O.
Sharon A. Kohn, M.D.
Samuel K. Rana, M.D.
Charles E. Bowers, M.D.

PATIENT: BRUCE, JOHN L
MRN: 000881316

DOB: 08/01/46
PAGE: 5

with this clinical trial requires greater than you know
and we will require with GGO if they allow squamous
histology. There is also a second clinical trial for the
H100 (G11) with Gefitinib/Tekel with concomitant
radiation plus/minus Gefitinib which he may also be
eligible for. Eligibility includes inoperable disease as
well as prior thorotomy after three weeks postop
recovery.
We will see him back after his imaging studies to make
definitive recommendations regarding treatment.

Thank you for allowing us to participate in your patient's care.
Please feel free to contact our office with any additional
questions or concerns.

RECOMMENDATION APPROVED BY: Colin P. Curtis, M.D.
DATE/TIME APPROVED: 09/27/10/1:34 PM

CPT/pcd

CC: Dr. Charles Melson
Dr. Christopher Nguyen
Dr. Kristin Lina Rios
Dr. Callaghan (V. Hospital, Greenville)

Upstate Lung & Critical Care Specialists, P.C.
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Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/07/2010

Miscellaneous
09/07/2010

Summary: FAX CONFIRMATION

Provider: Chandar R. Abboy, MD

Added File 1 (scan_1283892533512.jpg)
Added File 2 (scan_1283892537590.jpg)

Stored to chart by: Lisa J Harrell on 09/07/2010 at 04:49 PM

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Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/07/2010

File 1 (scan_1283892533512.jpg)

UPSTATE LUNG CRITICAL CARE SPECIALISTS
1091 Boiling Springs Rd.
Spartanburg SC 29303
Ph: 864-573-6320 Fax: 864-573-6323

Dr. Gregory A. Feldman, M.D.
Dr. David R. Esh, M.D.
Dr. Su-Yin Wang, M.D.
Anthony W. Raynor, PA

Dr. Joseph A. Bueck, M.D.
Dr. De La Cruz, M.D.
Dr. Chandra Abbey, M.D.

To: <u>Dr. Bueck</u>	From: <u>Nursing Scheduling</u>
Fax: <u>560-5820</u>	Pages: <u>1</u>
Phone: <u> </u>	Date: <u>9-7-2010</u>
Re: <u>John Bruce</u>	CC: <u> </u>

Comments:

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Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/07/2010

File 2 (scan_1283892537590.jpg)

[illegible]

Upstate Lung & Critical Care Specialists, P.C.
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Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/07/2010

Treatment
09/07/2010

Summary: SCHEDULED APPOINTMENTS

Provider: Chandar R. Abboy, MD

Added File 1 (scan_1283892440091.jpg)

Stored to chart by: Lisa J Harrell on 09/07/2010 at 04:48 PM

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/07/2010

File 1 (scan_1283892440091.jpg)

**Upstate Lung and
Critical Care Specialists**

1051 Bowling Springs Road • Spartanburg, SC 29303
Telephone: (864) 573-6320
Fax: (864) 573-6323

Dr. Feldman Dr. Borge Dr. Eds

SCHEDULED APPOINTMENTS AND PROCEDURES

DATE 9-7-2010

DOCTOR Rhyalyn BA + MD - TOS

PATIENT NAME John Smith

**APPOINTMENT
OR PROCEDURE**

LOCATION Village of Ballantyne

DATE AND TIME 9/7/2010 @ 2pm

INSTRUCTIONS _____

ANY QUESTIONS REGARDING THIS
PLEASE CALL OUR OFFICE, (864) 573-6320.

Physician Signed: N. Smith Date: 9/7/2010

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/07/2010

Lab
09/07/2010

Summary: CYTOLOGY

Provider: Chandar R. Abboy, MD

Added File 1 (scan_1283892295999.jpg)

Stored to chart by: Lisa J Harrell on 09/07/2010 at 04:45 PM

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/07/2010

[illegible]

M.D. Signature

2016年12月24日

Local Time: Jan. 31, 1994

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/07/2010

Diagnostic
09/07/2010

Summary: CT GUIDED BIOPSY

Provider: Chandar R. Abboy, MD

Added File 1 (scan_1283891988581.jpg)

Stored to chart by: Lisa J Harrell on 09/07/2010 at 04:41 PM

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/07/2010

File 1 (scan_1283891988581.jpg)

[illegible]

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Spartanburg, SC 29303
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FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/07/2010

Lab
09/07/2010

Summary: PFT & DLCO

Provider: Chandar R. Abboy, MD

Added File 1 (scan_1283891908426.jpg)

Stored to chart by: Lisa J Harrell on 09/07/2010 at 04:42 PM

Lab (Original Note)
09/07/2010

Summary: PULMONARY

Provider: Chandar R. Abboy, MD

Added File 1 (scan_1283891908426.jpg)

Stored to chart by: Lisa J Harrell on 09/07/2010 at 04:39 PM

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/07/2010

File 1 (scan_1283891908426.jpg)

[illegible]

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 08/26/2010

Treatment
08/26/2010

Summary: OUTPATIENT ORDER

Provider: Chandar R. Abboy, MD

Added File 1 (scan_1282852198082.jpg)
Added File 2 (scan_1282852202144.jpg)

Stored to chart by: Araka J. Boozer on 08/26/2010 at 03:50 PM

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 08/26/2010

Treatment
08/26/2010

Summary: OUTPATIENT ORDER

Provider: Chandar R. Abboy, MD

Added File 1 (scan_1282852087961.jpg)
Added File 2 (scan_1282852092133.jpg)
Added File 3 (scan_1282852096320.jpg)
Added File 4 (scan_1282852100648.jpg)

Stored to chart by: Araka J. Boozer on 08/26/2010 at 03:49 PM

NOTE:

The hospital must have the physician order before the test procedure can be performed.

Physician Order/Referral

(Please Print)

Patient: John L Bruce

SSN: 847-80-2019

Referral for: Full PFT w/ DLCO

(Test, Exam, Procedure)

ICD-9/Diagnosis/Clinical History (required - please be specific)

493.00, 496, 786.02, 780.53

Insurance Pre-cert #

OHG Account #

Date of study: Thursday 8-26-10

Time: 1pm

GMH

UNION Pathwood NH ABN/NGH

(Please circle location where procedure will be performed)

Referring physician: Alton

Call report

Fax report: 329-0542

Address: 213 Poplar N. Rd. Ext

Phone: 329-0540 or 843-6320

Physician signature (required)

Fax to: 864-455-4500 or call: 864-455-7774

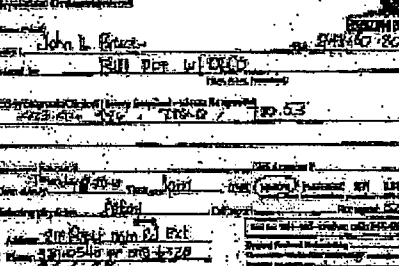
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Greenville Memorial Radiology	455-7811
MMDC Radiology	455-8832
Allen Bennett Radiology	843-8245
Hillcrest Radiology	454-6123
North Greenville Radiology	455-3221
Pathwood Radiology	454-1000

Fach: Wirtschaftsinformatik

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1. Subject : Maths
 2. Topic : Area and Perimeter
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 5. Date : 10/10/2020

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NOTE: 

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TRANSMISSION VERIFICATION REPORT

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Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 08/26/2010

Treatment
08/26/2010

Summary: Outpatient Order

Provider: Chandar R. Abboy, MD

Added File 1 (scan_1282845623055.jpg)
Added File 2 (scan_1282845627109.jpg)

Stored to chart by: Sara Davis on 08/26/2010 at 02:01 PM

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 08/26/2010

**Upstafelung &
Critical Care Specialists, PC.**

1091 Bowling Springs Road
Spartanburg, SC 29303
phone: 864.573.6820
fax: 864.573.6823

To: Greenwillc From: 403-2375
 From: Walden Date: 9/5/2010
 Re: _____ Pages: _____ (including this cover sheet)
 88

☐ Urgent ☐ For Review ☐ Please Reply[illegible]

Communists:

INVESTIGATIVE REPORT AND CRIMINAL RECORDS SECTION, FBI
 1001 MICHIGAN STREET, S.W. - DEPARTMENT OF JUSTICE - WASHINGTON, D.C. 20535
 (202) 616-7100 (TOLL FREE) (202) 616-7101 (202) 616-7102 (202) 616-7103
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Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 08/26/2010

File 2 (scan_1282845627109.jpg)

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Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 08/23/2010

Diagnostic
08/23/2010

Summary: CT scan

Provider: Chandar R. Abboy, MD

Added File 1 (scan_1282567779886.jpg)

Stored to chart by: Marcia D Howard on 08/23/2010 at 08:50 AM

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 08/23/2010

File 1 (scan_1282567779886.jpg)

CHRYL J. GIBSON, DVM
Greenville, SC 29615
(864) 234-5800

Referral#: 441665
Patient Name: CIVIL PHARMACEUTICALS
Date of Birth: Date of Service: 08/23/2010

PATIENT: John Bruce
ACR#: 000130
CCL: C/consult

CHEST:

PA and lateral examination of the chest shows heart and mediastinal structures are in midline. Costophrenic angles are clear. Diaphragms are flattened with slight increased AP diameter of chest. There is suggestion of a small soft tissue density in the right upper lung field medially. It is measuring 1.8 cm in size. Aortic knob is partially calcified. No native lung (R/L)ate is seen.

CONCLUSION:

1. Suggestion of a small soft tissue density measuring 1.8 cm in size in right upper lung field medially at about T5 level. CAT scan with and without contrast is recommended for further evaluation.
2. Mild hyperinflation is seen.

NRD

Electronically Signed by: Megan R. Deard MD on Thursday, January 24, 2010 9:24 am

M.D. Signature

AUG 20 2010

Page 1 of 1

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 08/23/2010

Diagnostic
08/23/2010

Summary: Xray

Provider: Chandar R. Abboy, MD

Added File 1 (scan_1282567670709.jpg)

Stored to chart by: Marcia D Howard on 08/23/2010 at 08:48 AM

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 08/23/2010

File 1 (scan_1282567670709.jpg)

CHART COPY
000130
NH NORTH HILLS
MEDICAL CENTER
804 PULASKI ROAD
GREENVILLE, SOUTH CAROLINA 29615
NAME Bruce, John
ADDRESS
AGE
PHYSICIAN Dr. Ronald Garber
HISTORY
X-RAY NO. 8-2-440
ACCOUNT NO. 245-80. 0872
DATE 8-3-10
EXAM CHE

X-RAY REPORT

CHEST (PA & LAT): PA and lateral views of the chest show mediastinal structures are normal. The heart is normal in size, shape and position. Pulmonary fields are clear without evidence of infiltrate, fluid or suggestive heart failure. Abnormal density seen in the right upper lung field medially and posteriorly. Density has increased in size in comparison to 1-26-2010 chest x-ray. Density currently measures 3.05 cm in size. The bony thorax appears normal.

CONCLUSION: Abnormal density seen in the right upper lung field medially and posteriorly. Density has increased in size in comparison to 1-26-2010 chest x-ray. Density currently measures 3.05 cm in size, suggesting substantial CT scan. Rest of the chest is within normal limits.

HEEN4

M.D. Signature

AUG 20 2010

RONALD GARBER, M.D.
RONALD GARBER, M.D.

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 01/07/2011

Consultation
01/07/2011

Summary: CANCER CENTERS/ CAROLINAS

Added File 1 (scan_1295298149910.jpg)

Stored to chart by: Nadine Anderson on 01/17/2011 at 04:03 PM

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 01/07/2011

File 1 (scan_1295298149910.jpg)

Page 20/500 1/10/2011 3:39:16 PM PAGE 20/500 Fax 001701

CAREER CENTER OF THE CAROLINAS
HERSITOLLOCH ROAD - GROVE
3011 HERMIT DRIVE, SUITE B
GREENVILLE SC 29608

Signature

STYLING LIFE

JAN 1 1961

551 246-524973

NAME: BRUCE, JOHN
TRAFFIC: 04/07/2011

1. **السلامة العامة** (Public Safety)

221
 Captain J. Connor, 2nd
 Company H, 100th, and
 Captain R. P. Norton, 1st
 Infantry, 100th, 100th
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REFERENCES

1. ~~Empty container.~~
2. ~~Prescriptions related to dosage.~~

[illegible][illegible][illegible]

LABORATORY: Tissue typing with blood cell count & hemoglobin JAT, phlebotomy ZIK, LHC, have been performed in the laboratory and are pending.

PA 00010674 CT (S) 1-1-1981 10:11 PM 1-27-81 1-23-81

[illegible]

Charles W. Jones - 600

~~ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED~~
~~DATE 8-10-01 BY 60324 UCBAW/DK~~

संस्कृत-वर्णमाला

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 12/09/2010

Consultation
12/09/2010

Summary: From Paper Chart

Added File 1 (scan_1293552570069.jpg)

Stored to chart by: Nadine Anderson on 12/28/2010 at 11:10 AM

 **Upstate Lung &
Critical Care Specialists, P.C.**

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 12/08/2010

Established Patient Encounter
12/08/2010

Nursing Note: complaining of coughing spells and passing out. saturation 92% on room air. patient short of breath at this time Marva Thomas, RN

Chief Complaint(s): lung cancer; COPD; cough

History of Present Illness:

Patient complains of cough . Patient does not complain of congestion. Patient does not complain of phlegm. Patient does not have a fever. Patient does not complain of chest pain. Patient complains of dyspnea . wheezing (Yes). Symptomatic (Yes). Patient uses albuterol . Recent Antibiotic usage (Yes). Recent Steroid usage (No). Recent ER visits for COPD (No). Recent hospitalizations for COPD (No). nocturnal cough (No). Anyone other sick members in house? (No).

no sputum but having coughing fits and having syncope. no fevers/chills/hemoptysis. lot of wheezing with activity. almost finished up with chemo and radiation therapy. on codeine and protonix. not been on steroids. recent abx for possible lung infection.

not getting any benefit from symbicort. had been on spiriva during research and only some benefit.

Medical History

Arthritis.
Asthma.
Diabetes.
Heart Disease.
Hypertension.
bronchitis.
high cholesterol.

Surgical History

neck - Year: 2007.
eye - Year: 2009.
shoulder - Year: 2008.
elbow - Year: 2009.

Family History

Living - siblings.
Deceased - Mother cancer, Father cancer.

Social History

Printed by Sara Davis on 03/02/2011, Page 1 of 4

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CD-
Supplement
to records
he gave you
yesterday
Dr. PAULINE COMES IN
MONDAY HAVE HER
REVIEWS - IF NOT TO FILE.

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 12/08/2010

Tobacco Use - Cigarettes - Quit date 1998, 1- 2 packs per day, for 40 years.

Alcohol Use - None - Doesn't Drink.

Caffeine Consumption - Soda 8 cans per day, Coffee 1 cups per day.

Marital Status - Married.

Employment Type - Retired.

Allergies: No known drug allergies

Reviewed By: Marva Thomas, RN

Current Medications:

Reviewed By: Marva Thomas, RN

Actos (pioglitazone) 30 mg Tablet Take 1 tablet once a day

Alendronate 70 mg Tablet Take 1 tablet once a week

Aspirin 81 mg Tablet, Delayed Release (E.C.) Take 1 tablet once a day

Furosemide 40 mg Tablet 1 tablet once a day

Glipizide 5 mg Tablet Take 1/2 tablet twice a day

Isosorbide Dinitrate 30 mg Tablet Take 1 tablet twice a day

Lisinopril 40 mg Tablet Take 1 tablet once a day

Lutein 20 mg Capsule Take 2 capsule once a day

Nexium (esomeprazole magnesium) 40 mg Capsule, Delayed Release(E.C.) 1 capsule once a day

Nitroglycerin 0.3 mg Tablet, Sublingual Place 1, as needed

Simvastatin 80 mg Tablet Take 1 tablet once a day

Tramadol 50 mg Tablet Take 1 tablet three times a day, as needed

Review of Systems:

Constitutional Symptoms:

Complains of fainting.

Eyes:

normal, no problems indicated

Ears, nose, throat:

normal, no problems indicated

Cardiovascular:

normal, no problems indicated

Pulmonary:

Complains of cough, short of breath, wheezing.

Gastrointestinal:

Complains of vomiting chemo.

Genitourinary:

normal, no problems indicated

Musculoskeletal:

normal, no problems indicated

Integumentary:

normal, no problems indicated

Neurological:

normal, no problems indicated

Psychiatric:

normal, no problems indicated

Endocrine:

normal, no problems indicated

Hematologic, Lymphatic:

normal, no problems indicated

Immunologic:

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Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 12/08/2010

normal, no problems indicated

Vitals:

Weight 218 pounds (98.88 kg) Pulse 108 bpm O2 Sat 92%, Room air Blood Pressure 120 / 78

Exam:

General appearance: well developed.
interactive during exam.
well nourished.

Head: skull normocephalic, symmetric, and without deformities.

Eyes: *conjunctivae and lids*: conjunctivae pink with clear sclerae, lids are symmetrical.

pupils and irises: both pupils equal, round, reactive to light and accommodation, corneal light reflex symmetric.

extraocular movements intact.

ENMT: *external ears and nose*: normal, no deformities or lesions.

oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.

Neck: supple, no masses, trachea midline, thyroid non- palpable.

Respiratory: *auscultation*: no rales, rhonchi, or wheezes.

respiratory effort: no intercostal retractions or use of accessory muscles.

Cardiovascular: *auscultation*: regular rate and rhythm, S1 and S2 normal, no murmur, no rub, no gallup.

pulses: radial pulses 2+ and symmetric.

peripheral circulation: no cyanosis, clubbing or edema.

Abdomen: soft, nontender, bowel sounds normal, no masses.

Lymphatic: *neck nodes*: no cervical adenopathy.

Musculoskeletal: *gait and station*: smooth gait and upright posture.

digits and nails: no clubbing, cyanosis, petechiae or nodes.

RLE: *RLE inspection and palpation*: no joint tenderness or enlargement.

LLE: *LLE inspection and palpation*: no joint tenderness or enlargement.

Skin: *inspection*: no rashes, no lesions.

Neurologic: *cranial nerves*: cranial nerves grossly intact.

Psychiatric: *judgement and insight*: insight and judgement intact.

orientation: oriented to time, place and person.

mood and affect: appropriate mood and affect.

Studies:

CXR: Date 11/29/2010; Interpretation RUL density. no other changes.

Problems

MALIGNANT NEOPLASM UPPER (162.3), onset: 12/08/2010 (added)

COPD (496), onset: 12/08/2010 (added)

COUGH (786.2), onset: 12/08/2010 (added)

DYSPNEA (RESP. INSUFFICIENCY) (786.09), onset: 12/08/2010 (added)

Plan Note

Squamous cell carcinoma of RUL - s/p chemo and radiation. f/u Dr.Gorgensen

COPD - will hold on symbicort and change to spiriva and continue proventil prn. got vaccinations in VA.

Cough - may be related to XRT also. give 7 days of prednisone.

Printed by Sara Davis on 03/02/2011, Page 3 of 4

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Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
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(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 12/08/2010

OSA - CPAP - patient to continue on CPAP. got humidifier with CPAP from the VA

Disposition
Return to clinic in 3 months

Note Contributing Authors:
Chandar R. Abboy, MD; Marva Thomas, RN

Note electronically signed by: Chandar R. Abboy, MD on 12/08/2010 at 02:50 PM

E&M Code: 99214

Complexity: Moderate



Upstate Lung & Critical Care Specialists, P.C.

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/07/2010

Encounter
09/07/2010

Nursing Note: Patient is here for CT biopsy Followup. Chasity Horne

Chief Complaint(s): lung cancer; COPD; cough

History of Present Illness:

no problems with the procedure. having significant cough and complaining of rib pain over right chest. no sputum. no hemoptysis. no fevers/chills. had some discomfort with symbicort and stopped but discomfort continued.

Medical History

Arthritis.
Asthma.
Diabetes.
Heart Disease.
Hypertension.
bronchitis.
high cholesterol.

Surgical History

neck - Year: 2007.
eye - Year: 2009.
shoulder - Year: 2008.
elbow - Year: 2009.

Family History

Living - siblings.
Deceased - Mother cancer, Father cancer.

Social History

Tobacco Use - Cigarettes - Quit date 1998, 1- 2 packs per day, for 40 years.
Alcohol Use - None - Doesn't Drink.
Caffeine Consumption - Soda 8 cans per day, Coffee 1 cups per day.
Marital Status - Married.
Employment Type - Retired.

Allergies: No known drug allergies
Reviewed By: Chasity Horne

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/07/2010

Current Medications:

Reviewed By: Chasity Horne

Actos (pioglitazone) 30 mg Tablet Take 1 tablet once a day
Alendronate 70 mg Tablet Take 1 tablet once a week
Aspirin 81 mg Tablet, Delayed Release (E.C.) Take 1 tablet once a day
Furosemide 40 mg Tablet 1 tablet once a day
Glipizide 5 mg Tablet Take 1/2 tablet twice a day
Isosorbide Dinitrate 30 mg Tablet Take 1 tablet twice a day
Lisinopril 40 mg Tablet Take 1 tablet once a day
Lutein 20 mg Capsule Take 2 capsule once a day
Nexium (esomeprazole magnesium) 40 mg Capsule, Delayed Release(E.C.) 1 capsule once a day
Nitroglycerin 0.3 mg Tablet, Sublingual Place 1, as needed
Simvastatin 80 mg Tablet Take 1 tablet once a day
Tramadol 50 mg Tablet Take 1 tablet three times a day, as needed

Review of Systems:

Constitutional Symptoms:

Complains of dizziness with cough , fatigue.

Denies chills, fainting, fever, forgetfulness, insomnia, loss of appetite, loss of sleep, malaise, nervousness, night sweats, numbness, weight gain, weight loss.

Eyes:

Complains of blurring, photophobia, vision flashes, vision halos.

Denies discharge, double vision, excessive tearing, eye pain, irritation, redness, spots, vision loss.

Ears, nose, throat:

Complains of sinus problems.

Denies bleeding gums, difficulty swallowing, ear discharge, earache, hay fever, hoarseness, loss of hearing, nosebleeds, ringing in ears.

Pulmonary:

Complains of cough clear, short of breath, wheezing.

Denies coughing up blood, excessive sleepiness, loud snoring.

Cardiovascular:

Complains of chest pain.

Denies rapid heart beat.

Gastrointestinal:

Denies abdominal pain, diarrhea, excessive hunger, vomiting.

Neurological:

Denies syncope.

Psychiatric:

mood - Denies anxiety, depression.

Endocrine:

Denies steroid use.

Hematologic, Lymphatic:

hematologic - Denies bruises easily, bleeding.

lymphatic - Denies enlarged lymph nodes.

Immunologic:

Denies urticaria.

Vitals:

Height 68 inches (172.72 cm) Weight 222 pounds (100.7 kg) BMI 33.75 Pulse 69 bpm, Sitting O2 Sat 97%, Room air Blood Pressure 101 / 59, Left arm sitting

Exam:

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Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/07/2010

General appearance: well developed.
interactive during exam.
well nourished.
Head: skull normocephalic, symmetric, and without deformities.
Eyes: *conjunctivae and lids:* conjunctivae pink with clear sclerae, lids are symmetrical.
pupils and irises: both pupils equal, round, reactive to light and accommodation, corneal light reflex symmetric.
extraocular movements intact.
ENMT: external ears and nose: normal, no deformities or lesions.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: supple, no masses, trachea midline, thyroid non- palpable.
Respiratory: auscultation: no rales, rhonchi, or wheezes.
respiratory effort: no intercostal retractions or use of accessory muscles.
Cardiovascular: auscultation: regular rate and rhythm, S1 and S2 normal, no murmur, no rub, no gallup.
pulses: radial pulses 2+ and symmetric.
peripheral circulation: no cyanosis, clubbing or edema.
Abdomen: soft, nontender, bowel sounds normal, no masses.
Lymphatic: neck nodes: no cervical adenopathy.
Musculoskeletal: gait and station: smooth gait and upright posture.
digits and nails: no clubbing, cyanosis, petechiae or nodes.
RLE: RLE inspection and palpation: no joint tenderness or enlargement.
LLE: LLE inspection and palpation: no joint tenderness or enlargement.
Skin: inspection: no rashes, no lesions.
Neurologic: cranial nerves: cranial nerves grossly intact.
Psychiatric: judgement and insight: insight and judgement intact.
orientation: oriented to time, place and person.
mood and affect: appropriate mood and affect.

Studies:

Pulmonary Function Test: Date 9/7/2010; Interpretation moderate airway obstruction. No BD response.
Lung volumes are normal. DLCO normal.
RUL bx- 8/30/2010 - malignant cells, poorly differentiated large cell carcinoma. Favors SCC over adenocarcinoma. :

Plan Note

Squamous cell carcinoma of RUL - sending for heme - onc referral.

COPD - advised to restart on symbicort. will get vaccinations in VA.

Cough - should be improved if takes symbicort more regularly.

CPAP - patient to continue on CPAP. needs humidifier with CPAP. will get from the VA

Disposition

Return to clinic in 3 months

Note Contributing Authors:

Chandar R. Abboy, MD; Chasity Horne

Note electronically signed by: Chandar R. Abboy, MD on 09/07/2010 at 10:20 AM

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Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 09/07/2010

E&M Code: Uncoded

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 08/20/2010

Encounter
08/20/2010

Nursing Note: referred by research. Abnormal CXR Marva Thomas, RN

Chief Complaint(s): Abnormal Chest xray

History of Present Illness:

Has known history of COPD/asthma. gets SOB and wheezing. couple episodes of bronchitis a year. uses CPAP at night. No weight loss over last year. No night sweats. Stopped smoking on 1998 or 1999. clear sputum. no fevers/chills. No CP. Had been on advair and spiriva in the past with some relief - got them through research.

uses nasal mask for cpap. says has dry mouth. machine 3 years old and does not have humidifier. sometimes has mouth open and gets very dry. says has to get up at night to use bathroom.

Medical History

Arthritis.
Asthma.
Diabetes.
Heart Disease.
Hypertension.
bronchitis.
high cholesterol.

Surgical History

neck - Year: 2007.
eye - Year: 2009.
shoulder - Year: 2008.
elbow - Year: 2009.

Family History

Living - siblings.
Deceased - Mother cancer, Father cancer.

Social History

Tobacco Use - Cigarettes - Quit date 1998, 1-2 packs per day, for 40 years.
Alcohol Use - None - Doesn't Drink.
Caffeine Consumption - Soda 8 cans per day, Coffee 1 cups per day.
Marital Status - Married.
Employment Type - Retired.

Allergies: No known drug allergies

Reviewed By: Marva Thomas, RN

Current Medications:

Reviewed By: Marva Thomas, RN

Actos (pioglitazone) 30 mg Tablet Take 1 tablet once a day
Alendronate 70 mg Tablet Take 1 tablet once a week
Aspirin 81 mg Tablet, Delayed Release (E.C.) Take 1 tablet once a day
Furosemide 40 mg Tablet 1 tablet once a day

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Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 08/20/2010

Glipizide 5 mg Tablet Take 1/2 tablet twice a day
Isosorbide Dinitrate 30 mg Tablet Take 1 tablet twice a day
Lisinopril 40 mg Tablet Take 1 tablet once a day
Lutein 20 mg Capsule Take 2 capsule once a day
Nexium (esomeprazole magnesium) 40 mg Capsule, Delayed Release(E.C.) 1 capsule once a day
Nitroglycerin 0.3 mg Tablet, Sublingual Place 1, as needed
Simvastatin 80 mg Tablet Take 1 tablet once a day
Tramadol 50 mg Tablet Take 1 tablet three times a day, as needed

Review of Systems:

Constitutional Symptoms:

Complains of dizziness, fatigue, forgetfulness.

Denies chills, fever, loss of appetite, night sweats, weight gain, weight loss.

Eyes:

Complains of vision flashes, vision halos.

Denies blurring, double vision, vision loss.

Ears, nose, throat:

Complains of ringing in ears, sinus problems.

Denies loss of hearing, difficulty swallowing, hoarseness.

Cardiovascular:

Denies chest pain, irregular heart beat, rapid heart beat, high blood pressure.

Pulmonary:

Complains of loud snoring.

Denies cough, short of breath, wheezing, sputum, dyspnea on exertion.

Gastrointestinal:

Complains of acid indigestion, gass.

Denies abdominal pain, constipation, diarrhea, nausea, rectal bleeding, vomiting.

Genitourinary:

urinary - Complains of frequency. Denies hematuria, incontinence, pain or burning on urination.

Musculoskeletal:

neck - Complains of stiffness.

back - Complains of arthritis of back.

joints - Complains of arthritis. Denies redness, swelling, tenderness.

muscles - Denies limitation of activity, weakness.

Neurological:

Complains of numbness.

Denies seizures, syncope.

Integumentary:

nails - Denies clubbing at nail base.

skin - Denies presence of suspicious lesions, rash.

Psychiatric:

mood - Denies anxiety, depression.

mental state - Denies memory loss.

Endocrine:

Denies excessive hunger, excessive thirst, steroid use.

Hematologic, Lymphatic:

hematologic - Denies bruises easily, bleeding.

lymphatic - Denies enlarged lymph nodes.

Immunologic:

Denies urticaria.

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 08/20/2010

Vitals:

Height 68 inches (172.72 cm) Weight 219 pounds (99.34 kg) BMI 33.29 Pulse 67 bpm O2 Sat 97%,
Room air Blood Pressure 14 / 62

Exam:

General appearance: well developed.
interactive during exam.
well nourished.

Head: skull normocephalic, symmetric, and without deformities.

Eyes: conjunctivae and lids: conjunctivae pink with clear sclerae, lids are symmetrical.

pupils and irises: both pupils equal, round, reactive to light and accommodation, corneal light reflex symmetric.

extraocular movements intact.

ENMT: external ears and nose: normal, no deformities or lesions.

oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.

Neck: supple, no masses, trachea midline, thyroid non- palpable.

Respiratory: auscultation: no rales, rhonchi, or wheezes.

respiratory effort: no intercostal retractions or use of accessory muscles.

Cardiovascular: auscultation: regular rate and rhythm, S1 and S2 normal, no murmur, no rub, no gallup.

pulses: radial pulses 2+ and symmetric.

peripheral circulation: no cyanosis, clubbing or edema.

Abdomen: soft, nontender, bowel sounds normal, no masses.

Lymphatic: neck nodes: no cervical adenopathy.

Musculoskeletal: gait and station: smooth gait and upright posture.

digits and nails: no clubbing, cyanosis, petechiae or nodes.

RLE: RLE inspection and palpation: no joint tenderness or enlargement.

LLE: LLE inspection and palpation: no joint tenderness or enlargement.

Skin: inspection: no rashes, no lesions.

Neurologic: cranial nerves: cranial nerves grossly intact.

Psychiatric: judgement and insight: insight and judgement intact.

orientation: oriented to time, place and person.

mood and affect: appropriate mood and affect.

Studies:

Pulmonary Function Test: Date 8/20/2010; Interpretation mild moderate restriction.

CT Chest: Date 8/19/2010; Interpretation 3.9 cm RUL mass, ?spiculated. .

CXR: Date january and august 2010 ; Interpretation RUL soft tissue mass - increasing in size : 1.8 cm to 3.05 cm.

Plan Note

RUL Lung Mass - concern for cancer. sending for CT guided needle bx of RUL mass.

COPD/Asthma - will start on symbicort 160- 4.5, continue albuterol prn. check vaccinations on next visit.

OSA - gets machine and supplies from VA. advised to see if eligible for new machine as has had it for 3 years. If can get a new one to get one with humidifier and also to get a chin strap and see how he does with and without it. See if it helps with sleep and dry mouth.

Disposition

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Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: BRUCE, JOHN, DOB: 08/01/1946, Age: 64 years, Male
Acct #: 33726, Encounter Date: 08/20/2010

5 days after Biopsy done

Note Contributing Authors:
Chandar R. Abboy, MD; Marva Thomas, RN

Note electronically signed by: Chandar R. Abboy, MD on 08/20/2010 at 02:57 PM

E&M Code: Uncoded

CANCER CENTERS OF THE CAROLINAS
HEMATOLOGY/ONCOLOGY - GROVE
3 BUTTERNUT DRIVE, SUITE B
GREENVILLE, SC 29615

Signature

FOLLOW-UP VISIT

JAN 11 2011

SSN: 248-80-0872

ACCT #: 89060

NAME: BRUCE, JOHN

DATE: 01/07/2011

cc: Collin P. Curran, MD
Chandar R. Abboy, MD
Christophe P. Nguyen, MD
Fitzwilliam King, MD
John Gallagher, MD
Marcus Williams, MD

DIAGNOSIS:

1. Lung cancer
2. Presyncope related to cough

HISTORY OF PRESENT ILLNESS: Mr. Bruce is a 64-year-old gentleman with a history of T2 N3 squamous cell carcinoma of the lung. This was felt to be unresectable. He received carboplatin and Taxol weekly plus radiation therapy off trial. He is status post six cycles. He is due to start full-dose adjuvant therapy with carboplatin and Taxol on 01/11/2011. He is here for toxicity evaluation and lab checks. One of his biggest issues has been cough, which leads to some presyncopal if not syncopal episodes. The patient states this has been ongoing for some time, certainly prior to chemotherapy. He did have cardiology evaluation. We have tried different means to control this. He has tried hydrocodone syrup. He has also tried Tessalon Pemes and is not having much relief from this. He does believe it got worse after radiation.

REVIEW OF SYSTEMS: Mr. Bruce denies any fevers, chills, or night sweats. He denies any headaches, visual changes, chest pain or shortness of breath. He has had no hemoptysis. He does continue to have his cough, which is nonproductive. He does still have some mild heartburn symptoms, but this was much relieved with the use of Carafate in addition to his Nexium. He does tell me that he is taking his supplement, myrtil, as in the Bible. He takes this three to four times per day. He reports that his blood sugars are under control. He denies any lower extremity edema. He is eating well and feels well generally.

PHYSICAL EXAMINATION: Blood pressure 128/78, pulse 102, respirations 20, temperature 97.8. Weight 212 pounds. Mr. Bruce is a well-nourished, well-developed Caucasian gentleman in no apparent distress. Alert and oriented x4. Pupils equally round and reactive to light. Sclerae anicteric. Oropharynx moist, no lesions. Cardiovascular: Regular rate and rhythm. Lungs: Clear. Abdomen: Soft, non-tender, and nondistended. Lower extremities: No clubbing, cyanosis or edema. Lymph node exam is negative. Psychiatric exam with no overt signs of depression or anxiety. Skin exam with no rashes, bruises or gross bleeding. Neurologic exam is grossly nonfocal.

LABORATORY: Values today. White blood cell count 4.4, hemoglobin 12.7, platelet count 238. LFT, liver function tests and basic metabolic panel are pending.

RADIOLOGY: CT of the chest 08/19/2010/MRI 09/23/2010/PET/CT 09/23/2010

ASSESSMENT AND PLAN: Mr. Bruce is a 64-year-old gentleman with stage IIIb unresectable squamous cell carcinoma of the lung. He completed chemotherapy and radiation and is going on to cycle #1, day #1 of full-dose carboplatin and Taxol 01/11/2011. His counts are adequate and we will proceed with treatment. I would plan for 3 to 4 cycles pending tolerance. I am still concerned about his cough. I have given him a prescription for prednisone 20 mg po daily to try this for one week to see if this helps. I did warn him that this will likely drive up his blood sugar. He does not need to take Decadron premedications with his full-dose chemotherapy, as he will be on steroids for several days prior. He actually does not have a Decadron prescription. We will treat him and will plan to see him back in clinic one week after. He will continue his Nexium and Carafate for GI symptoms.

Carla W. Jorgensen, MD

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DD: 01/07/2011 09:23:47 DT: 01/08/2011 14:30:26 sd 436334

CANCER CENTERS OF THE CAROLINAS
RADIATION ONCOLOGY - ANDREWS
200 ANDREWS STREET, SUITE 100
GREENVILLE, SC 29601

TREATMENT SUMMARY

NAME: BRUCE JOHN

SSN: 248-80-0872

DATE: 12/09/2010

ACCT #: 89060

cc: Carol W. Jorgensen, MD

DATE TREATMENT STARTED: 10/23/2010

Chandar R. Abbey, MD

DATE TREATMENT COMPLETED: 12/09/2010

Fitzwilliam King, MD

DIAGNOSIS: T2 N3 non-small cell lung cancer

HISTORY: Mr. Bruce is a 54-year-old man who was noted to have an abnormal chest x-ray while being evaluated for a pharmaceutical study. CT scan of the chest confirmed an abnormality, and CT-guided biopsy on 08/31/2010 revealed poorly differentiated large cell carcinoma favoring squamous cell carcinoma. PET scan in 09/2010 revealed that the 4.7-cm mass was intensely hypermetabolic, as were right hilar and mediastinal nodes. MRI of the brain was negative for metastatic disease, and he underwent mediastinoscopy on 09/29/2010. IV-L nodes were positive for large cell carcinoma consistent with the primary (contralateral mediastinal disease). Chemotherapy and radiation were recommended, followed by consolidative chemotherapy.

TREATMENT SUMMARY AND RESPONSE: Mr. Bruce tolerated his treatment surprisingly well. He had expected dyspnea, and at the completion of treatment his weight was 213 pounds.

FOLLOW-UP INSTRUCTIONS: Consolidative chemotherapy is planned. The patient told me this week that PET scan and CT scan are to be ordered and consolidative chemotherapy planned after that. The patient will return to see me on a p.r.n. basis.

SITE	PORTAL DESCRIPTION	RADIATION SOURCE	TUMOR DOSE (CENTIGRAY)	NUMBER OF TREATMENTS
Lung mass and lymph nodes	Three-field plan	18 MV	5600	28
Lung mass	Wedge pair	6 MV	6600	33

Jeannette Wilcox, MD

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DD: 12/09/2010 09:53:10 DT: 12/13/2010 08:21:21 14430830

M.D. Signature

DEC 27 2010

CA

UNITED STATES OF AMERICA
 DEPARTMENT OF AGRICULTURE
 BUREAU OF PLANT INDUSTRY
 WASHINGTON, D. C. 20250
 TELEPHONE (202) 546-5500
 FAX (202) 546-5501
 E-MAIL: plant_industry@aphis.usda.gov
 INTERNET: www.aphis.usda.gov/plant_industry

NAME: _____ DATE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 COUNTRY: _____

NO.	NAME	STRENGTH	QUANTITY	REFILL
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

MO: _____
 DAY: _____
 YEAR: _____

Upstate Lung And Critical Care Specialists, P.C.

Name: Bruce, John Chart# 33706 Date 12/8/10

Wt 218 Ht 5'10" B/P 120/80 HR 108 RR 18 Temp 98.6 FIO2 21

Cough - Smoking - Present illness / reason for visit _____
 Sputum _____ Nausea _____
 Dyspnea - Vomiting - _____
 Wheeze + Diarrhea _____
 Edema + Chest Pain _____
 Palpitations _____ Pain _____
 Oriented 15 BTOL _____
 New Allergies _____
 Last Chest X-Ray _____

Physical Exam: WNL/NEG * ABN/POS
 * General Appearance _____
 * Skin/Finger _____
 * ENT _____
 * Sinus _____
 * Mouth _____
 * Neck _____
 * Heart: Rhythm _____
 Murmurs _____
 Gallop _____
 Tones _____
 * Abdomen _____
 * Chest/Lungs:
 Breath Sounds _____
 Wheezes _____
 Rales _____
 Effort _____
 Symmetry _____
 * Extremities:
 * Mobility: Gait _____
 Reflexes _____
 Aides _____
 * Mental Status: _____

LAB ORDER: Spirometry BKG Shus CRC Glu PT INR O₂ Sat Rest
 Lung Vol DLCO U/A CXR ABG'S Bun Cit K+ Theo
 O₂ Sat Rest _____
 Office Treatment PRN

Education _____

Diagnosis _____ Plan _____

Prescriptions _____

Next Appt WIS Months W/O JAB DRE Signature _____ Staff 1
 Next Visit Spiro LV DLCO PA PAL Stim Den BLDWE Other _____

**CANCER CENTERS OF THE CAROLINAS
HEMATOLOGY/ONCOLOGY - GROVE
1 BUTTERNUT DRIVE, SUITE 110
GREENVILLE, SC 29615**

FOLLOW-UP VISIT

NAME: BRUCE, JOHN
DATE: 12/06/2010

M.D. Signature

SSN: 248-80-0872

ACCT #: 89060

cc: Jeannette Wilcox, MD
Colin E. Curran, MD
Chondra R. Abbey, MD
Christophe P. Nguyen, MD
Elinor Williams, MD
Marcos Williams, MD
John Gallagher, MD

DEC 08 2010

DIAGNOSIS:

1. Lung cancer, currently on chemotherapy.
2. Presyncope with cough.
3. Hypokalemia.

HISTORY OF PRESENT ILLNESS: Mr. Bruce is a 64-year-old gentleman who has T2-N3 squamous cell carcinoma of the lung. This was felt to be unresectable. He is receiving concomitant carboplatin, Taxol plus radiation therapy off trial. He declined clinical studies. He is due for cycle #5 today. He was actually due last week and this was held due to some counts and increased symptoms. He is back today and does state he wants to complete his therapy. He is due to complete his radiation on 12/09/2010. His most significant issue has been that which he has cough, he has presyncope or even syncope episodes. He reports that this has actually been ongoing for several years but had gotten worse during treatment. He is seeing Dr. Marcos Williams at Upstate Cardiology and is having further evaluation with a Holter monitor that was placed. He is now off all of his blood pressure medicines and is due to see Dr. Williams tomorrow to discuss further.

REVIEW OF SYSTEMS: Mr. Bruce reports that otherwise, he is tolerating his therapy well. He denies any significant numbness or tingling in his fingers and toes. He denies any headaches, visual changes, chest pain, shortness of breath, wheeze or hemoptysis. He does periodically have cough. This has not been helped by narcotic cough syrups or Tessalon Pedes. He denies any significant esophagitis now and continues on Protonix. He overall states he feels fairly well and again does want to proceed with therapy. He denies any diarrhea, constipation, or lower extremity edema. He denies any focal neurologic weakness, depression or anxiety.

PHYSICAL EXAMINATION: Blood pressure 62, pulse 105, respirations 20, temperature 98.9. Weight 213 pounds, down from 224.6 on 11/08/2010. Mr. Bruce is a well-nourished, well-developed Caucasian gentleman in no apparent distress. He is alert and oriented x4. Pupils are equal, round, and reactive to light. Sclerae anicteric. Oropharynx moist, no lesions. Lungs: There is some mild rhonchi noted bilaterally in the anterior lung fields clear posteriorly. Cardiovascular: Regular rate and rhythm, although mildly tachycardic. Abdomen: Soft, nontender, and nondistended. Lower extremities: No edema, or cyanosis, or ulcers. Neurologic exam is grossly nonfocal. Psychiatric exam with no overt signs of depression or anxiety.

LABORATORY: Values today: White blood cell count of 2.4, ANC 1500, hemoglobin 11.8, platelet count 165. Basic metabolic panel with potassium at 2.5, creatinine 1.0, calcium 7.7. Calculated GFR at 79, glucose 137.

RADIOGRAPHY: Review of imaging: The patient had CT of the chest 08/19/2010, MRI the brain 09/23/2010, PET/CT 09/23/2010. Chest x-ray 11/29/2010, which did show some decrease in the right hilar mass with no new infiltrate or other change.

ASSESSMENT AND PLAN: Mr. Bruce is a 64-year-old gentleman with stage IIB unresectable squamous cell carcinoma of the lung. He is currently on carboplatin and Taxol plus radiation therapy. He tolerates this treatment well. He does have syncope episodes with cough, which has been ongoing for some time. He is having cardiology evaluation. This certainly is concerning and I did offer to the patient to hold further therapy. He states that as this has been going on for years and is only somewhat worse now with his hilar tumor, he does not want to stop his treatment. He does plan to continue followup with cardiology. He is low on potassium today and I have written a prescription for 40 mEq p.o. daily. He will also receive 40 mEq IV x1 and two milligrams of IV mag today in our office with chemotherapy. He will return to clinic next week to repeat his basic metabolic panel, magnesium level and CBC. He will continue with cardiology as above. He will need to have full dose chemotherapy after a break and

CANCER CENTERS OF THE CAROLINAS
HEMATOLOGY/ONCOLOGY - GROVE
3 BUTTERNUT DRIVE, SUITE B
GREENVILLE, SC 29603

FOLLOW-UP VISIT

NAME: BRUCE, JOHN

SS#: 248-80-0872

DATE: 12/06/2010

ACCT #: 89060

hopefully after some elucidation of what is happening with his cough and hemodynamic symptoms. He was not felt to be resectable and thus does not necessarily need to be reassessed with scan post concomitant therapy.

Carla W. Jorgensen, MD

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DD: 12/06/2010 10:29:29 DT: 12/07/2010 17:33:06 M: 425717

Greenville

CANCER CENTERS OF THE CAROLINAS
HEMATOLOGY/ONCOLOGY - GROVE
1 BUTTERNUT DRIVE, SUITE B
GREENVILLE, SC 29605

FOLLOW-UP VISIT

NAME: BRUCE, JOHN

SS#: 248-80-0872

DATE: 11/22/2010

ACCT#: 89060

cc: Jeannette Wilcox, MD
Cathi P. Curran, MD
Clander R. Abboy, MD
Christophe P. Nguyen, MD
Fitzwilliam King, MD
John Gallagher, MD

M.D. Signature
DIAGNOSIS:

11/30/2010

CA

Mr. Bruce is a 64-year-old Caucasian male with stage III non-small cell carcinoma of the lung, squamous cell variety, receiving combined modality therapy with carboplatin/Taxol/radiation therapy. Radiation therapy start date was 10/23/2010 with target completion date 12/09/2010. The patient returns for weekly chemotherapy anticipating week 5.

The patient continues overall to do fairly well. He is noticing some increase in fatigue. He notes some increase in cough and some increase in difficulty with swallowing but he indicates that all are fairly tolerable. No fever is reported. No chills are reported. No peripheral neuropathy is reported. The patient indicates normal bladder and bowel function.

The patient indicates that his cough has been most bothersome and he is reporting that Tessalon Patches have not been helpful. He has a cough syrup at home from Dr. Curran but indicates while this was somewhat better than the Tessalon Patches it still did not completely control his cough. Dizziness has improved. The patient remains off atenolol and remains on lisinopril.

PHYSICAL EXAMINATION: Patient is alert and oriented x3. He is ambulatory with a steady gait. There is no neck adenopathy. There are no mouth ulcerations. Lungs are with emphysematous changes. Weight is 222 pounds which is stable. Temperature is 98.3, heart rate 72, respirations 20, BP improved to 115/69.

LABORATORY DATA: CBC reveals WBC 2200, ANC 1800, Hemoglobin 11.4, platelet count 129,000.

IMPRESSION/PLAN:

1. Stage III non-small cell lung cancer receiving combined modality therapy, start date of radiation therapy 10/23/2010. With adequate blood counts, the patient will proceed with week 5 of carboplatin/Taxol chemotherapy at full-dose dosing.
2. Resolution of hypotension, dizziness improved but not resolved. Continue off atenolol and lisinopril.
3. Continued radiation esophagitis, slightly increased from last week but weight remains stable and the patient is taking liquids in well.
4. Return appointment in one week with NP, two weeks with physician. Next week he will anticipate his sixth and final dose of chemotherapy.
5. Ultimately status post completion of combined modality therapy, the patient will be restaged and then considered for full dose systemic carboplatin/Taxol for 2-4 cycles.
6. In regard to his cough, the patient will utilize the cough syrup previously prescribed by Dr. Curran. He however will be given a prescription by Dr. Jorgensen today for codeine 30 mg 1 p.o. q 6 hours p.r.n. cough. He indicates that he has used codeine in the past. It is not bothersome to him in any way and quite tolerable.

LuAnn Harris, RN, ACNP
Dictating for:

Carla W. Jorgensen, MD
On site physician Carla W. Jorgensen, MD
UNREVIEWED COPY, APPROVED DICTATIONS SIGNED ELECTRONICALLY
DD: 11/22/2010 12:27:23 DT: 11/23/2010 12:16:34 SALT 426796

Greenville

**CANCER CENTERS OF THE CAROLINAS
MULTIDISCIPLINARY CLINIC
900 W. PARIS ROAD
GREENVILLE, SC 29605**

INITIAL CONSULT

NAME: BRUCE, JOHN

SSN: 248-80-0872

DATE: 10/13/2010

ACCT #: 89060

M.D. Signature

OCT 24 2010

cc: Jeannette Wilcox, MD
Colin P. Curran, MD
Chandar R. Abbey, MD
Christopher P. Nguyen, MD
Fitzwilliam King, MD
John Gallagher, MD

DIAGNOSIS:**REASON FOR CONSULT:** Newly diagnosed stage IIIB non-small cell lung cancer, squamous variety.

HISTORY OF PRESENT ILLNESS: Mr. Bruce is a 64-year-old gentleman who had a chest x-ray for a pharmaceutical study through the VA in January 2010. He had an abnormality in the right lung and unfortunately, this was lost to follow up. He went in for another study in August 2010 at which time chest x-ray again showed an enlarged abnormality in the right lung. He was evaluated by Dr. Abbey with CT scan of the chest. This showed abnormality 03/19/2010 with 4 x 3 cm soft tissue mass in the right upper lobe posteriorly. There was lymph node enlargement in the right hilum and mediastinum. The patient underwent fine needle biopsy 08/30/2010, which did show aspiration cytology right lung mass malignant cells consistent with poorly differentiated large cell carcinoma favoring squamous cell carcinoma. The patient initially saw Dr. Curran in oncology in Spartanburg but patient reported that Spartanburg was much farther for him and he would prefer to be treated in Greenville. He did hear about options of chemotherapy and radiation and is here today to discuss these plans. He did have further staging with an MRI scan of the brain 09/23/2010 showing no abnormal enhancement. He had PET/CT scan 09/23/2010 showing right upper lobe mass 4.2 x 3.4 cm, intensely hypermetabolic with hypermetabolic right hilar and mediastinal lymphadenopathy. There were no other suspicious findings in the abdomen, pelvis or in the bones. The patient had further evaluation with mediastinoscopy on 10/01/2010 with biopsy showing lymph nodes AL with metastatic large cell carcinoma consistent with lung primary. The patient saw Dr. Wilcox 10/08/2010 with conclusion that he would need concomitant chemotherapy and radiation for unresectable stage IIIB, T2 N3 non-small cell lung cancer. He comes today to discuss chemotherapy with me and to coordinate plan of care.

FAST MEDICAL HISTORY: Significant for hypertension, coronary artery disease, 50 pack-year history of smoking quit in 1998, COPD, diagnosed as CPAP type 2 non-insulin dependent diabetes mellitus, dyslipidemia, degenerative arthritis, cervical laminectomy in 2007, otitis media surgeries in the past, rheumatoid fever at age 16, osteoporosis.

ALLERGIES: The patient has allergies to fish but no known drug allergies.

MEDICATION REVIEW: Current medications include Amlod, glipizide, Tylenol, aspirin, famotidol, simvastatin, furosemide, lisinopril, Escalride, Nexium, Coumadin, nitroglycerin, Inquin and Symbicort. The patient is also taking a cough syrup but cannot recall what that is at the current time.

SOCIAL HISTORY: The patient is retired from the Army for 20 years. He is also a retired truck driver. He lives at home with his wife and states he is able to care for himself. He has no children. He had is not a current drinker and again, has had no tobacco since 1998.

FAMILY HISTORY: The patient's mother died of leukemia at age 68. His father died in his 80s from prostate cancer and heart disease. The patient has siblings with heart disease but no other malignancy of which he is aware.

REVIEW OF SYSTEMS: Mr. Bruce feels fairly well overall. He does, however, report that he has some slight pain in his right chest. He believes it is not bad enough to take any medications. He denies any headaches, visual changes or other chest pain. He does have shortness of breath and dyspnea on exertion, unchanged. He does have cough productive of clear sputum. He denies any hemoptysis. He has no fevers, chills, or night sweats. He denies any abdominal pain, nausea, vomiting, diarrhea, constipation, or lower extremity edema. He denies any ataxia or seizure activity. He denies any significant weight loss.

**CANCER CENTERS OF THE CAROLINAS
MULTIDISCIPLINARY CLINIC
900 W. FAIRFAX ROAD
GREENVILLE, SC 29615**

NAME: BRUCE, JOHN

INITIAL CONSULT

DATE: 10/13/2010

SS#: 248-80-0872

ACCT#: 89060

PHYSICAL EXAMINATION: Today, blood pressure is 134/60, pulse 68, respirations 24, temperature 98.1. Weight 228.6 pounds. Height 5 feet 8 inches. Mr. Bruce is a well-nourished, well-developed Caucasian gentleman in no apparent distress. He is alert and oriented x4. Pupils equally round and reactive to light. Sclerae anicteric. Oropharynx moist, no lesions. Cardiovascular: Regular rate and rhythm. Lungs: With some decreased breath sounds throughout. Abdomen: Soft, nontender, nondistended with no palpable hepatosplenomegaly. Lower Extremities: No clubbing, cyanosis or edema. Neurologic exam is grossly abnormal. Psychiatric exam with no overt signs of depression or anxiety. Skin exam with no obvious rashes, bruises or gross bleeding. The patient does have mediastinoscopy site and port site in the left chest wall. Both sites are clean, dry, and intact with no erythema or exudate.

RADIOLOGY: Again as outlined in History of Present Illness. The patient had CT of the chest 08/19/2010. MRI scan of the brain 09/23/2010. PET/CT scan 09/23/2010.

ASSESSMENT AND PLAN: Mr. Bruce is a 64-year-old gentleman with a T2 N3 M0 non-small cell lung cancer favoring squamous cell carcinoma. This is felt to be a metastatic disease and the patient has already heard discussions about chemotherapy and radiation. I would agree that we need to proceed with concomitant treatment. I have discussed with him standard carboplatin and Taxol treatment weekly during radiation versus CTSU R0617 trial involving concurrent radiation therapy at two different doses, along with carboplatin and Taxol plus or minus cetuximab. The patient was given written information on these medications today. The patient states he is interested in the study and on preliminary review it appears that he will qualify, although he will need repeat pulmonary function tests and repeat CT of the chest, abdomen and pelvis. Our study nurse is going to speak with him today and the patient will be brought to my office next week for new patient chemotherapy teaching. We hopefully will know at that time whether we are participating in a study or not. I did ask the patient if he needs further medications to control symptoms, but he states that he is doing fairly well at this time. He knows to call me if he changes his mind. He has radiation simulation due tomorrow, 10/14/2010. We hopefully plan to start all treatment with radiation and concomitant chemotherapy by the end of next week.

Carla W. Jorgensen, MD

DICTATION SIGNED ELECTRONICALLY

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CANCER CENTERS OF THE CAROLINAS
HEMATOLOGY/ONCOLOGY - GROVE
3 BUTTERNUT DRIVE, SUITE B
GREENVILLE, SC 29605

FOLLOW UP VISIT

NAME: BRUCE, JOHN

DATE: 11/08/2010

SSN: 248-80-0872

ACCT #: 89060

cc: Jeannette Wilcox, MD

Colin P. Curran, MD

Chandar R. Abboy, MD

Christopher P. Nguyen, MD

Fitzwilliam King, MD

John Gallagher, MD

DIAGNOSIS:

Stage IIIA squamous cell carcinoma of the lung.

NOV 15 2010

HISTORY OF PRESENT ILLNESS: Mr. Bruce is a 64-year-old gentleman who has a T2 N1 squamous cell carcinoma of the lung. This is felt to be unresectable. He is currently receiving concomitant carboplatin, Taxol plus radiation therapy off trial. He was offered clinical studies but declined them. He is due for week #3 today. He has been tolerating this well and is here for toxicity evaluation and lab check.

REVIEW OF SYSTEMS: Mr. Bruce states that he is having some slight feeling of fullness in the upper part of the esophagus. He feels he is trying to swallow his tonsils. He denies any actual pain at swallowing and is able to eat anything he likes as long as he eats small amounts at a time. He denies any headaches, visual changes, chest pain, shortness of breath, cough, wheeze or hemoptysis. He denies any abdominal pain, nausea, vomiting, diarrhea, constipation, or lower extremity edema. He denies any peripheral neuropathies, focal neurologic weakness. He denies any depression or anxiety. Overall, he feels he is doing great. He does use some Magic Mouthwash, which helps numb this feeling of trying to swallow something in the top of the esophagus.

PHYSICAL EXAMINATION: Blood pressure 98/64, pulse 76, respirations 18, temperature 96.6. Weight 224.6 pounds. Mr. Bruce is a well-nourished, well-developed Caucasian gentleman in no apparent distress. Alert and oriented x4. Pupils equally round and reactive to light. Sclerae anicteric. Oropharynx moist, no lesions. Cardiovascular: Regular rate and rhythm. Lungs: Clear. Abdomen: Soft, nontender, and nondistended. Lower Extremities: No clubbing, cyanosis or edema. Lymph node exam is negative. Neurologic exam is grossly nonfocal. Psychiatric exam with no overt signs of depression or anxiety. Skin exam with no rashes or gross bleeding.

LABORATORY: Values today: White blood cell count 11, neutrophils 2300, hemoglobin 12.5, platelet count 227. Basic metabolic panel with calculated GFR at 1, all other wise normal from 10/18/2010. CEA normal at 0.8. Liver function tests within normal limits.

REVIEW OF IMAGING: CT of the chest 08/19/2010. MRI scan of the brain 09/23/2010. PET/CT scan 09/23/2010.

ASSESSMENT AND PLAN: Mr. Bruce is a 64-year-old gentleman with stage IIIB unresectable squamous cell carcinoma of the lung. He is currently receiving carboplatin, Taxol plus radiation therapy. He is tolerating treatment exceedingly well. He has some mild decrease in white count, which I would expect on chemotherapy, however, his counts are safe. I have told him to continue using Magic Mouthwash. He is on GI medication through his primary doctor, which sounds to be a new PPI, although the patient did not bring the medicine today. He will bring it the next time so we can update our records. He is not having any actual heartburn or dysphagia. He will continue with therapy and we will see him back in clinic next week. I did remind him that our next plan would be full dose chemotherapy post completion of concomitant treatment and resolution of symptoms.

Carla W. Jorgensen, MD

DICTATION SIGNED ELECTRONICALLY

DD: 11/08/2010 10:33:17 DT: 11/10/2010 08:10:23 and 12:37:00

**CANCER CENTERS OF THE CAROLINAS
RADIATION ONCOLOGY - ANDREWS
400 ANDREWS ST, SUITE 100
GREENVILLE, SC 29601**

INITIAL CONSULT

NAME: BRUCE JOHN

SSN: 248-80-0872

DATE: 10/08/2010

ACCT #: 89060

cc: Colla P. Curran, MD

DIAGNOSIS:

T2 N1 M0 (stage IIB) non-small cell lung cancer.

Filz William King, MD

Chandar R. Abbey, MD

Christophe P. Nguyen, MD

HISTORY: Mr. Bruce is a 64-year-old man who underwent routine chest x-ray for a pharmaceutical study in 01/2010. He has been participating in various pharmaceutical studies for many years. Apparently, a chest x-ray in 01/2010 revealed an abnormality in the right lung. Mr. Bruce was not a candidate for that study and so it is unclear what happened specifically, but he was not notified of the abnormality. In any event, he underwent evaluation for another study in August 2010, which again required a chest x-ray, and at this time he was notified of the findings and the abnormality seen in the right lung. He was evaluated by Dr. Abbey and CT scan of the chest was ordered at North Hills. When that confirmed an abnormality, a CT-guided needle biopsy was requested. On 08/31/2010 the patient underwent CT-guided needle biopsy of the large right lung mass. Pathology revealed poorly differentiated large cell carcinoma, favoring squamous cell carcinoma. The patient was referred to Dr. Curran, who ordered a PET scan. Mr. Bruce, who lives very near Greenville, traveled for unclear reasons to Spartanburg for the PET scan, but in any event, the PET scan on 09/23/2010 revealed no distant disease. He had a 4.7 cm right upper lobe mass, which was intensely hypermetabolic. Also noted were hypermetabolic right hilar and intrahilar nodes. Mediastinal nodes were FDG avid. The patient was evaluated further by Dr. Nguyen and it was determined that he would undergo mediastinoscopy for verification of mediastinal nodal disease. On 09/29/2010 mediastinoscopy was performed, which confirmed contralateral large cell carcinoma within the N1 regional nodes. Other nodes were positive as well, but clearly made Mr. Bruce's disease inoperable stage IIB. Mr. Bruce then was referred for radiation initially in Spartanburg. When he declined because of the distance, he was referred to me and we had a chance to meet today. He has undergone an MRI of the brain as well, and that revealed no evidence of metastatic disease.

Mr. Bruce tells me that he has had a significant cough since his biopsy. He did have a cough prior to the biopsy, but he tells me it is more severe at this point. He has noted no hemoptysis. He has chronic dyspnea and there has been no change in that. He has a tobacco history of none for the past 12 years. Prior to that, he smoked 1 1/2 packs per day for 36 years. He notes no bone or muscle pain. He notes no headaches, nausea, or vomiting. He has noted no significant weight loss.

PAST MEDICAL HISTORY

Allergies: None

Illnesses: Hypertension, coronary artery disease, COPD, sleep apnea (on CPAP), diabetes, dyslipidemia, arthritis, osteoporosis.

Allergies: None

Surgeries: Cervical laminectomy 2007, multiple orthopedic surgeries for injuries, arthritis, and changes in his spine, recent port placement, and mediastinoscopy.

Medications: Amlod 10 mg q.d., Eliquis 5 mg one-half tablet, aspirin 81 mg q.d., Tramadol 50 mg t.i.d., simvastatin 80 mg q.d., Lasix 40 mg q.d., lisinopril 40 mg one-half tablet q.d., lisoside 30 mg b.i.d., Nexium 40 mg q.d., Symbicort, alendronate, and Olanzapine.

FAMILY HISTORY: The patient's father was treated for prostate cancer, and the patient's mother was treated for leukemia.

REVIEW OF SYSTEMS: The patient notes hearing loss for which he uses hearing aids. He wears glasses. He notes some numbness and tingling, and he thinks that may be from computer use. He apparently is doubting that in his hands. He notes some wheezing. He notes productive cough of clear phlegm. As noted above, he has not noted any hemoptysis. He does not use oxygen. As noted above, he does use a CPAP. He had a heart attack in 2002 and does have a history of irregular heartbeat. He has history of congestive heart failure and tells me that in terms of the irregular heartbeats that his heart occasionally skips. He has reflux but no other digestive system complaints. He

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RADIATION ONCOLOGY - ANDREWS
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GREENVILLE, SC 29601

INITIAL CONSULT

NAME: BRUCE, JOHN

SSN: 248-80-0872

DATE: 10/08/2010

ACCT #: 89060

notes some urinary hesitancy and tells me that his PSA has been slightly elevated in the past. When he was treated with antibiotics, the PSA returned to normal. He did not undergo biopsy. He notes fatigue and some weakness. He notes increased thirst. He notes a history of psoriasis. He has arthritis pain and chronic pain in various places, but nothing new. He notes no fevers, chills, or weight loss.

SOCIAL HISTORY: The patient has been married for 44 years. He is by himself today. He is a retired and disabled truck driver. He is also retired military. He has not used tobacco for 12 years. Prior to that, he smoked 1-1 1/2 packs per day for 36 years. He has been a heavy alcohol user in the past, but is not using that more than rarely at this point.

PHYSICAL EXAMINATION: The patient's height is 5'6" (or 8" taller), and his weight is 270 pounds. His blood pressure is 116/64, with a heart rate of 76, and a respiratory rate of 16. He is afebrile. HBBT: Negative. He has full range of motion in the neck and no palpable thyroid abnormality. He has no cervical or supraclavicular lymphadenopathy. Mediastinoscopy incision is healing quite well. A ports in place. There is no evidence of infection associated with these incisions. Breast sounds are distant but clear. Auscultation of the heart reveals regular rate and rhythm. Abdomen is without mass or megaly. He has no suspicious inguinal lymphadenopathy. His station and gait are normal. Neuro and Psych: Negative.

RADIOGRAPHIC STUDIES: A PET scan on 09/21/2010 revealed no evidence of distant disease. The right upper lobe 4.7 cm mass was intensely hypermetabolic. The right hilar and intrapulmonary nodes were hypermetabolic, and there was activity noted in mediastinal lymph nodes. An MRI of the brain obtained that same day was negative for evidence of metastatic disease.

PATHOLOGY REPORT: Pathology from CT-guided needle biopsy of the right lung mass on 08/31/2010 revealed poorly differentiated large cell carcinoma, favoring squamous cell carcinoma. Pathology from mediastinoscopy on 09/29/2010 revealed large cell carcinoma consistent with the primary and level IV-L nodes, as well as other nodes.

ASSESSMENT: Mr. Bruce is a 64-year-old man with a T2-N1 (stage IIIb) non-small cell lung cancer. He is referred for consideration of treatment with radiation. He sees Dr. Curran, who is planning, presumably, chemotherapy along with any radiation (I was unable to contact Dr. Curran, as he is out this week, but I will be communicating with him next week).

RECOMMENDATION: I talked to Mr. Bruce about lung cancer in general, and then about his specific situation. We talked about the stage of disease, and we talked about the rationale behind the use of treatment with chemotherapy and radiation. We talked about the fact that this was inoperable disease. He asked about the likelihood of benefit associated with treatment, and asked also about what would happen if no treatment was performed. We talked about the logistics of treatment with radiation as well as the potential benefits and risks. He wishes to proceed with treatment, and I will make arrangements for him to undergo CT simulation next week. I would like to start his treatment as quickly as possible given that this has been simmering at least since January. Not only will I communicate with Dr. Curran next week, but we will let him know when radiation will be started so that he can coordinate any chemotherapy. Mr. Bruce makes it clear that he does not want to travel to Spartanburg for chemotherapy, so we will have to work that out to what is Dr. Curran's preference. Mr. Bruce tells me he will call Dr. Curran as well, and we can make whatever arrangements are necessary to coordinate his chemotherapy and radiation.

Jeanette Wilcox, MD

DICTION SIGNED ELECTRONICALLY

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Palmetto

Hematology Oncology, PC

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Colin P. Curran, M.D.
Sarah I. Vidito, D.O.
Shamila Mehta, M.D.
Samuel K. Wood, M.D.
Charles E. Bowers, M.D.

PATIENT: BRUCE JOHN L. D.O.B. 08/01/46
MRN: 000681316 PAGE 1

M.D. Signature

NEW PATIENT CONSULTATION

DATE: 09/20/10

OCT 25 2010

DIAGNOSIS

- Radiographic stage T1N1M0 large cell carcinoma (favor squamous carcinoma) right upper lobe stage at diagnosis 6/1/10
- First abnormal chest x-ray 1/28/10 at a Greenville Research Center while screening for eligibility to a clinical trial, no follow up obtained
- Secondary abnormal chest x-ray at same research center August 2010 now with 2.5 cm right upper lobe suspicious lung mass
- CT scan of chest at North Carolina Medical Center 8/19/10 showing 4 cm 3 cm posterior right upper lobe lung mass with subcarinal and mediastinal adenopathy
- On CT guided biopsy 2/8/11 at Greenville Hospital System with pathology from Greenville Hospital System showing poorly differentiated large cell favoring squamous carcinoma
- Hypertension
- Coronary artery disease
- 50+ pack year history of cigarette smoking quit 1988
- COPD
- Stage 3 CKD
- Type 1 non-insulin dependent diabetes mellitus
- Dyslipidemia
- Degenerative arthritis
- Cervical laminectomy 2007
- Multiple orthopaedic surgeries (2003-2009)
- Obesity



**GREenville
RADIOLOGY**

GHS Partners In Health, Inc.

1210 W. Faris Rd. Greenville, SC 29805 864-295-4410

**RESOLUTION OF PREVIOUSLY SEEN RIGHT HILAR AND MEDIASTINAL ADENOPATHY.
MASS OF CONCERN SHOWS DRAMATIC INTERVAL DECREASE IN SIZE. INFILTRATIVE
DENSITIES ARE SEEN MEDIAALLY IN THE RIGHT LUNG ALONG WITH THICKENING OF THE
ESOPHAGUS MOST CONSISTENT WITH POST RADIATION CHANGES.**

/law

John Mark Rogers MD

J MARK ROGERS MD

TRANSCRIBED: 03-21-2011 01:41:42 PM

DICTATED BY: J MARK ROGERS MD 03-21-2011 01:41:42 PM

RELEASED BY: J MARK ROGERS MD 03-21-2011 03:16:47 PM

JMR/HW

SCANNED



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PATIENT: BRUCE, JOHN L. D.O.B. 7/08/01/46
MRN: 000681316 PAGE: 25

- History of rheumatic fever at age 16 requiring hospitalization.
- Osteoporosis
- NKDA

HE: This pleasant 54-year-old married white male former heavy cigarette smoker seen today at the request of his pulmonologist, Dr. Abby, following diagnosis of a stage IIA non-small cell lung carcinoma.

The patient primarily has been followed at the VA Hospital in Columbia and VA Medical Center in Greenville but additionally by a family physician in Travelers Rest with his multiple chronic illnesses as outlined above. He quit smoking some 12 years ago but has significant COPD/sleep apnea and has enrolled in a clinical trial at a Greenville research center in January 2010. Apparently, an abnormal EKG disqualifies him from entry on to this trial.

Chest x-ray obtained at the time was read as showing a 1.8 cm right upper lobe suspicious lung mass with recommendations for CT follow-up. This abnormality was not appreciated until a second chest x-ray obtained at the same center in August while trying to gain entry into a second clinical trial. This second chest x-ray showed a doubling of this right upper lobe mass now measuring 3.5 cm. This was followed up with CT scan of the chest noting this suspicious lung mass in the posterior right upper lobe or possibly superior segment of the right lower lobe with right hilar and mediastinal adenopathy consistent with N2 disease.

He was referred to Dr. Abby who arranged for CT-guided lung biopsy on 8/31/10 with pathology read as poorly differentiated large cell carcinoma favoring squamous cell carcinoma.

In terms of symptoms, he relates a productive cough of clear to whitish sputum and easy fatigability on exertion. He otherwise has had no change in his weight or appetite. He has no complaints of pain other than his recent biopsy site. He has had no



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PATIENT: BRUCE, JOHN L. D.O.B.: 08/01/46
MRN: 000684316 PAGE: 3

additional imaging studies such as PET/CT scan, bone scan or brain MRI.

PAST MEDICAL HISTORY: As outlined above including coronary artery disease, hypertension, type II non-insulin dependent diabetes, arthritis with multiple orthopaedic surgeries and dyslipidemia.

PAST SURGICAL HISTORY: As outlined above.

CURRENT MEDICATIONS:

- Tramadol 50 mg q 8 hours PRN
- Lisinopril 40 mg daily
- Lasix 40 mg daily
- Nexium 40 mg daily
- Glipizide 5 mg tablet BID
- Atenolol 25 mg daily
- Isosorbide 30 mg bid
- Lutein 1 tab bid
- Simvastatin 80 mg daily
- Tylenol 650 mg q 4 hours PRN
- Actos 30 mg daily
- Nitrostat PRN
- Proventil inhaler BID
- Symcor 2 hours after lunch
- Alemdionate 70 mg weekly

FAMILY HISTORY: His mother has deceased from leukemia at age 68. His father died in the late 90s from prostate cancer and heart disease. He has two living siblings both with heart disease.

SOCIAL HISTORY: He has served in the Army 20 years. He is a retired truck driver. He smoked 10 packs a day for 30 years quitting in 1998. He has no history of heavy alcohol usage. He is married for 44 years and they have no children.

REVIEW OF SYSTEMS: Complete review of systems documented in EHR and reviewed. There is no history of TIA or stroke. He is followed primarily by the VA hospital and is on multiple



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PATIENT: BRUCE, JOHN L. DOB 108/01/46
MRN: 000681316

PAGE 437

medications. He has well controlled hypertension. He has no history of heart failure. He has no recent angina. He has no significant arrhythmia history. He has no history of peptic ulcer disease. He is up-to-date regarding colonoscopy for which he has had two in the last couple of years with repeat recommended in 2013. He is up-to-date regarding his vaccinations and does receive an annual flu vaccine. There is no history of diabetic complications such as retinopathy or neuropathy. He has no history of renal dysfunction. He has no history of gallstones or kidney stones. He has no history of DM or HT.

VITAL SIGNS: 117/62, P 66, SpO2 92, afebrile, 223.7lb, 68 inches.

PHYSICAL EXAMINATION: Late middle-aged male who appears a bit older than his stated age. He is quite pleasant and gives an excellent history. His weight is 224 pounds. BMI is 37.17/62. His performance status is 1 on the ECOG scale. HEENT: Anterior Oropharynx is without lesions. The neck is supple without adenopathy. The lungs are clear. There is no dullness or wheezing. Heart tones are regular S1S2 with a rate in the 60's. The abdomen is obese. There is no palpable mass. There is no hepatosplenomegaly. Bowel exam is soft without edema. There is no focal weakness. Rectal exam is not done.

LABORATORY: No lab work drawn.

IMPRESSION: Radiographic stage (T2a, N2, M0) non-small cell lung carcinoma (favor squamous carcinoma).

PLAN

- We will complete the radiographic staging with PET/CT scan and MRI of brain.
- We will plan for referral to Dr. Christopher Nguyen for consideration of curative resection possibly after induction chemotherapy or maximal radiation therapy.
- If he is not considered resectable there is an open clinical trial pembrolizumab (N0324) with Carboplatin/Taxol plus muust valcade with concurrent thoracic radiation which he may be eligible for. His PPV is over two liters.



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Steven W. Corso, M.D.
Colin P. Curran, M.D.
Sarah E. Vidno, D.O.
Sharmila Mehta, M.D.
Samuel K. Wood, M.D.
Charles E. Bowers, M.D.

PATIENT: BRUCE, JOHN L. DOB: 08/01/46
MRN: 000681316 PAGE: 5

with this clinical trial requiring greater than one liter and we will inquire with COOBT if they allow squamous histology. There is also a second clinical trial per the RTOG (0617) with Carboplatin/Taxol with concomitant radiation plus/minus cetuximab which he may also be eligible for. Eligibility includes inoperable disease as well as prior thoracotomy after three weeks postop recovery.

We will see him back after his imaging studies to make definitive recommendation regarding treatment.

Thank you for allowing us to participate in this patient's care. Please feel free to contact our office with any additional questions or concerns.

ELECTRONICALLY APPROVED BY: COLIN P. CURRAN, M.D.

DATE/TIME APPROVED: 10/27/10 1:58 PM

CPC/pag

SC, Dr. Chandra Appanna

Dr. Christopher Nguyen

Dr. Elizabeth Hamking

Dr. Gallagher (VA Hospital, Greenville)



GHS Partners In Health, Inc.

1210 W. Faris Rd. Greenville, SC 29605 864-295-4410

CARLA JORGENSEN, MD
3 BUTTERNUT DR

GREENVILLE, SC 29605-
In reference to your recent referral of:

JOHN L BRUCE
PO BOX 24
MARIETTA, SC 29661-
08-01-46

CAROLINA CLINICAL PET INSTITUTE

03-18-11

REPORT:

WHOLE BODY PET/CT 3/18/11

HISTORY: LUNG CANCER. STUDY IS FOR RESTAGING. PATIENT HAS HAD PRIOR RADIATION AND CHEMOTHERAPY. I DO NOT HAVE A PRIOR PET/CT SCAN FOR COMPARISON. I HAVE A CT SCAN OF THE CHEST FROM 8/19/10 FOR COMPARISON. I ALSO HAVE A RECENT CT SCAN FROM 3/18/11 WHICH WILL BE DICTATED SEPARATELY FROM THIS EXAM.

TECHNIQUE: Dilute oral contrast was given. Following the IV administration of 13.25 mCi F-18 FDG, the patient was placed in a quiet, dimly lit room for about an hour during the uptake phase after which time imaging was obtained from the skull base to the mid thighs. CT was also performed for attenuation correction and localization purposes only. These images do not constitute a diagnostic quality CT examination and are not used to diagnose disease independently of the PET images. The blood glucose level at the time of injection was 119 mg/dL.

FINDINGS: There is symmetric muscular uptake in the neck and shoulder regions bilaterally, findings which are believed to be physiologic, perhaps related to stress induced muscle tension. Note is made of increased uptake in the region of the larynx, which again is believed to be most likely physiologic. I do not see evidence of hypermetabolic mediastinal lymphadenopathy nor evidence of hypermetabolic hilar lymphadenopathy. There is a large area of increased uptake in the posterior right lung in the retrohilar region. Based on its appearance, I believe the findings are related to post radiation inflammatory changes. I do not see any definite uptake in the vicinity of the residual mass. It should be noted that the images of the chest are unfortunately



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degraded due to motion artifact. There is linear area of abnormal uptake noted in the medial aspect of the left upper lobe anteriorly, which is again believed to be related to post radiation pneumonitis. There is no abnormal uptake related to the left lung. There is a normal distribution of the radiopharmaceutical in the abdomen. There is a normal distribution of radiopharmaceutical in the pelvis. There is some muscular uptake about both hips, findings which are probably physiologic. There is a normal or not unexpected distribution of radiopharmaceutical in the bone marrow. I believe there is some decreased uptake in the upper thoracic spine related to the patient's prior radiation. No new significant extrathoracic abnormality is identified on the CT component of the exam. I defer to the report of the dedicated CT scan concerning the specific findings in the chest.

IMPRESSION:

1. I SEE NO CONVINCING EVIDENCE OF HYPERMETABOLIC TUMOR.
2. EXTENSIVE ABNORMAL UPTAKE IN THE RIGHT HEMITHORAX IS NOTED, FINDINGS WHICH I THINK COULD BE EXPLAINED ON THE BASIS OF POST RADIATION PNEUMONITIS.

/kb

D. Mack Thomason

D MACK THOMASON MD

TRANSCRIBED: 03-21-2011 09:50:54 AM

DICTATED BY: D MACK THOMASON MD 03-21-2011 09:50:54 AM

RELEASED BY: D MACK THOMASON MD 03-21-2011 03:19:59 PM

DMT/RS



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1210 W. Faris Rd. Greenville, SC 29605 864-295-4410

CARLA JORGENSEN , MD
3 BUTTERNUT DR

GREENVILLE, SC 29605-

In reference to your recent referral of:

JOHN L BRUCE
PO BOX 24
MARIETTA, SC 29661-
08-01-46

CAROLINA CLINICAL PET INSTITUTE
CT Chest w & w/o Contrast

03-18-11

REPORT:

CHEST CT, 3/18/2011:

INDICATION: Lung ca.

Images were obtained from the thoracic inlet through the level of the adrenal glands with the administration of 100 ml of Omnipaque 350. Correlation is made with the previous CT of 8/19/2010 and a PET chest CT dictated separately.

Thoracic inlet shows an indwelling central venous line and is otherwise unremarkable. The axillary areas show nothing unusual. The bony structures show no lytic or sclerotic lesions. Subdiaphragmatic structures show no abnormality. Evaluation of the lungs was then performed. The previously seen mass in the posterior right lung is dramatically reduced. There is in its place an extensive area of infiltrate both posteriorly and some anteriorly, the orientation of this strongly suggests post radiation change. In the central portion of this I can measure an area of apparent solid density measuring approximately 1.6 x 3 cm. This is a dramatic interval reduction in size of this mass from the presenting study where it measured about 3.8 x 2.9 cm. Previously seen right hilar and right paratracheal mediastinal adenopathy has resolved. Central tracheobronchial tree does not show abnormality. The esophageal wall appears thickened likely representing post-radiation change. The great vessels show no abnormality. The cardiac configuration is normal. The remainder of the lungs shows emphysematous change but no additional lesions.

IMPRESSION:

Page #: 1 Of 2 (JOHN L BRUCE)

John Burke HX COPD 30 yr VHT smoking DIC smoking
 DOB 8/1/46 12 years earlier
 Jan 26, 2010 - chest xray - Read by Nagan Desai
 not signed, small soft tissue mass 1.8cm RUL C.T. rec - (Clevans)
 never told

Aug 3, 2010 - another film = 3.05 cm → C.T. → FNA → lung cell G - met.
 non operable. = c/p 35xRT & chemo Rx Resens to chemo xrt. 7/18/11

C.T. done 8/19/10 2cm ↑ node @ hilum, enlarged vdo in paratracheal region
 4m x 3cm RUL
 L.V. enlargement @ hilum, mediastinum

Clevans
 earlier film

hasen later film

Path

elutriation
 funnel
 7P P&F

Cadherin polyps	ovary	PMT
neutrophils	antibody	
macular deg	off	
COPD amorphous	↑ lipid	
Leider	9 ER	
canal fund	hyperplasia	
Colon polyps	gynecomastia	
D.M.	50 pack yr hx	
HBP	smoking	

ENA 8/30/2010

T2 N3 55 cell G
 lung (poorly diff large)
 Cytotoxic XRT
 14B.

For metastatic G
 Mo Ca



2/8/12
Bruce
Bruce / John
FIRST CLASS MAIL

PARHAM & SMITH, L.L.C.
Attorneys At Law
POST OFFICE BOX 2800
GREENVILLE, SOUTH CAROLINA 29602

Gerald H. Sokol, MD
c/o Florida Cancer Institute
7651 Medical Drive
Hudson, FL 34667

CURRICULUM VITAE

NAME Gerald H. Sokol, M.D.

ADDRESS 9248 Vendome Dr.
Bethesda, Md. 20817

PERSONAL INFORMATION

Place of Birth: New York, New York
Citizenship: United States
Marital Status: Married, 2 Daughters

EDUCATION

1965 AB Indiana University and Temple University, Indianapolis IN,
Philadelphia, PA
1968 MS (Pharmacology) Indiana University, Indianapolis, IN
1970 MD Indiana University, Indianapolis, IN; combined Degree Program in
Experimental Science (upper 10%)
1970-1971 Internship, Temple University, Philadelphia, PA
1971-1973 Residency in Internal Medicine, USPHS Hospital in affiliation with Johns
Hopkins University, the University of Maryland, Baltimore, MD and NCI
1973-1976 Resident, Massachusetts General Hospital; and Fellow, Harvard Medical
School, Radiation Medicine/Oncology
1976-1977 Fellow, Clinical Pharmacology, Massachusetts General Hospital, Harvard
Medical School

CURRENT PROFESSIONAL POSITIONS

1996-present Medical Officer, Center for Drug Evaluation and Research, FDA
Grade 15 Step 10
1990-present Director of Oncology, New Hope Cancer Center
1990-present Vice Chief of Radiation Therapy, Tampa General Hospital
1990-present Staff Physician-H. Lee Moffitt Cancer Center, Tampa, Fl.
1984-present Captain, US Navy Reserves

BOARD CERTIFICATION

1972 American Board of Internal Medicine #44334
1976 American Board of Radiology (Therapeutic Radiology)
1977 American Board of Internal Medicine Sub-specialty Oncology
1991 American Board of Clinical Pharmacology
1992 American Board of Quality Assurance #31431

MEDICAL LICENSURE

1975 Florida ME0025907
1987 Washington DC

HONORS/AWARDS

1970 Upper 13% of Medical Class
1968 Pittman-Moore Fellow
1965 Little '500' Scholar Health Professions Scholars
1965 ABO Honorary Premedical Fraternity
1965 Long Island Home Scholarship
1973 Fellow, American Cancer Society
1982-1986 National Scientific Advisory Board, Janssen Pharmaceutica
1985 American Cancer Society Board of Directors
1987 10 Year US Government Service Award
1992 Fellow, American College of Clinical Pharmacology
2005 Life Board Member American Cancer Society

Awards

1987-10 year Government Service Award
1993-Certificate of Appreciation
1994-Certificate of Appreciation
1995-Certificate of Appreciation
1996-Award Certificate-On the spot award for Medical Legal work
1998-Reviewer Excellence Award
2004-Regulatory Science Excellence Award
2005-Special Recognition Award-CDER Team Excellence
2005-Excellence in Communication Award
2005-Honorary Government Service Award
2005-Emeritus Board of Directors, American Cancer Society

FDA NDA Activities

1. NDA Review Ifosfamide-NDA # 19763 - for relapsed cisplatin-sensitive testicular cancer 1988
2. NDA Review MESNA-NDA # 19884 - for bladder cytoprotection from ifosfamide 1989
3. NDA Supplemental Review MESNA -New formulation of MESNA 1999
4. NDA Review MESNEX (mesna) tablets-NDA # 20855- for reducing the incidence of ifosfamide-induced hemorrhagic cystitis.
5. BLA Review ERBITUX (cetuximab) BLA # 125084/46- for the treatment of squamous cell carcinoma of the head and neck-consultant to DBOP medical reviewer 2005
6. NDA Review XCYTRIN (gadolinium texaphyrin) NDA # 22111-for the treatment of metastatic lung cancer during CNS radiation therapy- consultant to primary DDOP medical reviewer 2007
7. NDA Review ZOLADEX (zoledronic acid) NDA#'s 20578, 197276, 20515 -for adjuvant treatment of prostate cancer during and after radiation therapy- consultant to primary DDOP medical reviewer 2007

Multiple Government Litigation Cases

Laetrile case
SEC Antifosfine case
Hydrazite case
Guar gum case
MDZ case
SEC case DNCEB
False advertising claim-FDA Irinotecan, Flu-cure, menstrual pain, migraine.

Other Major FDA Activities

300+ new IND Reviews and Special Protocol Assessments, Center for Drug Evaluation Research, 1987- present.

PREVIOUS PROFESSIONAL POSITIONS

- 1973-1977 Assistant Physician in Medicine, Peter Bent Brigham Hospital, Boston, MA
- 1976-1977 Assistant Professor, Tufts University School of Medicine, Therapeutic Radiology, Boston, MA
- 1977-1978 Director, Radiation Oncology, Radiation Therapy Oncology Center at Mease Hospital, Dunedin, FL
- 1978-1989 Director, Radiation Oncology, Tampa General Hospital, Tampa, FL
- 1979-1987 President, Tampa Scientific Association, Tampa, FL
- 1985-1986 Associate Director, Clinical Research, Schering-Plough Pharmaceutical, Kenilworth, NJ
- 1987-1990 Medical Officer, Center for Drug Evaluation and Research, FDA Rockville, MD Grade 15 Step 7
- 1990-1993 Medical Officer, Center for Drug Evaluation and Research, FDA Grade 15 Step 8
- 1993-1996 Medical Officer, Center for Drug Evaluation and Research, FDA Grade 15 Step 9
- 1987-1990 Director, Radiotherapy, Columbia Hospital for Women
- 1990-2001 Vice Chief, Radiation Oncology, Tampa General Hospital
- 1992-1995 Vice President Medical Affairs/Director Medical Education, Prince George's Hospital Center, Cheverly, MD
- 1997-1998 Medical Director, Chief Medical Officer - MetSolutions (a Bozell world-wide Company - Company acquired)

PROFESSIONAL SOCIETIES

(Open dates -to present)

- 1968 Society of Sigma XI, Honorary Scientific Society, American Medical Association
- 1972 New York Academy of Science
- 1977 American Society of Clinical Oncology
- 1980 Florida Society of Clinical Oncology
- 1977 American Society of Therapeutic Radiology
- 1977-1979 American Society of Internal Medicine
- 1980- American Society of Clinical Pharmacology
- 1980 National Association of Advancement in Science
- 1977 American College of Radiology
- 1982-1987 Liaison Fellow American College of Surgery
- 1985-1995 State Representative Presidential Advisory Committee
- 1980-1992 Southern Medical Association
- 1980- American College of Clinical Pharmacology
- 1982- Radiation Research Society
- 1983- North American Hyperthermia Group
- 1984- American Medical Association
- 1985- Washington DC Medical Society

USUHS TEACHING ACTIVITIES

Commanding Officer - US Naval Reserve Unit at USUHS (1997-1999)
Clinical Pharmacology Staff- Consulting Service, Naval Hospital, Bethesda (1990-present)
Research Activities - Current Studies

Trimetrexate for Colon Cancer
Renal Functions associated with Reno-toxic drugs (1998)
Troponin levels s/p cardiac chemo/XRT (1999)
Community Clinical Pharmacology Outreach Program (initiated 1999)
Medicolegal - Medical Jurisprudence Project (1999)
Two weeks Navy Reserve (1995-present)- Division of Clinical Pharmacology
Clinical Pharmacology course lecturer 1990- present
Pharmacology Course lecturer 1990 - present
International Teaching Conferences. Army Update, Wiligen, Germany; Taiwan Government Drug Review Seminar, 1995
Research Projects-radioprotectors, Enzymatic activity of Cox-II inhibitors, Enzymatic activity of antiepileptic agents-2004-2005

EDITORIAL ACTIVITIES

Open dates-to present

1996- Clinical Trials Advisor
1996-1997 Oncology Management
2000- Reviewer, Internet Journal of Medical Toxicology
2002- Chronic Lung Disease/Emphysema

OTHER PROFESSIONAL ACTIVITIES

FDA Representative to Radiation Sensitizer NCI Meeting 2002
Chief Medical Officer, MedMatRx 1998-99
Cancer Committee - Bayonet Regional Medical Center 1998 -
P.T. Committee - Bayonet Regional Medical Center 1998 -
VA Peer Review Committee - CA Hospital System 1993 - 1996
FDA Oncology Advisory Panels, NCI Consensus Conference NCI Phase I Meeting, 1989, 1990, 1994, 1996
National Oversight, public Health Service, Quality Control Committee 1991 - 1995
Member, Institutional Review Board, Tampa General Hospital 1991 - 1993
FDA Consultant to Office of Compliance, General Council, and Devices 1992 -
Chairman, Hyperthermia/Chemotherapy Oncology Study Group 1986 - 1988

Member South West Oncology group 1981 – 1987
Member, Pediatric Oncology Group 1981 – 1987
Chairman, Institutional Review Board, Tampa General Hospital, University of South
Florida 1981 – 1984
Program Director and Coordinator – University Cancer Study Group Update 1981
Medical Director-Everest University, Tampa, Florida 2010

GRANTS

1. Tigan Radiation and Chemotherapy Antiemetic Study - Beecham Laboratories -
\$25,000, 1982-1986, G.H. Sokol, MD, Principal Investigator.
2. Ciramodaol - Agonist-Antagonist Analgesic for Cancer Pain - Wyeth Laboratories -
\$15,000, 1983 G.H. Sokol, MD, Principal Investigator.
3. Leuprolide LH-FSH-RH Agonist for Breast Cancer - Abbott Laboratories - \$10,000,
1984-1985, G.H. Sokol, MD, Principal Investigator.
4. Leuprolide LH-FSH-RH Agonist for Prostate Cancer - Abbott Laboratories - \$46,000,
1984-1986, G.H. Sokol, MD, Principal Investigator
5. Phase I Study of Unique C-Parvum Derivative - ImmunoMed Inc. - \$45,000, 1983,
G.H. Sokol, MD Principal Investigator
6. Comparative Efficacy of Metoclopramide vs. Compazine vs. Placebo in Radiation
Induce Nausea A.H. Robins, Inc - \$45,000, 1983-1985, G.H. Sokol, MD Principal
Investigator
7. Buprenorphine - Sublingual Administration in Chronic Cancer Pain - Med Tech
Research, Inc.- \$20,000, 1985, G.H. Sokol, MD Principal Investigator
8. Imodium - Placebo Controlled Study in Radiation Induced Diarrhea - Janssen
Pharmaceutica - \$14,000, 1985, G.H. Sokol, MD Principal Investigator
9. H.D. Nizoral in New and Hormonally Failed Prostatic Carcinoma - Janssen
Pharmaceutica - \$150,000, 1985, G.H. Sokol, MD Principal Investigator
10. Letrozole for Advanced Adjuvant Breast Cancer - Novartis - \$20,000, 1986, G.H.
Sokol, Principal Investigator
11. Trimetrexate with/without 5-FU/leucovorin for 2nd line colon cancer treatment, US
BioScience, - \$15,000, G.H. Sokol, MD Principal Investigator
12. Erythropoietin for anemia associated with radiation therapy, Ortho.Biotech - \$15,000,
G.H. Sokol, MD coinvestigator

13. Natural Product Radioprotectors in Mice-Quigley Pharmaceutical-\$150,000

INVITED AND EXTRAMURAL PRESENTATIONS Invited National Presentations

1. American Cancer Society Cancer Review - Chemotherapy of G.U. and GYN Malignancy, Tampa, FL 1977
2. Lecturer, Clinical Pharmacology University of South Florida School of Medicine, Tampa, FL, 1978
3. Clinical Pharmacology Course, Tampa, FL 1978
4. Prostate Cancer, Mease Hospital, Dunedin, FL, 1978
5. New Developments in Cancer, Morton Plant Hospital, Clearwater, FL, 1978
6. University of South Florida Grand Rounds - New Approaches to Breast Cancer, Tampa, FL, 1979
7. American Cancer Society Seminar - Channel 8 - Tampa, Health Effects of Smoking, Tampa, FL 1979
8. National Conference of Radiation Technology - Radiobiology- Coordinator, Tampa, FL 1979
9. Kiwanis Club Dunedin - New Developments in Cancer, Dunedin, FL 1979
10. University Cancer Study Group - Coordinator and Moderator, Clearwater, FL 1981
11. Immunotherapy in Cancer Treatment. Oncology Grand Rounds, Tampa, FL 1981
12. Update of Breast Cancer, Memorial Hospital, Tampa, FL, 1981
13. Extracorporeal Irradiation of Blood in Kidney. Channel 44-Tampa, FL 1982
14. 2nd and 3rd Annual University Cancer Study Group Updates - Coordinator and Moderator, Clearwater, FL 1983, 1985
15. Hyperthermia in Cancer Treatment - Florida State Oncology Nursing Association and American Cancer Society, Tampa, FL 1984
16. Control of Cancer Pain - Coordinator and Moderator - American Cancer Society and University of South Florida, Tampa, FL 1984
17. Pharmacology and Analgesics. American Cancer Society, Tampa, FL 1984

18. Leuprolide-A new Drug for Prostate Cancer. Channel 13 Tampa, FL. 1984
19. Radiation Oncology Update. Florida Keys Hospital, Key West, FL. 1985
20. The Interaction of Hyperthermia and Chemotherapy in Cancer Management. BSD. Florida Symposium on Hyperthermia, Tampa, FL. 1985
21. Hyperthermia in Cancer Management. Florida Society of Radiologic Technologists, Tampa, FL. 1985
22. Buprenorphine-A New Pain Killer for Cancer Patients. Channel 44 Tampa, FL. 1985
23. New Developments in Head and Neck Cancer. University of South Florida 1985.
24. Oncologic Drugs Lecture Series. Georgetown University, Washington, DC 1987
25. Radiation Drug Interactions. George Washington University, Washington, DC 1987
26. Annual Nursing Conference, Oncologic Staging. Tampa, FL. 1987
27. New Development in Cancer Treatment. TV-BLAA, Pensacola, FL. 1987
28. Medical Ethics. University of West Florida, Pensacola, FL. 1987
29. Psychopharmacology and Religion. University of West Florida, Pensacola, FL. 1987
30. Medical Effects of Ionizing Radiation (monthly). USUHS, Bethesda, MD 1985
31. Washington, DC, Capitol Hill Hospital. Update of Radiation Oncology. Washington, DC Columbia Hospital for Women, New Development in GYN Oncology. Rockville, MD, FDA Medical Advisory Committee. Oncology Ifosphamide and Mesna NDA Reviews. Rockville MD. 1988
32. Food Irradiation, Stereotactic Radiation Therapy. Florida Society of Radiation Technologist, Tampa, FL. 1989
33. Radiation Effects of Drug Disposition. FDA-Staff College, Rockville, MD 1990
34. Conference on Quality of Life in Cancer Treatment. NCI-FDA, Bethesda, MD 1990
35. Oncology Review Course. American College of Clinical Pharmacology, Rockville, MD 1991
36. Radiation Oncology Update. Bayonet Point Regional Medical Center, Hudson, FL. 1991

1994

54. Meroke Cell Tumors. Tumor Board . Bayonet Point Regional Medical Center, Hudson, Fl. 1994
55. Principles of Ethical Drug Therapeutics. US Navy USUHS Unit, Bethesda, MD
56. Principles of Gynecologic Oncology. (cervical cancer, endometrial cancer) Prince George's Hospital Center, Cheverly, MD 1994
57. Oncologic Emergencies. Prince George's Hospital Center, Cheverly, MD 1994
58. Principles of Gynecologic Oncology. (ovarian, vulvar cancer) Prince George's Hospital Center, Cheverly, MD 1995
59. Risks and Benefits of Food Irradiation. Division of Clinical Pharmacology USUHS, Bethesda, MD 1995
60. Stroke and CNS Metastatic Disease-Differential Diagnosis, Impact, and Support Measures. Institute of Life Threatening Disease Columbia University NYC, NY. 1995
61. Medical Legal Issues in Clinical Pharmacology-Case Examples. Division of Clinical Pharmacology USUHS, Bethesda, MD. 1995
62. Multiple Lectures to Church and Civic Groups on New Developments in Oncology and Oncologic Drugs. 1995
63. Multiple Presentations to Oncology Drug Products Division FDA on New Drugs and Drug Protocols. Rockville, MD 1995
64. Lymphomas-Diagnosis and Treatment. Tumor Board. Bayonet Point Regional Medical Center, Hudson, Fl. 1995
65. Regulatory Aspects of Drug Development. Protocol Review Techniques. Cost . Benefit/Effectiveness Issues in Drug Development. Natl. Taiwan Government Intern Conference on Drug Development. University of Taiwan, Taipei 1995
66. Chronobiologic Implications for PK, New Developments in Clinical Pharmacology, Pharmacoeconomic Principles. Annual 7th Army Continuing Education Symposium Wiligen, Germany 1995
67. Conference on Drugs and Regulatory Overview-Chronobiology-Research, Therapeutic and Regulatory Concerns. Institute for Life Threatening Illness, Columbia University, NYC, NY 1996

68. Chronobiologic Implications for Drug Research, FDA Oversight and Therapeutic Optimization. Grand Rounds, Rockville, MD. 1996
69. Hyperbaric Oxygen-The good, the bad and the ugly. Grand Rounds. Bayonet Point Regional Medical Center, Hudson, FL. 1996
70. Conference on Apoptosis-Radiation and Modulated Radiation Effects on Apoptosis. Institute for Life Threatening Illness, Columbia University, NYC, NY 1997
71. New Developments in Oncology. Television Station BLAB Sarasota, FL. 1997
72. National Conference on Blood Vessel Irradiation, Washington, DC. FDA Panelist Regulatory Concerns of Blood Vessel Irradiation. 1997
73. Thyroid Cancer, Diagnosis and Treatment. Tumor Board. Bayonet Point Regional Medical Center, Hudson, FL. 1997
74. Reasons for Medical Malpractice. Committee of 100, Williamsburg, VA. 1997
75. New Lymphoma Classifications. Tumor Board. Bayonet Point Regional Medical Center, Hudson, FL. 1998
76. Conference on Terminal Care in Non-cancer Diseases. Institute of Life Threatening Diseases, Columbia University, NYC, NY 1998
77. New Development of Cancer Treatment. American Cancer Society, New Port Richey, FL. 1998
78. The Management of Affective Disorders in Cancer Patients. Institute for Life Threatening Illness Columbia University, NYC, NY. 1998
79. Multiple Presentation-Tumor Board. Head and Neck Cancer, Sarcomas, Rectal Cancer. Bayonet Point Regional Medical Center, Hudson, FL. 1999
80. Conference on Palliative Care in Pulmonary Disease. Drug Amelioration of Radiation induced fibrosis. Columbia University, NYC, NY 1999
81. American Cancer Society Oncology Update. Aug 2000. Eglin Air Force Base, Ft. Walton Beach, FL. Melanoma Update.
82. Tumor Board Bayonet point Medical Center, Hyperthermia Nov 2000
83. Columbia University, Center for Life Threatening Illness, Radiation Effects on Pulmonary Function. Nov 2000
84. FDA - Prostate Cancer - Basic Rationale for End Point Analysis. Dec 2000

85. FDA - Exposure Response Relationship in Oncology. Jan 2001
86. USUHS - Chronopharmacology. Feb 2001
87. Bayonet Point Hospital Cancer Conference - Geriatric Oncology. Sept 2001
88. Columbia University - Pulmonary Effects of Radiation and Quality of Life. Sept 2001
89. Tumor Board Bayonet Point Regional Medical Center. Sarcomas. Nov 2001
90. Tumor Board Bayonet Point Regional Medical Center. Prostate Cancer. Dec 2001.
91. FDA. ASTRO Review-Dec 2001.
92. USUHS-Chronopharmacology. May 2002.
93. Bayonet Point Annual Cancer Conference. Oncologic Emergencies. Sept. 2002.
94. Regulatory Aspects of Chronopharmacology. Bioavailability Conference. San Diego Cal. Jan 2003
95. Catholic University - "Phenes to Genes" Washington Jan 2005
96. National Hyperthermia Meeting-FDA Panelist and Speaker, Park City, Utah-Feb 2005
97. Radiation Therapy Oncology Group, Panelist and Speaker, Phoenix, Arizona, Tumor Markers-Feb 2005
98. ASCO National Prostate Cancer Meeting (American Soc. For Clinical Oncology), Orlando, Florida, Anticancer Approval Process for Prostate Cancer Drugs-March 2005
99. FDA - RTOG Review. Rockville MD March 2005
100. NCI, FDA, Duke University - Accelerated Anticancer Agents. Young Professor Science Development Program. Spring Conf. Bethesda, MD 2005
101. Maryland Trial Lawyer Assoc. - Medical Errors. Feb 2005 Baltimore, MD
102. Accelerating Anticancer Agents Development and Validation Workshop. NIH Invited Participant 05/2007

103. Conference on Accelerated Therapies. NCI-Evaluation of New Drugs and Devices: The FDA Perspective. December 2, 2006 Lecture and Panelist
104. Exploratory Workshop on Fatigue in the Elderly. June 25-26, 2007. NIH Invited Participant, National Institute on Aging, N.Bethesda MD
105. Annual Community Oncology Research Forum. Grapevine TX. Invited Faculty Sept 2007
106. NCI, FDA, Duke University - Accelerated Anticancer Agents. Young Professor Science Development Program. Bethesda MD 2007
107. MD Anderson Cancer Center Conference on Bioethics in Early Clinical Trials, April, 2008, invited
108. FDA representative to the NCCN Bioethics Planning Committee, May 2009.
109. FDA representative to the Oncology Imaging Conference, Bethesda, Md. May 2009
110. Radiotherapeutic Management of Skin Cancer, Bayonette Point Regional Medical Center, Hudson, Florida November, 2009
111. Bioethics: Principles and Practice, Bayonette Point Regional Medical Center, Hudson, Florida, Grand Rounds, February 2010
112. Imaging in Radiation Therapy Planning and Evaluation, FDA/USUHS representative and invited speaker, June 2010, Rockville, Md.

PEER REVIEWED PUBLICATIONS

1. Sokol, G.H., and Maichel, R.P., Studies on rat paw edema induced by S.Aureus, Arch.Int.Pharmacodyn.. 1973, 382-385, June 1968.
2. Sokol, G.H. and Maichel, R.P., Toxic interaction of d-amphetamine and tricyclic antidepressants in mice. Res Commun. Chem.Pathol. 3, 513-521, May 1972.
3. Sokol, G.H., Greenblatt, D., et al. Chlordiazepoxide metabolism after hepatic irradiation pharmacology. Pharmacology 3, 248-251, 1975.
4. Sokol, G.H., et al. Complications of lymphangiography in the elderly. Amer.J.Radiol. 43-44, Jan 1977.
5. Sokol, G.H., Greenblatt, D., et al. Effects of abdominal irradiation on drug bioavailability in the human. Journal of Clin Pharmacology, 388-396, 1978
6. Leuprolide Study Group - Sokol, G.H., Tampa P.I. Leuprolide vs Diethylstilbestrol for metastatic prostate cancer, N.E.J.M., Vol311, pp 1281-1286, Nov 15 1984.

7. Leuprolide Study Group - Sokol, G.H., Tampa P.I., Clinical effects of Gonadotropin releasing Hormone Analogue in metastatic carcinoma of the prostate, Urology, Vol.XXV,2,-106-114, 1985.
8. Public Policy Committee, Dvorick, BH, Gaynes, Hubbard, JW, Kirk, J and Sokol, GEI. American College of Clinical Pharmacology Response to the Institute of Medicine Report "To Err is Human: Building a Safer Health System", J Clin Pharmacol 2000; 1075-1078
9. Cohen, M., Pazdur, R., Sokol, G.H. New Drugs from the FDA. The Oncologist 42-47, Jan 2003
10. Knudsen, J.F., Carlsson, U., Hammarstrom, P., Sokol, G.H., and Cantilena, L. Cyclooxygenase-2 inhibitors that inhibit the carbonic anhydrase II isozyme. Inflammation 2004;28:285-209
11. Knudsen, J.F., and Sokol, G.H. Response to Vioxx debacle. Am.J.Med. 2006: January
12. Roach III, M, Hanks, G, Thames Jr, H, Schellhammer, P, Shipley, W, Sokol, G, Sandler, H. Defining Biochemical Failure Following Radiotherapy with or without Hormonal Therapy in Men with Clinically Localized Prostate Cancer: Recommendations of the RTOG-ASTRO Phoenix Consensus Conference. Int.J. Radiation Oncology Biol.Phys, Vol 65,No.4 pp.965-974, 2006
13. Roach, M, Hanks, G, Thames, H, Schellhammer, P, Shipley, W, Sokol, G, and Sandler, H. In reply to Dr. Cheung in regard to Roach et. al. defining biochemical failure Int J. Radiat Oncol Phys 2006; 65:965-974
14. James F. Knudsen, Ph.D., M.D., and Gerald H. Sokol, M.D. Glucosamine Prolongs INR in Subjects Receiving Coumadin. Pharmacotherapy, Vol (28) 4, pp 540-8, 2008
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STATE OF SOUTH CAROLINA, IN THE COURT OF COMMON PLEAS
COUNTY OF GREENVILLE
CASE NUMBER: 2011-CP-23-6967

JOHN L. BRUCE AND MARILYN BRUCE,
Plaintiffs,

v.

GREENVILLE PHARMACEUTICAL
RESEARCH, INC.,

Defendant.

DEPOSITION OF: GERALD H. SOKOL, M.D.

DATE: June 1, 2012

TIME: 4:15 p.m. to 6:10 p.m.

PLACE: Parliamentary Reporting
8520 Government Drive, #4
New Port Richey, Florida 34654

PURSUANT TO: Notice by counsel for
Defendant for purposes of
discovery, use at trial or
such other purposes as are
permitted under the Florida
Rules of Civil Procedure

REPORTED BY: Kristina D. Haeck, Court Reporter
Notary Public, State of
Florida at Large

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11 Also present: Rick Spector, Videographer

12 Also present telephonically:
13 DAVID WILLFORD, ESQUIRE
14 STEVE CLEMENS
15 GREGORY FELDMAN, M.D.

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P R O C E E D I N G S

THE WITNESS: This matter is before the state of North Carolina, county of Greenville, in the Court of Common Pleas. This is the matter of John L. Bruce and Marilyn Bruce as plaintiffs versus Greenville Pharmaceutical Research, Inc., as defendants. The case number is CA-2001-CP-236967.

This is the continuation of the deposition of Gerald H. Sokol, M.D. Today is Friday, June the 1st, 2012. It's 4:15 in the afternoon. At this time, I'll ask the attorneys to please introduce themselves.

MR. SMITH: My name is Blake Smith from Greenville, South Carolina, and I represent John L. Bruce and Marilyn Bruce.

MR. MANN: My name is Milton Mann. I'm an attorney from Spartanburg, South Carolina. I represent Greenville Pharmaceutical Research.

MR. WILLIFORD: And I'm David Williford. I'm an attorney from Greenville, South Carolina, and I also represent Greenville Pharmaceutical Research.

1 GERALD M. SOKOL,

2 Having previously been sworn, was examined
3 and testified as follows:

4 DIRECT EXAMINATION

5 BY MR. MANN:

6 Q A little administrative housekeeping stuff.
7 Dr. Sokol, this is a continuation of your deposition,
8 and with your permission, we can forgo continue --
9 reswearing or anything of that nature, because --

10 A That's fine.

11 Q -- we're just continuing. It is also my
12 understanding from speaking with
13 Mr. Smith this morning that you are not offering
14 opinions as it relates to Greenville
15 Pharmaceutical Research respecting standard of
16 care.

17 A That is correct.

18 Q Okay. So the issues we're going to try to
19 discuss are about causation and Mr. Bruce's medical
20 condition as best we can glean.

21 A That's correct.

22 Q Okay. With all this said, when we left off,
23 we talked about a variety of different things, and
24 I'm going to do my best not to retread the same
25 ground, but there may be some overlap, and I

1 apologize for that. I know you've had a deposition
2 or two under your belt --

3 A I do. I do.

4 Q -- so you understand them. If -- if you
5 need to step out, please do, and I understand that
6 you may have a phone call you need to attend to, and
7 we respect that.

8 MR. WILLIFORD: I am so sorry to interrupt
9 here, but it's cutting off a little bit, and I
10 can't hear Dr. Sokol at all. Is there any way we
11 can improve that?

12 THE WITNESS: I didn't say any -- I didn't
13 say anything, so I think you're okay.

14 MR. WILLIFORD: Okay, okay. It sounded like
15 you might have said yes or something like that
16 here and there, so I -- I just wanted to make
17 sure I can hear.

18 MR. MANN: Okay. I've moved the phone a
19 little bit. We're going to do our best, David --

20 MR. WILLIFORD: I know. I appreciate it.

21 MR. MANN: -- and if it gets bad, I'm going
22 to hit the floor and just start screaming, but
23 we'll go from there.

24 MR. SMITH: Just a suggestion, if -- if it
25 -- if you can't hear, I see a lot of iPhones in

1 here, and we have pretty good speaker phones on
2 iPhones, so just let us know.

3 MR. WILLIFORD: Okay. All right. I'm not
4 trying to be difficult, and I wanted to come down
5 there, but for whatever reason, I'm -- I'm here,
6 so --

7 MR. MANN: I'm with you. And, David, again,
8 if it just gets where you and Dr. Feldman cannot
9 hear, how about just shooting me a text. I've
10 got my phone on vibrate. If you --

11 MR. WILLIFORD: Okay. I'll do that.

12 MR. MANN: If you shoot me a text, I'll just
13 take a brief recess, and I will call you, and I
14 will call Dr. Feldman, and we'll put my phone on
15 the table and try it instead, okay?

16 MR. WILLIFORD: Sounds good. Thank you.

17 BY MR. MANN:

18 Q All right. So anyway, Dr. Sokol,
19 previously, we marked a few exhibits to the
20 deposition. I'm going to hand these to you, because
21 I'm going to ask you -- so that we can kind of go
22 back into some of them. One of the -- one of the
23 things that I think we previously marked was your
24 affidavit. It was the pre-suit affidavit. I can't
25 remember what the number is. It may even be Number

1 1.

2 A Yes, it is.

3 Q Okay. Good. Can we look at that
4 together --

5 A Sure.

6 Q -- and I've got some questions for you,
7 please.

8 A Okie dokie.

9 Q And -- and I believe that -- that you told
10 me is that this affidavit was a collaborative effort,
11 that you had a little bit of help from the
12 plaintiff's law firm in -- in -- in putting this
13 together; is that correct?

14 A Correct.

15 Q Okay. Did you have an opportunity to read
16 through it?

17 A I -- I did have an opportunity read through
18 it.

19 Q Okay. And you were obviously satisfied with
20 this content when you signed it?

21 A I'm just looking through it. I'm sorry for
22 the delay here. Yeah. This -- this seemed to -- to
23 -- to include most of my -- my -- most of my
24 thoughts.

25 Q Okay. Since the -- the -- since the

1 beginning of your deposition, which happened I think
2 a couple of months ago, have you -- have you had an
3 opportunity sit down and reread your affidavit?

4 A No.

5 Q Okay. I'm -- I'm really -- I think it's
6 going to go faster if just ask you to take five
7 minutes and to read it right now, if you don't
8 mind --

9 A I don't mind.

10 Q -- and that way, we can kind of speed things
11 along --

12 A Okay.

13 Q -- if you don't mind.

14 A All right. I'm definitely over 18.

15 Q I've been told I don't act over 18, so
16 anyway --

17 A Yeah, I mean, as far as this issue of at
18 least one negligent deviation from the standard of
19 care --

20 Q Yes.

21 A I mean, I'm not testifying about negligence
22 or standard of care --

23 Q Okay.

24 A -- so if you want me to reread that, then --
25 and as far as I'm concerned, that doesn't exist

1 anymore --

2 Q Okay.

3 A -- with respect to today's deposition.

4 Q Okay. So -- and -- and I think you're
5 referencing -- referencing Paragraph Number 2 --

6 A Yes.

7 Q -- is that correct?

8 A That is correct, and I'll continue reading.

9 Q Yeah, please.

10 (Interruption.)

11 THE WITNESS: That's probably it. I'm
12 sorry.

13 MR. MANN: Let's go off the record for just
14 a minute.

15 THE VIDEOGRAPHER: It's 4:21. We're off the
16 record.

17 (A short break was taken at 4:21, and the
18 deposition continued as follows:)

19 THE VIDEOGRAPHER: It's 4:28. We're back on
20 the record.

21 BY MR. MANN:

22 Q All right. Dr. Sokol, thank you. We had a
23 brief break so that you could cover a phone call, and
24 during that time period also, we had an opportunity
25 for you to review your affidavit, correct?

1 Anyway, when we -- when we took our break,
2 you were commenting on Paragraph Number 2 where you
3 said that -- previously, you said that there was at
4 least one negligent deviation respecting Dr. Desai
5 and North Hills Medical Center, Correct?

6 A Yes.

7 Q And I believe also Greenville Pharmaceutical
8 Research is included in that list of three entities?

9 A Yes.

10 Q You're no longer of that opinion, correct?

11 A I -- I -- I am not here to express any
12 opinions about that.

13 Q Okay. So it doesn't mean that you do or do
14 not have an opinion, you're just not going to express
15 that?

16 A I have not formulated appropriate opinions
17 about standards of care on either of those issues at
18 this time.

19 Q Okay.

20 MR. MANN: And, Blake, do we have a
21 stipulation that that will not happen in the
22 future?

23 MR. SMITH: Yes. Again, this is Blake
24 Smith. Based upon the facts and circumstances of
25 this case, Dr. Sokol was asked merely to give

1 conclusions and opinions on issues of causation
2 and the medicine and has not been asked or even
3 been given materials to formulate an opinion as
4 to standard of care.

5 MR. MANN: Okay. And -- and if -- if it
6 should change, I would request that Dr. Sokol
7 come to Spartanburg, South Carolina for his
8 subsequent deposition on standard of care issues;
9 is that fair?

10 MR. SMITH: You've got a deal.

11 MR. MANN: Thank you, sir.

12 BY MR. MANN:

13 Q All right. Moving forward, looking at
14 Paragraph Number 3, Dr. Sokol, tell me -- and, again,
15 we -- we talked earlier about -- and -- and I believe
16 that we included all the material that you have been
17 provided as an exhibit to your first part of this
18 deposition, okay?

19 A Yes.

20 Q Okay. Tell me what you're trying to opine
21 in Paragraph 3. Can you explain Paragraph Number 3,
22 and -- and just give me a little background as to
23 where this information came from and -- and what
24 you're trying to tell us, and why is it important?

25 A Well, it's important because it establishes

1 a lesion in the lung. --

2 Q Okay.

3 A -- a lesion that ultimately was demonstrated
4 to be a cancer, and -- and it wasn't -- it wasn't
5 treated, and as a result, this lesion grew, and well
6 within extranodal (phonetic) likelihood, cost the
7 life of Mr. Bruce.

8 Q Okay. But, now, looking within the three
9 corners -- or four corners -- excuse me -- of
10 Paragraph 3, in that particular paragraph, you
11 referenced that you've reviewed medical records,
12 correct?

13 A Correct.

14 Q That he was in a study for COPD, correct?

15 A Yes.

16 Q That he had a chest X-ray?

17 A Yes.

18 Q And that there was a conclusion that there
19 was a 1.8 centimeter in size area of the right upper
20 lung field, correct?

21 A Yes.

22 Q What other data -- in the medical records,
23 there was not a CT scan, correct?

24 A There was not at that time.

25 Q Okay. So when Dr. Dasai was coming up with

1 the conclusion that there was 1.8 centimeter size
2 area of concern, do you know what Dr. Dasai was
3 basing that opinion on?

4 A Well, let's see. Let's pull out his chest
5 X-ray, and --

6 Q Okay.

7 A -- and we will see what the -- let's see
8 here. Chest radiograph dated 1/16/2010, read by -- I
9 guess NRD is Dr. Dasai -- indicated in the conclusion
10 that there's a suggestion of a small soft-tissue
11 density measuring 1.8 centimeters in size in the
12 right upper field medially at T-5. CAT Scan with and
13 without contrast is recommended for further
14 evaluation. So that -- that measurement came
15 directly from the radio -- radiographer's reading.

16 Q Okay. You are not a diagnostic
17 radiographer?

18 A I am not.

19 Q Okay. So is it -- is it fair to say that
20 you have to rely upon the opinions of diagnostic
21 radiologists?

22 A That's often the case, but not always the
23 case, but certainly often, I rely on the -- on the
24 diagnostic radiologists.

25 Q That X-ray that you're referencing -- was it

1 an AP [sic], a lateral, both, neither? What -- what
2 was it?

3 A This was a PA and lateral, so it was a
4 two-view film.

5 Q It was a two-view film. Okay. And does it
6 give anything other than one dimension of the mass?

7 A It does not give anything more than one
8 dimension, but that's -- that's the -- the largest
9 dimension is usually the conversant, the -- the usual
10 reference point for the size of the lesion.

11 Q Okay. So your opinion that it was 1.8
12 centimeters is based purely just upon that one X-ray
13 study and report?

14 A Yes. I relied on the -- I relied on the
15 radiologist. He read it as such, and of course, on
16 subsequent films, that lesion increased in size, so
17 it corroborated the likelihood that that lesion was
18 -- was that size at least qualitatively.

19 Q Okay. All right. Moving -- moving down,
20 Paragraph 4, I think, has more of an issue as it
21 relates to standard of care, and then let's look down
22 at Paragraph 5, okay?

23 A Okay.

24 Q Now, what does Paragraph 5 tell you about
25 the lesion? What -- what -- what are you trying to

1 convey to us respecting your opinion as to the
2 progression of Mr. Bruce's condition?

3 A Well, what I'm trying to convey is a
4 subsequent reading, again, by a radiologist that
5 demonstrated that that lesion we had just discussed
6 had increased in size from 1.8 centimeters to 3.05
7 centimeters in size, and we can pull that
8 radiographic report if we need to as well.

9 Q Okay. And, again, would you mind looking at
10 that?

11 A Nope. I'm -- I'm on my way.

12 Q Thank, you sir. And most importantly, what
13 I'd like to know is what -- what kind of X-rays were
14 performed with that report.

15 A Let's see. I have a report that's dated
16 8/3/2010. This, again, is a PA and lateral film, and
17 the final line -- final conclusion demonstrates an
18 abnormal density seen in the right upper lung field
19 medially and posteriorly. Density has increased in
20 size compared to the 1/26/2010 X-ray, and the density
21 currently measures 3.01 centimeters [sic] in size.
22 Strongly recommend CT Scan, etc., etc.

23 Q Okay. Let's slip back to your affidavit for
24 a second.

25 A Okay.

1 Q Looking at Paragraph 6, which is the first
2 one on the second page.

3 A Okay.

4 Q All right. Okay. What -- what diagnostic
5 information are you trying to put forth, and -- and
6 -- and tell us how that fits into your opinion,
7 please.

8 A Well, as recommended by the diagnostic
9 radiologist that read the film that we've just
10 discussed, a CT Scan was, in fact, done. This CT
11 Scan showed that the lesion was somewhat bigger,
12 because, of course, CT scans are maybe a little bit
13 more accurate and more quantitative in measuring
14 lesion, and this CT Scan shows a four centimeter by
15 three centimeter size mass. They weren't exactly
16 sure in what position of the lung it was. It's
17 either in the -- in the right upper lobe posteriorly
18 or the -- or the superior segment of the right lower
19 lobe, and radiographically, it had the
20 characteristics of a cancer. And, in addition, now
21 they found that there was a lymph node enlargement in
22 the right hilum, the area in the middle towards the
23 middle of the chest where there's an influence of
24 lymph nodes and veins and blood vessels, and that
25 node looked to be involved by cancer, and the

1 radiologist felt that that represented a spread of
2 the cancer from the lesion that we discussed, that
3 four centimeter by three centimeter lesion to the
4 hilum, and -- and they also indicated that there
5 appeared to be lymph nodes in the mediastinum as
6 well. That's -- now, again, there's an official CT
7 Scan report, and we can cite the specifics of that
8 report, but that was a -- a summary of that
9 radiographic report.

10 Q This is fine. Now, are there studies that
11 you can do to extrapolate the growth rate of tumors?
12 Are they called staging or sizing studies?

13 A No.

14 Q What are they called?

15 A No. If you're trying to extrapolate the
16 growth rate, that's not done by staging.

17 Q Okay.

18 A Staging reflects where the cancer is at any
19 given time, usually at the time of diagnosis. The
20 lymph, the T, the size of the tumor, the N, the
21 location of lymph nodes that might be involved, and
22 the M, the distribution of metastatic disease.
23 That's staging.

24 When you want to see about the growth rate
25 of a tumor --

1 Q Right.

2 A -- you could make measurements any time you
3 want to between two different time points. It's how
4 we and attorneys interpret those measurements and --
5 and discerning -- trying to discern what they mean in
6 terms of growth rate. I, personally -- if you're
7 getting into doubling time, I -- I don't subscribe to
8 doubling time theories except under very, very
9 specific circumstances.

10 Q Now, staging, though -- and, again, forgive
11 me for my poor use of -- of words and language -- but
12 -- and my understanding is that you have both
13 clinical staging --

14 A Yes.

15 Q -- which is externally from the body coming
16 up with --

17 MR. WILLIFORD: Excuse me. I hate to
18 interrupt. I -- I just can't hear anything, and
19 if I need to call someone's --

20 MR. MANN: Yeah. Call --

21 MR. WILLIFORD: -- iPhone or something, I'd
22 be more than happy to do that. I hate to
23 interrupt.

24 MR. MANN: Give me two seconds. Let's take
25 a -- we'll just stay on the record. Hold on one

1 second.

2 MR. WILLIFORD: Yeah. No problem.

3 MR. MANN: Pick it up, David.

4 MR. WILLIFORD: All right.

5 MR. MANN: All right. Hold on. Okay. Hold

6 on one second. I'm going to see if we can make

7 this better. Hang on.

8 UNIDENTIFIED PERSON: Hello?

9 MR. MANN: Hi. Do I have both of you?

10 MR. WILLIFORD: Yes.

11 UNIDENTIFIED PERSON: Yes.

12 MR. MANN: All right. Let's see if this is

13 better.

14 UNIDENTIFIED PERSON: No. You don't have

15 me. I cannot hear you not on my cell phone.

16 MR. MANN: I can hear you on the cell phone.

17 UNIDENTIFIED PERSON. You're not hearing me

18 on the cell phone. You're hearing me -- I'm

19 calling you right now on my cell phone.

20 MR. MANN: All right. We're going to have

21 to start over. Hang on. All right. One more

22 time, David. All right. Let me initiate the

23 call so that I can put both of you on, okay?

24 MR. WILLIFORD: Okay.

25 MR. MANN: Hang on one second.

1 UNIDENTIFIED PERSON: David, do you have an
2 iPhone?

3 MR. WILLIFORD: Yeah. I've got a Droid,
4 actually.

5 UNIDENTIFIED PERSON: Are you able to
6 conference me in from there?

7 MR. WILLIFORD: I've never done it on my
8 cell phone, but --

9 MR. MANN: Steve, I'm sorry. I forgot about
10 you.

11 UNIDENTIFIED PERSON: That's all right.
12 Well, Milton, if you call me, I can call David if
13 I get David's number.

14 MR. WILLIFORD: Okay. Sure. My -- ready?

15 MR. MANN: Wait, wait, wait. Hold on one
16 second. Steve call Greg, and I'll call -- I'll
17 call Steve and David, so hold on.

18 UNIDENTIFIED PERSON: Okay. You call me,
19 and I'll call Greg, okay?

20 MR. MANN: Okay.

21 UNIDENTIFIED PERSON: Okay. Try it now.

22 MR. MANN: All right. Yeah. I got you. Go
23 ahead and add him. Okay. Thank you.

24 THE WITNESS: Is that like a Halloween
25 telephone or something?

1 MR. MANN: Yeah, exactly.

2 UNIDENTIFIED PERSON: Hello? Hello?

3 MR. SMITH: You just need to hang that phone

4 up right there.

5 MR. MANN: David, I got you.

6 MR. WILLIFORD: Okay.

7 MR. MANN: Okay. What are you guys -- what

8 are you saying? Yeah. I got you on speakerphone

9 now. Can everybody hear or not?

10 UNIDENTIFIED PERSON: Yeah. I can hear.

11 MR. MANN: Is this an improvement?

12 UNIDENTIFIED PERSON: (Unintelligible.)

13 THE VIDEOGRAPHER: We can't hear them.

14 THE COURT REPORTER: We can't hear them.

15 MR. MANN: Oh, but they can't hear you.

16 We're going to have to go back to the other one.

17 We're going to have to go back to the other one.

18 How do I -- hands free?

19 THE COURT REPORTER: Yes.

20 MR. MANN: Is everybody still there? All

21 right. We're going to push forward, gentlemen.

22 MR. WILLIFORD: Okay. Sounds good. I can

23 hear a little bit better on the -- on the speaker

24 phone now.

25 MR. MANN: Okay. We're just going to push

1 forward. So anyway --

2 BY MR. MANN:

3 Q So anyway, we were talking about something,
4 and I apologize for that, trying to get a little
5 technical delay out of the way, but we were talking
6 about staging studies, and -- and my understanding is
7 that there's both a clinical and pathological
8 staging --

9 A That's correct.

10 Q -- is that correct? Okay. And we don't
11 have one of those two pieces of information in this
12 case, do we?

13 A Well, which -- which piece are you
14 suggesting we don't have?

15 Q A-- a pathological staging study.

16 A At what date are you talking about?

17 Q At any date. Do we have one or not?

18 A Yes, we do.

19 Q Okay. Tell me about that.

20 A Well, the -- there was a -- there were two
21 procedures apparently done. There was a needle
22 biopsy --

23 Q Okay.

24 A -- that was done 8/26/2010, and this -- this
25 confirmed the presence of a -- of a lung tumor. That

1 was apparently a lung biopsy, and if I remember
2 correctly, there was another biopsy done at a later
3 time, slightly later time and frozen metastatic, so
4 there was another biopsy done, there was a pathology
5 report on 10/1/10, and this showed frozen metastatic,
6 and this showed a lymph node biopsy, and that showed
7 metastatic large-cell carcinoma compatible with the
8 lung primary.

9 Q And which report are you referring to there?

10 A Pathology report dated 10/1/2010.

11 Q 10/1/2010. Okay. And so did you -- did you
12 come up with an opinion -- a staging opinion based
13 upon those pathological reports?

14 A Well, not only I did, but the treating
15 physician did.

16 Q Okay. And what is it that you came up with?

17 A Well, he came up with a staging of T2 N3.

18 Q Okay. All right.

19 (Interruption.)

20 MR. MANN: One second. I'm sorry.

21 Yeah. We've got to move forward. We've got
22 to get this deposition done. Yeah. Just tell
23 him you all can call the front desk if the front
24 desk is out there, okay? All right. I'll call
25 you on a break. Thank you.

1 BY MR. MANN:

2 Q All righty. Okay. So anyway, and is that
3 -- is that the information that you're saying in
4 Paragraph 8? Is that where you're coming up with
5 that, Doctor?

6 A Yes, and that was the staging of the
7 treating physician as well.

8 Q Right. Okay. And that also goes back up to
9 7 as well, that's your -- your T2 N3?

10 A Yes, sir.

11 Q Okay. Now, let's talk about Paragraph 7 for
12 just a minute, okay? What is squamous cell
13 carcinoma? What is it?

14 A Squamous cell carcinoma is a carcinoma of
15 the epithelial, that is the surface lining of the
16 lung. Squamous cells are a type of covering that we
17 see --

18 (Interruption.)

19 THE VIDEOGRAPHER: It's 4:47. We're going
20 off the record.

21 (A short break was taken, and the deposition
22 continued as follows:)

23 THE VIDEOGRAPHER: It's 4:48. We're back on
24 the record.

25 THE WITNESS: Okay.

1 BY MR. MANN:

2 Q All righty. So anyway, let's go back to
3 Paragraph 7. We were talking about -- and -- and,
4 again, just trying to educate me a little bit --

5 A Sure.

6 Q -- so forgive me. I've done a little
7 research but --

8 A Okay.

9 Q -- I need you to help me a little bit.

10 A I'm with you.

11 Q My understanding is that there's two main
12 groups of lung cancer, small-cell and non small-cell.

13 A Well, that's -- that's an unfortunate
14 division, but very often, we -- think of that.

15 Q Okay.

16 A It would be like calling other -- it would
17 be calling everybody else in the room a non Milton.

18 Q Okay. And -- and that's fine, but, again,
19 looking at, you know, literature produced by the
20 American Lung Association, they seem to break it into
21 two main groups and then subdivisions of those main
22 groups.

23 A That's correct.

24 Q Okay. So is -- is that not accepted, or --
25 or -- it -- it seems like it's not accepted.

1 A It's quite conventional.

2 Q It's quite conventional?

3 A Yes.

4 Q All right. We're not dealing with a
5 small-cell cancer here in this case?

6 A We are not.

7 Q Okay. So we're dealing with non small-cell
8 cancers?

9 A Yes.

10 Q Does -- what kind of cancer does Mr. Bruce
11 have?

12 A Well, Mr. Bruce, as you know, had a number
13 of different diagnoses during the course of his
14 original diagnosis, because it takes a little bit for
15 the pathologist, based on molecular markers which
16 were done, to further define the subtype of a cancer,
17 and there are markers for, as you know, a typical --
18 the three types of non small-cell cancer or large
19 cell, adenocarcinoma and squamous cell carcinoma.
20 Sometimes large-cell sometimes represents kind of a
21 wastebasket of things when they're not clear -- when
22 it's not -- not clear, so they did some molecular
23 markers, and when they did those molecular markers,
24 they felt that this was more likely to be a squamous
25 cell carcinoma than an adenocarcinoma, so the

1 pathologist leaned toward calling this a squamous
2 cell carcinoma.

3 Q In this paragraph, you reference both. You
4 reference squamous and large-cell.

5 A Well, because I was reflecting the
6 pathological diagnosis as they were temporally
7 presented in the course of Mr. Bruce's disease.

8 Q Okay. So that -- that's not an
9 inconsistency in the paragraph?

10 A Oh, no, no.

11 Q Okay. That's fine. And what -- the -- the
12 final pathology report -- what did it indicate that
13 his cancer is?

14 A Well, as I told you, that once the molecular
15 markers were sorted out, presumably with a little bit
16 of hesitation, he -- the pathologist said that this
17 favored squamous cell carcinoma.

18 Q Have you ever seen a report that said that
19 it was adenoid squamous carcinoma?

20 A Yeah, yeah, yes, I did.

21 Q Okay. And that's what you're referencing,
22 then?

23 A Well, No. I'm referencing the final
24 pathology determination.

25 Q Okay. Now, again --

1 A Because the markers were somewhat mixed.

2 Q I got you, but -- and, again, for my
3 educational purposes, what -- is -- you know, do each
4 of these types of cancers -- are they each
5 accompanied by different survival rates?

6 A To some extent. To some extent.

7 Q And -- which have a higher survivability
8 rate?

9 A They're not always -- remember that
10 survivability depends on how they're tried, where the
11 tumor is, when you get it, comorbidities and a lot of
12 different things, so you're making a big, big lumping
13 when you say, hey, what does better.

14 Generally, squams -- squamous does a little
15 bit better, and sometimes, adenos do a little worse.

16 Q Okay. And, again, when you --

17 A Now, that's changing now that we're learning
18 how to treat squams and adenos with a little bit more
19 quote, unquote, personalized medical approach to the
20 -- with respect to their molecular biology, so the
21 rules are changing.

22 Q In -- in -- I'm glad you brought that up,
23 because it did trigger another question in my mind.
24 In the last 24 months, have there been changes in the
25 pathology capabilities of diagnosing these cancers?

1 A To some extent, the answer is yes.

2 Q Okay. And are you finding instances where
3 the same pathology material is being rediagnosed and
4 coming up with different and -- and newer information
5 due to these new tests that are available?

6 A Yeah. Not so much with squamous cell
7 carcinoma --

8 Q Okay.

9 A -- but certainly with adenocarcinoma, we're
10 minding refinements that are -- that are significant,
11 and they don't necessarily change the diagnosis of
12 adenocarcinoma, but they change the sub subtype, two
13 subs.

14 MR. WILLIFORD: I --- I hate to interrupt
15 again. I know you all are probably getting
16 frustrated by this, but I just can't hear at all.
17 It doesn't just kick off, it actually cuts out
18 for 80 percent the of questions or answers. I
19 can try calling Blake Smith's cell phone or
20 somebody else's cell phone and just getting off
21 this conference call and just -- do you want to
22 do it that way? Would that -- would that work?

23 MR. MANN: But -- but the problem -- David,
24 the problem that we're experiencing is the court
25 reporter can't hear you then, and --

1 MR. SMITH: Yeah. Try -- try -- David, try
2 calling my cell, and let's just see if it works.
3 You have it, right, or -- or --

4 MR. WILLIFORD: Just give it to me real
5 quick. I'm sure I do, but --

6 MR. SMITH: 979-2044.

7 MR. WILLIFORD: 979-2044?

8 MR. SMITH: Yeah.

9 THE VIDEOGRAPHER: Should we go off the
10 record?

11 MR. MANN: But -- no. Let's don't go off.
12 We're going to keep moving, but maybe hit the
13 mute on your desk phone and maybe see if you can
14 supplement with the other, okay?

15 MR. WILLIFORD: Yeah. Let me try that. I'm
16 -- I'm so sorry. The last thing I want to do is
17 interrupt you guys. I'm just going to have to do
18 it. If I can't hear, I can't hear. All right.
19 Give me one second.

20 MR. MANN: Listen, I'll call you in a
21 minute.

22 BY MR. MANN:

23 Q All right. Moving back to where we were.
24 So anyway -- so there have been -- there have
25 been progressions?

1 A You mean -- you mean progress?

2 Q Progress.

3 A Yes.

4 Q Progressions. Either -- either -- either
5 word you would like to use, okay?

6 MR. MANN: And, again, trying to get up on
7 the phone so we can speak a little louder.

8 MR. WILLIFORD: Hello?

9 MR. MANN: You got us?

10 MR. WILLIFORD: I got you.

11 MR. MANN: Maybe hit mute on your desk
12 phone.

13 MR. WILLIFORD: Let me see if I can do that.
14 All right. I turned mine off. If I need to call
15 back in, I can do that. So I'm on my cell phone
16 now.

17 MR. SMITH: Okay. We can hear you good.
18 All right.

19 MR. MANN: Thank you, David. All right. If
20 you can hear me, I'm going to move forward just a
21 little bit, okay?

22 BY MR. MANN:

23 Q All right. And so then you basically came
24 up with the -- the final two parts of your opinions,
25 Dr. Sokol, and those are expressed in Paragraphs 9

1 and 10; is that correct?

2 A Yes, yes.

3 Q Okay. And -- and to kind of summarize what
4 I believe is, and that is that if he would have been
5 given the benefit of information from the chest X-ray
6 of January 26, 2010, had a biopsy that would have
7 revealed a 1.8 centimeter, he would have had a better
8 than 50-percent chance of survival?

9 A Yes.

10 Q All right. And you would agree with me
11 important in that opinion is that the density of the
12 tumor was 1.8 centimeters?

13 A When you say the density --

14 Q Or excuse me -- the size.

15 A Yeah. You're referring to the density as --
16 as the tumor.

17 Q I understand. I'm using the word from the
18 affidavit -- from your affidavit, okay?

19 A Got you. Yes. Right.

20 Q It says 1.8 centimeter density.

21 A Yes, exactly.

22 Q Okay. You would agree, though, that that
23 1.8 measurement is important as it relates to your
24 opinion, correct?

25 A Yes. The size -- the size is significant.

1 Q Okay. Would -- would your opinion on the
2 50-percent survival rate change if the size was over
3 two centimeters?

4 A No. My opinion would still be that it would
5 be more likely than not curable.

6 Q Okay. What -- what would -- what is your
7 parameters? At -- at what point would change that
8 50-percent survival rate?

9 A Well, certainly, the presence of lymph nodes
10 would change that.

11 Q Okay. But no, I'm talking about just size.

12 A And, you know, a tumor -- once you get to
13 maybe four centimeters or three-and-a-half
14 centimeters, maybe on the lowest side, the lowest
15 might -- might begin having a -- a -- a worse
16 prognosis, but usually five centimeters, we -- we
17 would -- we would generally -- or four or five, and
18 it's not typically broken down, you know, with that
19 refinement, but -- but that size tumors are much --
20 the survivability drops once you get closer to four
21 or five centimeters for a pulmonary tumor.

22 Q Okay. Now, did you take into consideration
23 his COPD?

24 A With -- I took into consideration his COPD.

25 Q Okay.

1 A And I have his pulmonary function studies
2 which I recorded, and as a matter of fact, the
3 pulmonary function studies here basically showed that
4 he had moderate airway obstruction, so I'm not so
5 sure that even these pulmonary function studies would
6 have precluded him from having surgery.

7 Q What other health risks and factors did he
8 have?

9 A Well, he did have pulmonary -- pulmonary
10 obstructive chronic -- chronic obstructive pulmonary
11 disease, and he had cardiovascular disease, and --
12 let's just say I wrote down all of them -- and he had
13 some polyps, and he had rhinitis, and he had
14 hemorrhoids, and he had macular degeneration, and he
15 had a carpal tunnel syndrome, and I mentioned his
16 heart disease. He had some high blood pressure. He
17 had Type 2 diabetes. In other words, he was kind of
18 the typical 66-year-old gentleman.

19 Q And then none of those things impacted that
20 50-percent survivability?

21 A It's not like likely that any of those
22 things would have killed him in the subsequent five
23 years. Not to say that they couldn't have, but
24 they're just unlikely.

25 Q What is -- you -- you referred to it a

1 minute ago, but let me see if I can -- you referred
2 to your notes --

3 (Interruption.)

4 THE VIDEOGRAPHER: It's 5:01. We're going
5 off the record.

6 (A short break was taken, and the deposition
7 continued as follows:)

8 THE VIDEOGRAPHER: It's 5:06. We're back on
9 the record.

10 BY MR. MANN:

11 Q Dr. Sokol, you had told me that you have
12 expanded your personal notes, and you were kind
13 enough to keep them all together on the same sheet of
14 paper, and I've -- we need a copy of this --

15 A Sure.

16 Q -- to help all of us, so I've went ahead and
17 marked this as Exhibit 8. I just have one or two
18 small little questions.

19 A Okay.

20 (Exhibit Number 8 was marked for
21 identification.)

22 BY MR. MANN:

23 Q What is FNA, this up toward the top?

24 A That stands for fine needle aspirate.

25 Q Okay. And I kind of thought that. And that

1 played a role in coming up with your opinion?

2 A Well, it was a pathological specimen.

3 Q Correct. And let me look at this for just
4 another second. And your new notes -- tell me how
5 the new notes came into being. Did you go back and
6 just look at the chart some more or the records?

7 A Yeah. I just went back, and knowing your --
8 your thorough deposition methodology, I went through
9 and reread every single page and -- and expanded the
10 notes, not that there's anything different here or my
11 opinions are different, like for instance, I included
12 the pulmonary function studies, because I figured,
13 well, you're -- a guy of your thoroughness would ask
14 about pulmonary function studies, so --

15 Q And -- and -- and your kindness is well
16 received thank you. So anyway, but going back before
17 we move off of your affidavit, before we leave that
18 behind, is -- is that a fair representation of all of
19 your opinions within this case?

20 A This?

21 Q Yes, sir, your affidavit.

22 A Minus the -- minus the areas that we will
23 not be discussing today.

24 Q The standard of care areas?

25 A Yes, sir.

1 Q Okay. But as far as causation and -- and --
2 and the medical aspect that you're offering opinion
3 testimony within this case, it's still a good
4 summation?

5 A Yes, sir.

6 Q Okay. Does anything -- as we sit here
7 today, does anything need to be changed, modified,
8 put in a -- in a -- in a different light, or is that
9 -- is that something that -- that can --

10 A Well, in -- in 7, you know, it could be a
11 little more accurate. It says underwent a needle
12 biopsy on 8/26, which revealed a T2, and that should
13 say ultimately revealed, you know, because it -- that
14 -- that just biopsied the tumor, so it didn't really
15 provide a staging, so that might be a little bit more
16 correct to put it that way.

17 Q And that's more of a verbiage issue?

18 A To some extent, yes, sir.

19 Q Okay. All right. Now Paragraph 11 --

20 A Scratch it.

21 Q We're -- we're -- we're taking that out of
22 the mix as well?

23 A Yes, sir.

24 Q So anyway -- so we don't have to worry about
25 that?

1 A Yes, sir.

2 Q Okay. All right. We went through your CV?

3 A Yep.

4 Q I think we talked about it real well. Let
5 me move to a couple of other little things. I've got
6 more notes than you can shake a stick at. And --
7 and, again, let me -- these are just more
8 housekeeping questions, so forgive me --

9 A Okay.

10 Q Number one, we've touched on the -- on the
11 basis that you're not board certified as a diagnostic
12 radiologist.

13 A Correct.

14 Q And you would, of course, have to review the
15 information and on a case-by-case basis to make a
16 determination if you would defer to a clinical
17 diagnostic radiologist?

18 A Well, right. Sometimes I have opinions that
19 might be a little different, and sometimes you
20 provide a diagnostic radiologist additional
21 information when you realize that their diagnosis
22 doesn't comport with the clinical circumstances, and
23 then sometimes they change their opinions.

24 Q And -- and you've read that before, I'm
25 sure, clinical correlation requested?

1 A Yes, sir.

2 Q And -- and they will pass the buck back to
3 the clinician sometimes?

4 A Yes, and then we'll -- we'll go make a
5 little visit and go over the films together.

6 Q All right. But you do view yourself as a
7 clinician?

8 A Oh, obviously.

9 Q Obviously.

10 A Yeah.

11 Q And they do their thing. You're not a board
12 certified pathologist?

13 A Correct.

14 Q Okay. You use reports, of course, from
15 board certified pathologists?

16 A Yes, sir.

17 Q And you would defer to them, for the most
18 part, in the areas where they are providing reports
19 in their area of expertise?

20 A Yes, sir.

21 Q And, again, just housekeeping, you have
22 never met Mr. Bruce, have you?

23 A Mr. --

24 Q Bruce, the person that --

25 A No, sir, I have not.

1 Q And -- and you've not done any type of
2 examination of him?

3 A No, I have not.

4 Q You've not done any --- undertaken any
5 diagnostics of -- of -- of any samples or other
6 things other than what we've reviewed and looked at?

7 A I have not.

8 Q Since our last deposition, have you been
9 provided with any additional paperwork?

10 A Someone had those records. I -- I didn't,
11 so I mean, I just got another copy of the records,
12 but they're the same records.

13 Q Okay. But I just -- you didn't get
14 Dr. Feldman's deposition, did you?

15 A No, sir, I didn't.

16 Q Okay. And -- and again today, I haven't
17 seen, but I'm going to ask. You have a --

18 (Interruption.)

19 THE WITNESS: Sokol.

20 THE VIDEOGRAPHER: It's 5:12. We're going
21 off the record.

22 (A short break was taken, and the deposition
23 continued as follows:)

24 THE VIDEOGRAPHER: It's 5:13. We're back on
25 the record.

1 BY MR. MANN:

2 Q All right. And Dr. Sokol, I guess in
3 summation of what I was trying to ask about Mr. Bruce
4 and your relationship with him, you've not taken any
5 efforts to independently diagnose him?

6 A I have not.

7 Q Okay. Have you consulted by telephone,
8 e-mail or otherwise with any of his treating
9 physicians?

10 A I have not.

11 Q And so the information that you've reviewed
12 has either been information provided to you I believe
13 through Mr. Bruce's attorneys, correct?

14 A Yes, the medical records.

15 Q And I believe there was a summation letter
16 that you received?

17 A Well, you mean on the original submission of
18 the case?

19 Q Yes, sir. Let's -- let's look at that.

20 A Okay.

21 Q And did you review that letter before?

22 A Of course. I saw it when it was sent.

23 Q Okay. There's some marks on that letter in
24 pen, in particular on the second page. Were -- were
25 those your marks?

1 A Probably.

2 Q Okay.

3 A Looks like my hand scratching.

4 Q All right. And who was that letter
5 addressed to?

6 A Ellen -- Ellen Rieback, RN.

7 Q Okay. And who is -- who is Ms. Rieback?

8 A Apparently, Ms. Rieback is someone who knew
9 counsel and -- and helps them screen these cases, and
10 -- and I know Ellen Rieback, and -- and Ellen Rieback
11 thought that I might be a good guy to review this
12 particular case because of my training and
13 experience, so apparently, Ms. Rieback called him or
14 -- or his organization and suggested that if they're
15 looking for somebody, I might be a reasonable
16 candidate to review those records and opine about his
17 specific issues.

18 Q Did -- and looking at Exhibit Number 2,
19 that's the original of the -- of the letter that was
20 sent to her, correct?

21 A Apparently so, yes.

22 Q So would then she in turn forward the
23 records to you?

24 A I'm not too sure. I got these records from
25 counsel.

1 Q Okay.

2 A I'm not sure where the original records came
3 from.

4 Q All right. I was just curious how you got
5 the original letter from her.

6 A Yeah. That must have been -- it must have
7 been sent with records or something. I'm not sure,
8 to tell you the truth.

9 Q How long have you known Ms. Rieback?

10 A Couple of years, maybe.

11 Q Okay. In that time, about how many cases
12 has she thought you would be a good guy for?

13 A I'm trying to -- maybe five over the last
14 two years, six. She -- she calls me maybe once every
15 two weeks or once a month and asks me about
16 something, and usually, I just turn them down, and I
17 usually tell her, hey, this doesn't seem like
18 anything that -- that's worth me looking at.

19 Q The actual X-rays -- did you look at
20 Mr. Bruce's actual X-rays or CT Scans?

21 A I -- I can't remember looking at his
22 original CT Scans or his X-rays.

23 Q So to the best of your knowledge, you have
24 not looked at them?

25 A To the best of my knowledge, I -- I don't

1 remember doing so. This case has been lingering for
2 a year. I can't tell you I didn't do it or it didn't
3 come, but I haven't looked at them in my memory. Did
4 you send them? I just don't remember. I don't think
5 so. I don't remember seeing them.

6 Q Well, I'm just -- if you do. And you don't
7 have a copy of them here with you today?

8 A No, no.

9 Q Okay. The pathology reports -- I -- I think
10 you did indicate that you ultimately got copies of
11 those and reviewed them?

12 A Yeah. I have them, sure.

13 Q Okay. All right. And, again, I'm going to
14 try to keep this thing rolling down the road.

15 Tell me, Dr. Sokol, is -- is medical
16 literature important in providing opinion testimony?

17 A The answer is yes, and sometimes no.

18 Q Okay. You have not offered any medical
19 literature in this case, have you?

20 A I was not asked to do so.

21 Q Okay. I've got --

22 MR. MANN: And I think -- Blake, can I
23 borrow one of those?

24 MR. SMITH: Yes, sir.

25 MR. MANN: We've marked one of these,

1 haven't we?

2 MR. SMITH: Exhibit 8.

3 MR. MANN: Exhibit 8.

4 MR. SMITH: 7.

5 MR. MANN: 7. All right.

6 (Exhibit Number 7 was marked for
7 identification.)

8 BY MR. MANN:

9 Q I'm going to --

10 MR. MANN: Is it down there? I'm sorry. I
11 just don't want to get our exhibits all mixed up
12 here. I'm going to move this stuff out of the
13 way.

14 BY MR. MANN:

15 Q Dr. Sokol, I'm going to -- and I think
16 you've already heard that I've got this and that I
17 want to talk about it. Let me show this to you, and
18 I'm going to represent to you a few things about
19 these records. The first thing that I'm going to
20 represent to you, that these are all front pages of
21 depositions that you have given.

22 A Okay.

23 Q The second thing I'm going to represent to
24 you is that there's 64 of them.

25 A Well, you must be missing a few.

1 Q I would suspect that I probably am, and I'm
2 going to ask you to help me with that, if you don't
3 mind.

4 A I'll do the best I can.

5 Q All right. Here's -- here's what I would
6 like to -- to do, and you tell me the best way to do
7 this. I don't want to go through each one of these
8 and ask you three or four questions about each one.
9 That's going to take forever. Would you agree with
10 that?

11 A Whatever you'd like to do.

12 Q So what I'm going to try to do is ask you
13 about these as a group of depositions, okay?

14 A Okay.

15 Q And I'm going to make some representations,
16 and you can tell me you would either accept that or
17 not accept them, and then we can decide as how best
18 to proceed.

19 A Okay.

20 Q All right. The first thing that I'm going
21 to represent is that there's 64 deposition front
22 pages there. Would you accept that?

23 A Yeah, I -- over what period of time?

24 Q The date's speak for themselves.

25 A Okay. Because I see some of these are

1 almost 20 years old.

2 Q Oh, absolutely, absolutely. They go from
3 '84 to 2010.

4 A Yeah.

5 Q You're right.

6 A So 30 years almost, and that's how long I've
7 been doing reviews.

8 Q Absolutely. I agree with you.

9 A Okay. I'm with you.

10 Q Okay. But I will represent to you that of
11 the 64 -- they have been reviewed.

12 A Yes.

13 Q You testified on behalf of the plaintiff in
14 every single one of these cases?

15 A That is correct.

16 Q Okay. I will also represent to you --

17 A And that's likely to be the case.

18 Q Thank you. I will also represent to you in
19 all 64 of these cases, you never supplied a piece of
20 medical literature in all of them.

21 A That may or may not be the case.

22 Q Okay.

23 A I'm very able and willing to provide medical
24 literature at any time when asked to do so.

25 Q Okay.

1 A But for some reason, the courts themselves
2 really are -- they -- they denigrate literature, and
3 they make it extremely difficult to present
4 literature that I believe is very supportive and
5 appropriate, so that's not me you're talking about.
6 You're talking about the system.

7 Q Okay. Well, let's talk about you, and --
8 and I'm going to represent to you that all 64 of
9 these have been gone through with a fine-toothed
10 comb, and you did not provide a piece of medical
11 literature in all 64 cases, and -- and so let me ask
12 you a question, okay? Let me ask you a question.
13 I'd like you to have the opportunity, if you would
14 like to, to review all 64 of these depositions and
15 decide if you did or did not provide medical
16 literature, and --

17 A Well --

18 Q -- and we can just do that by maybe even a
19 simple affidavit or something of that nature. I
20 don't really care, but my representation to you is
21 that no medical literature has ever been supplied in
22 any deposition that I've been able to find of yours,
23 okay?

24 A Quite honestly, I find it hard to believe --

25 Q Okay.

1 A -- but -- but having said that, I told you
2 why it might not be surprising if those 64 cases do
3 not contain medical literature, but I'm sure -- as a
4 matter of fact, I'm positive that I could provide
5 depositions that I did give --

6 Q Okay.

7 A -- that did have literature, and not only
8 had literature but were Frye tested --

9 Q Okay.

10 A -- so -- so if you're --

11 Q That's next.

12 A Well, if you're --

13 Q You're jumping ahead, but -- but go ahead.
14 Feel free to jump ahead. That's next.

15 A Well, okay, but I -- I would not want
16 anybody to get the opinion that if there's not
17 medical literature in any of those cases, it's not
18 because I chose not to submit them.

19 Q Okay. And, again, all I can do is tell you
20 what I've been able to find.

21 A And all I can tell you is my intent and my
22 ability and my desire to document what I believe to
23 be the truth --

24 Q Very good.

25 A -- and I am happy to provide medical

1 literature on this case if you ask me to.

2 Q Okay. That is up to plaintiff's counsel,
3 but anyway, moving back to these 64, so here's --
4 here's what with Blake -- excuse me -- Mr. Smith --

5 A Was that Frye test case one of the 64?
6 Obviously you missed one.

7 Q I'll let you look.

8 A Okay.

9 MR. MANN: Here's -- here's what I'd like to
10 do. I'm going to send you all of these, okay,
11 and if -- if Dr. Sokol feels it necessary to say
12 that there's medical literature provided in any
13 of these, could he just do that by a simple
14 affidavit so we don't have to keep his deposition
15 open?

16 MR. SMITH: Sure.

17 MR. MANN: Is -- is that fair?

18 MR. SMITH: That's fair.

19 MR. MANN: Because I do want him to have an
20 opportunity to respond as he feels necessary, but

21 I -- I --

22 BY MR. MANN:

23 Q I will save you some time. No. No medical
24 literature, sir.

25 A Okay.

1 Q Okay. All right. So -- but moving back to
2 -- moving back to the point you brought up --

3 A Yes.

4 Q -- okay. Two things, number one, if you are
5 going to provide medical literature, that's fine.
6 Please do so. I'd love to see it, okay?

7 A Okay.

8 Q And I will continue the deposition if you
9 provide medical literature.

10 A I thought you were going to provide medical
11 literature for me to go over today.

12 Q I'm -- I've -- I've got my medical
13 literature, Doctor.

14 A Okay. I'm happy to review your literature
15 as well.

16 Q It's been provided, and that's up to
17 plaintiff's counsel as well.

18 A Okay.

19 Q So anyway -- but moving back to where we
20 are. If you -- if would like to provide medical
21 literature, that's between you and your employer. I
22 will --

23 MR. SMITH: I -- I object to the form of
24 that question. I am not his employer.

25 MR. MANN: Excuse me. Excuse me. I -- I

1 will -- I will retract that.

2 BY MR. MANN:

3 Q I will allow that to be between you and --
4 and plaintiff's counsel that have retained you to
5 provide expert testimony.

6 A Got you.

7 Q And if -- if they see the need for you to
8 provide medical literature, we'll -- we'll come back
9 down and talk some more. I like Florida.

10 A Okay.

11 Q Or maybe D.C. next time. It doesn't matter.
12 So with all that said, that's where we are on that.
13 But now --

14 A I keep this?

15 Q Yes, sir. That's -- that's your personal
16 copy. I've already put one in as an exhibit, and
17 you're welcome to keep that. But, now, you did --
18 you did jump ahead, and -- and I really would like to
19 ask two things of you.

20 A Okay.

21 Q Number one, could you provide me with two or
22 three depositions where you have provided medical
23 literature?

24 A I -- do you have that Frye case, because it
25 raised a big thing in Florida. There was -- you

1 know, because it was -- so it was a case, but it was
2 a long time ago.

3 Q Was that Lake Lytal's case?

4 A I'm sorry?

5 Q Lake Lytal -- was that Lake Lytal's case?

6 A I think so. That might have been the case.

7 Q Yeah. I talked to Lake, but anyway --

8 A Good, good. So obviously, I provided
9 literature for that.

10 Q I -- I don't have that deposition, but --
11 but good doctor, I'm going to send a request to
12 plaintiff and -- and ask for not a lot, two or three,
13 two even.

14 A Yeah. There's one.

15 Q I'd -- I'd like at least two.

16 A And I -- I gave -- by golly, I think I gave
17 a deposition down in -- recently, like, in the last
18 three or four months, and had a lot of literature,
19 and there was also a case in Boston where I went over
20 bocu [sic] literature. That was actually a case that
21 involved Harvard University. I had stacks of
22 literature, and that was -- that was in Boston, and
23 it was a Boston case. I had stacks of literature.
24 The literature was cited in court, I might add, but
25 the judge would not let me go beyond the title and

1 the author. Don't ask me why.

2 Q Well, we'll -- we'll -- moving ahead --

3 A So there's your two cases.

4 Q Well, I haven't received it yet, but I'm
5 going to send plaintiff's counsel a request --

6 A Okie dokie.

7 Q -- so you know exactly what we're looking
8 for --

9 A Okie dokie. Sure.

10 Q -- and what we're looking for, and -- and I
11 would love to have copies of those depositions --

12 A Well --

13 Q -- literature, whatever. I would like it,
14 too, but definitely depositions.

15 A Sure, sure.

16 Q Another thing that I would like to -- you
17 know, going back to our stack of depositions here,
18 I'd love to see a deposition you've given on behalf
19 of a defendant.

20 A Oh, okay. Well --

21 Q Is that possible?

22 A Well, because I give very few -- usually --
23 usually, they don't come to deposition, because in
24 most of the defense cases, when I take it, it's --
25 it's so definitive that -- that usually, it -- it

1 just usually gets dropped. That's what usually
2 happens in the defense cases. I gave a deposition
3 for the State of Wisconsin on a case, and that was a
4 few years ago. You know, maybe you can dredge that
5 up. It was the State of Wiscon -- somebody suing the
6 State of Wisconsin, and that was a defense
7 deposition, but I don't get that many defense cases
8 for some reason. You know, if I work for these guys,
9 I don't get cases from you guys, but that was a --
10 that was a deposition, and you're more than welcome
11 to go over it.

12 Q Well, here's -- here's what I'll do. I'm
13 going to send a proper request --

14 A Sure.

15 Q -- you know what I'm looking for --

16 A Okie dokie.

17 Q -- plaintiff's counsel, and I think --

18 A Okay.

19 Q -- I think I've paid you for your time so
20 far, and I'll continue to pay you for your time.

21 A Well, that's very considerate.

22 Q And -- and if you can produce those things,
23 I would like to have them.

24 A Okie dokie. Well --

25 Q Just two or three with medical -- you know,

1 medical literature --

2 A I don't keep depositions, so --

3 Q That's fine.

4 A -- you know, I could just give you the --

5 the rough time period and the --

6 Q Well, I'm -- I'm going to send a request --

7 A Okay.

8 Q -- for information that will potentially

9 lead me, and we'll go from there, okay?

10 A Okay. That's okay.

11 Q And -- and maybe between now and then, you

12 can remember either attorneys' names or cases or --

13 or -- or -- or maybe even dig in your records and

14 find something better, but I appreciate it.

15 A Yeah, sure.

16 Q And you know why I'm asking.

17 A I -- I -- I --

18 Q You know why I'm asking.

19 A -- certainly have a good idea.

20 Q Okay. It's because I believe there's a

21 little bit of a prejudice, and --

22 A I -- I -- that is wrong.

23 Q Okay.

24 A That's absolutely incorrect.

25 Q But, I mean, that's why I'm asking.

1 A Well, of course you're asking for that
2 reason. I have no prejudice --

3 Q All right.

4 A -- about that, and I would love to have more
5 defense cases that I could defend.

6 Q Okay. And I'm giving -- again, I'm not
7 hiding behind the question. I mean, I'm giving you
8 an opportunity to respond, Doctor, so I'm really
9 trying --

10 A I'm with you 100 percent, but I can't -- I
11 can't explain why guys like you don't send me cases.

12 Q Okay. All right. Let's talk about a couple
13 of other quick things. And, again, I think we're
14 making good progress here.

15 A Okay.

16 Q Now, our last time we got together was I
17 think February 24th, 2012, correct?

18 A Whatever it was. I --

19 Q I -- I believe that that's it. I believe my
20 date's accurate. You had another deposition with
21 Jamie DeMint the day before that?

22 A I did, yeah.

23 Q And that was in the David Gilliam case?

24 A Correct.

25 Q All right. And I think Spencer King was one

1 of defense attorneys in that case.

2 A Could have been. I -- I don't remember his
3 name.

4 Q I can't remember if Billy Gunn was involved,
5 too, but I know Spencer was, okay? You billed for
6 your services for coming and testifying at that
7 deposition, didn't you?

8 A I presume so.

9 Q Okay. And -- and you billed plaintiff's
10 counsel for that?

11 A Billed plaintiff's counsel. .

12 Q Correct.

13 A Because it was my understanding that they
14 were paying for it.

15 Q Okay. How often do defense attorneys
16 actually pay for your depositions?

17 A Rarely.

18 Q Okay. So -- so our paying is a little bit
19 atypical, correct?

20 A No. I just said that was the typical, no,
21 no. Quite the opposite. Usually, they pay for their
22 own depositions.

23 Q Okay. And that's kind of what -- you know,
24 kind of what I thought, but that didn't -- that
25 didn't happen in the David Gilliam case?

1 A I don't know who paid for it. I -- I sent
2 the bill, and it got paid. I -- I didn't look at who
3 paid it.

4 MR. MANN: Okay. All right. Give me two
5 minutes, and then I'm going to take a quick
6 break.

7 THE WITNESS: You're squashing my conscience
8 for taking breaks.

9 MR. MANN: That's my intent, Doctor. That's
10 my intent.

11 David, I'm going to call you right fast so
12 that you and I and Feldman can talk.

13 MR. WILLIFORD: Okay. Call my cell phone
14 (unintelligible.)

15 MR. MANN: Okay. I'm going to call -- I'm
16 going to call Feldman first, and then I'll call
17 you. Can we go off the record? I'm sorry. I
18 should have done that first.

19 THE VIDEOGRAPHER: It's 5:33. We're off the
20 record.

21 (A short break was taken, and the deposition
22 continued as follows:)

23 THE VIDEOGRAPHER: It's 5:46. We're back on
24 the record.

25

1 BY MR. MANN:

2 Q Okay. Dr. Sokol, we were talking earlier
3 about the 64 prior depositions.

4 A Yes, over those 30 years.

5 Q Over -- over 30. And -- and over those 30
6 years, how many depositions do you think you've
7 actually given?

8 A I don't count them, but 30 years?

9 Q Sure.

10 A One a -- one a month, two a month. I don't
11 know. 200, maybe.

12 Q Okay.

13 A Maybe more.

14 Q If -- if I told you that I've heard numbers
15 as high as 350 and 360, would that surprise you?

16 A I don't count them, but 30 years is a long
17 time. Maybe even longer, longer than 30 years, 34
18 years.

19 Q Okay.

20 A Yeah, so maybe it's -- maybe the number's
21 popped up a little bit.

22 Q Okay. But that wouldn't surprise you?

23 A No. I'd -- I'd show some eyebrow raising
24 that, gee, it's quite -- it's quite a record, quite
25 an accomplishment.

1 Q All right. And these are more of those
2 little housekeeping questions.

3 A Okay.

4 Q All right. Is -- is -- is there anything
5 that we've failed to cover today in -- that would
6 assist me in understanding your opinions in this
7 case?

8 A Well, like I say, if you want literature,
9 we'll get you literature, if that's what you would
10 like, and understanding your opinion, it's available.

11 Q I would -- I -- in response -- and thank you
12 for that statement, but in response, I would kind of
13 put it this way: If you have literature to provide
14 to plaintiff's counsel as requested, I, of course,
15 would like to see it --

16 A Well, my --

17 Q And -- and -- and let me --

18 A Sure.

19 Q -- make it easy. And so if literature does
20 come, I'm going to leave the deposition open if
21 literature's coming so we can chat, so that's --
22 that's my position. I think Blake would understand
23 that position, and I think that's a fair position.

24 MR. MANN: Is that --

25 MR. SMITH: I don't have any problem with

1 that. I think that since this is our second time
2 down here that any -- any -- we could do it by
3 phone. Is that agreeable?

4 MR. MANN: I -- I -- I'm in agreement.

5 MR. SMITH: All right. But I think it's
6 unlikely that I would be using literature
7 necessarily to support his position but would be
8 using it as cross-examination for experts that
9 you might employ.

10 MR. MANN: If --- if -- if during -- if Dr.
11 Sokol's testimony -- and by the way,
12 Dr. Sokol, we do have a trial date. Let me go
13 ahead and throw this out, too, January 7th. I
14 look forward to seeing you again. It will be up
15 in the lovely state of South Carolina, but if --
16 if -- if he is going to incorporate literature in
17 his testimony at trial, I would like to have the
18 opportunity in advance to go over it with him,
19 and it could be done during the trial, the day
20 before trial, whatever. I would just at least
21 like to be able to go -- go over it with him and
22 understand what he's talking bout. I would
23 rather not wait that late.

24 MR. SMITH: Sure.

25 MR. MANN: But that's -- that's --

1 MR. SMITH: I understand.

2 MR. MANN: David, is that a fair position?

3 MR. WILLIFORD: I think that's fair, and I
4 would agree.

5 MR. MANN: Okay. All right. Thank you.

6 THE WITNESS: Yeah. On the other hand, you
7 know, I don't want to be impugned for not having
8 literature when I offered to give it, and you say
9 you don't need it, so I wonder which way you want
10 to go on this.

11 BY MR. MANN:

12 Q It's not my call, Doctor. That's what I'm
13 telling you.

14 A Well, I understand. It's not mine either,
15 but I don't want you to think that because you
16 managed to find 64 depositions where there was no
17 literature that it wasn't because I wasn't willing to
18 offer it --

19 Q I -- I -- I -- I --

20 A -- in this particular circumstance.

21 Q Right. And -- and I'm an attorney. I have
22 to make inferences as best I can.

23 A Well, I understand that. If they're wrong
24 inferences --

25 Q Right.

1 A -- then I'm here to correct them, because
2 this is the deposition.

3 Q Yes, sir.

4 A I'm with you.

5 Q And you haven't provided medical literature
6 yet, and I'm here to hear about your opinions, and --
7 and -- and that's -- that's what I'm trying to do.

8 A Okay.

9 Q All right. So anyway, that catch-all
10 question -- anything else you want to add, Doctor?

11 A Nope.

12 Q Have you ever advised plaintiff's counsel of
13 problems with Mr. Bruce's claims?

14 A His claims? I don't know what his claims
15 are.

16 Q Weaknesses in your theories or opinions.

17 A No. Yeah. We've discussed them all today.
18 We discussed his lung problems, we've discussed his
19 comorbidities, and -- and -- and, really, that's --
20 that's really it.

21 Q These are catch-all questions. Forgive me.

22 A Yeah, sure.

23 Q And, again, if I don't ask, I don't know,
24 and so you never know. Sometimes nuggets fall out
25 when you don't expect them to.

1 A Of course.

2 Q Of course.

3 A I'm with you.

4 Q And -- and so that's -- you know, that's
5 kind of my question, and -- and I do think that at
6 least on two occasions, you had an opportunity to sit
7 down with plaintiff's counsel and discuss the case.

8 A Yes.

9 Q At least two occasions. And so what I'm
10 asking is, have -- have you ever told them of -- of
11 areas that you feel your opinions may be subject to
12 challenge?

13 A We've discussed it. We discussed it all
14 today.

15 Q Okay. All right. And -- and, again, I'm
16 asking a little bit different question. Have -- have
17 you discussed it with plaintiff's counsel outside of
18 this deposition?

19 A I think we've pretty much covered everything
20 that we discussed in this deposition.

21 Q Okay. All right. And that's what I'm
22 trying to find out. If I don't ask, I don't know.

23 A You've got questions, we have answers.

24 Q Pitch and catch.

25 MR. MANN: Doctor, I appreciate your time,

1 and I'm going to try to get us out of here early.
2 I believe that's all the questions, with one
3 small caveat, pursuant to counsel's understanding
4 on two subjects. Subject number one is that if
5 there is going to be standard of care opinions
6 offered by Dr. Sokol, I would appreciate having
7 the opportunity to examine him in South Carolina,
8 and I think that's our understanding, Blake?

9 MR. SMITH: Yes.

10 MR. MANN: The other understanding is that
11 if he is going to provide medical literature,
12 that I will have an opportunity to examine him by
13 telephone so that we could go over that hopefully
14 in anticipation of this testimony at trial.

15 MR. SMITH: Yeah. Probably, just for the
16 record, what I would agree to is doing --
17 normally, I would say we could do both by phone,
18 but the standard of care is not going to be an
19 issue in this case. This is a common knowledge
20 case in my opinion, and so we have not asked him
21 to formulate any opinions in that regard. Should
22 he do so, then we will let you know immediately
23 and allow you to redepose him.

24 MR. MANN: Okay. Thank you very much.

25 MR. SMITH: David, do you have anything?

1 MR. WILLIFORD: Let's take a very, very
2 short break, and Milton, will you call me.

3 MR. MANN: Let's just have this discussion
4 right here, David, is that okay, because I think
5 you and I have already talked about it, okay?

6 MR. WILLIFORD: Okay.

7 MR. MANN: I -- I want to protect our
8 record, okay, because I never want any issue on
9 appeal or anything to come up. David and I
10 technically are representing the last defendant,
11 and that's Greenville Pharmaceutical Research.

12 MR. SMITH: Okay.

13 MR. MANN: All right. I know the rules can
14 be interpreted that only one person can ask
15 questions on behalf their client. We're -- we're
16 -- we're putting this out there, Mr. Smith.
17 Please make a decision as to how you'd like to
18 proceed.

19 MR. SMITH: I don't have any problems at all
20 with Mr. Williford asking questions that he might
21 have thought of since you guys last spoke, so
22 David, if you would like to do that, you know, I
23 mean, I'm an open book, so if you want to ask
24 some questions, go ahead.

25 MR. WILLIFORD: All right. Milton, will you

1 then call me? We'll take a very short break, and
2 then I may or may not ask questions.

3 MR. MANN: Okay. Sound good, David.

4 THE VIDEOGRAPHER: It's 5:55. We're going
5 off the record.

6 (A short break was taken, and the deposition
7 continued as follows:)

8 THE COURT REPORTER: Let me just ask, do you
9 want to read or waive, Doctor?

10 THE WITNESS: I don't think there's anything
11 too technical. I can waive.

12 THE COURT REPORTER: Mr. Mann, would you
13 like to order?

14 MR. MANN: Yes, please.

15 THE COURT REPORTER: Mr. Smith, would you
16 like a copy?

17 MR. SMITH: Yes. I'd like an e-mail copy.
18 Thank you. I'll provide you with me e-mail
19 address.

20 THE COURT REPORTER: Thank you.

21 (The deposition ended at 6:10 p.m.)
22
23
24
25

1 CERTIFICATE OF REPORTER

2
3 STATE OF FLORIDA4 COUNTY OF HILLSBOROUGH
5

6 I, KRISTINA HAECK, certify that I was authorized
7 to and did stenographically report the foregoing
8 deposition and that the transcript is a true and
9 complete record of my stenographic notes.
10

11 I further certify that I am not a relative,
12 attorney or counsel for any of the parties' attorneys
13 or counsel connected with the action, nor am I
14 financially interested in the action.
15

16
17
18 DATED this 15th day of June, 2012.
19
20
21

22 
23

24 KRISTINA HAECK
25 Certified Court Reporter

CERTIFICATE OF OATH

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

I, the undersigned authority, certify that
the deponent in this matter personally appeared
before me and was duly sworn.

WITNESS my hand and official seal this 15th
day of June, 2012.



Kristina Haeck

KRISTINA HAECK
Certified Shorthand Reporter
Notary Public, State of Florida
Commission No. DD622653
My Commission Expires: 09/14/12

1 STATE OF SOUTH CAROLINA : COURT OF COMMON PLEAS
2 : 2014-CP-23-5776

3 Greenville :
4 Pharmaceutical Rsearch, : TRANSCRIPT RECORD
Incorporated :

5 vs

6 Parham & Smith, LLC :
7 and Gerald H. Sokol, MD :

February 12, 2015
Greenville, South Carolina

10 BEFORE: The Honorable Cornell Maddox, Judge

11 A P P E A R A N C E S:

13 F. Milton Mann, Esquire
14 Attorney for the Plaintiff

15 T. David Rheney, Esquire
16 Attorney for the Defendant

20 Caroline Hiskell
21 Thirteenth Circuit Court Reporter

I N D E X

(No Witnesses or Exhibits admitted at this hearing.)

PLEASE NOTE: (ph)=phonetically spelled

Greenville Pharmaceutical vs. Parham & Smith

P R O C E E D I N G S

MR. RHENEY: Good morning, Judge, David Rheney for the defendant, Dr. Gerald Sokol in his motion to dismiss a lawsuit filed by Greenville Pharmaceutical Research against him.

This is one that requires a little bit of explanation with regards to background. This lawsuit arises from a previous medical malpractice lawsuit in which a Mr. Bruce participated in a study of chronic obstructive pulmonary disease. And I think I've got the dates right, it's not crucial that they be correct, but in or about January of 2010 an xray or some type of scan was taken of his lung and that xray showed a tumor, small tumor of 1. something centimeters.

The allegations of the underlying case is that was not reported to him, he was not tested with further scans. And along he goes until August of 2010 when another scan was done of his chest when the tumor had grown to 2, 3 and a half or so centimeters.

At that point he was told about it. He was sent for an additional scan and by then the tumor was inoperable and ultimately he died of lung cancer.

He retained Michael Parham to represent him in a lawsuit against the various entities, a Dr. Desai at the North Hills Medical Center, Greenville Pharmaceutical

Greenville Pharmaceutical vs. Parham & Smith

1 Research And added to that was a company was a company
2 Alliance and I don't know what it is but there's some
3 relationship between Alliance and Greenville
4 Pharmaceutical Research, but Alliance in that case
5 disputed that it was a proper entity to be sued. It
6 claimed it was not the same as Greenville Pharmaceutical
7 Research.

8 Mr. Parham retained a Dr. Sokol to offer an
9 opinion in that case, multiple opinions.

10 THE COURT: For the presuit affidavits?

11 MR. RHENEY: Yes, sir.

12 THE COURT: And you have in the file part of
13 the complaint, the affidavit, it's also part of my
14 memorandum in support of this motion. Dr. Sokol was
15 contacted by a nurse at the request of Mike Parham and he
16 was asked to provide opinions regarding several things.
17 One was the probably of survival had the tumor been
18 reported when it was first seen on a scan and various
19 other things.

20 Dr. Sokol offered the opinions that there had
21 been a breach of the standard of care by Greenville
22 Pharmaceutical Research, Dr. Desai and North Hills
23 Medical.

24 THE COURT: And he wasn't connected in any
25 way. He was asked to offer an opinion pursuant to the

Greenville Pharmaceutical vs. Parham & Smith

1 statute?

2 MR. RHENEY: Yes, sir. So he did sign an
3 affidavit saying that there had been a breach of standard
4 of care, that he would have had a better than 50 percent
5 chance of survival and be based on what he said was record
6 provided to him by Mr. Parham.

7 Ultimately Alliance was dropped from that
8 lawsuit but ultimately it was settled for, and I have
9 attached to my memorandum, a relief of \$300 and something
10 thousand dollars.

11 That was the end of that case. Sometime in
12 2014, though, Alliance sued Dr. Sokol and Mike Parham
13 personally for various causes of action. As to Dr. Sokol,
14 it alleges that he committed fraud and in selling his
15 signature falsely and also it alleged somewhat more less
16 clearly to me a negligence claim based upon the statute
17 that he had violated the statute requiring the presuit
18 affidavit.

19 We moved to dismiss that case. That's in
20 Pickens County and as to Dr. Sokol that case was
21 dismissed. A couple or three months later, Greenville
22 Pharmaceutical Research sued Dr. Sokol here in Greenville
23 alleging purely a cause of action for fraud against him
24 alleging generally speaking that he committed fraud by
25 submitting this affidavit providing his opinion that

Greenville Pharmaceutical vs. Parham & Smith

1 Greenville Pharmaceutical Research, Dr. Desai and North
2 Hills Medical had breached a standard of care to Mr. Bruce
3 and his wife and we have now moved to dismiss that.

4 The cause of action, Your Honor, is fraud.
5 That is the only cause of action.

6 THE COURT: Because of the letter?

7 MR. RHENEY: Because of the affidavit, yes.
8 He has also sued the Parham Law Firm. In Pickens he has
9 sued Mr. Parham personally and in Greenville, Greenville
10 Pharmaceutical Research has sued Parham, Smith Law Firm.
11 The cause of action, Your Honor, is fraud and we have
12 moved to dismiss because the plaintiff has failed to state
13 the elements of fraud, elements sufficient to constitute a
14 cause of action for fraud and basically our position, Your
15 Honor is, Number 1, they haven't stated the elements of
16 fraud because the cause of action for fraud has to be base
17 upon the misrepresentation of a fact.

18 In this case, they're basing it on an opinion
19 provided by a professional expert or professional
20 practitioner. Dr. Sokol is a specialist in cancer. He
21 practices clinically in Tampa and also serves as a medical
22 expert from time to time.

23 So a cause of action fraud can't be based on
24 opinion and, Your Honor, I apologize I have not attached
25 to that, and I only have one copy, a case of Winberg

Greenville Pharmaceutical vs. Parham & Smith

1 versus Insurance Company of North America.

2 THE COURT: I am actually aware of that.

3 MR. RHENEY: So a cause of action has to be
4 based upon a fact existing at the time the representation
5 is made and that disputer knew to be false. Here he is
6 offered an opinion. A cause of action for fraud can't be
7 based opinion, can't be based on something off into the
8 future.

9 The second thing is the misrepresentation has
10 to be made directly from the speaker to the (inaudible)
11 who is injured. Dr. Sokol signed an affidavit and
12 provided it to a lady by the name of Ellen Ryback who was
13 the nurse who Mr. Parham got in touch it and it was
14 provided to Mr. Parham to be used in the underlying tort
15 claim. There wasn't even a representation much less a
16 misrepresentation by Dr. Sokol to Greenville
17 Pharmaceutical Research. There was no contact between
18 them. Greenville Pharmaceutical Research didn't retain
19 him. There's no connection between them at all so there
20 is no representation wrongly or rightly from Sokol to
21 Greenville Pharmaceutical Research.

22 Even if it's wrong, Your Honor, even if his
23 opinion was ultimately wrong, that's not improper in South
24 Carolina. The facts could have changed and ultimately the
25 opinion could have just been wrong. That's not improper

Greenville Pharmaceutical vs. Parham & Smith

1 in South Carolina.

2 The next thing, Your Honor, is the plaintiff
3 in this case Greenville Pharmaceutical Research, to
4 establish cause of action for fraud, you have to rely on a
5 misrepresentation to your detriment. Greenville
6 Pharmaceutical Research didn't rely on anything Dr. Sokol
7 said. In fact, they fought it every step of the way and
8 said, he's wrong, he's wrong, he's wrong, before they paid
9 \$300,000 to settle the case.

10 So there can be no reliance in this
11 situation. There was no representation from him to them
12 upon which they relied for anything.

13 And finally, Your Honor, Rule 9 and case law
14 requires that the Rule 9(b), "circumstances constitution
15 the fraud or mistake shall be stated with particularity."
16 There is no statement of particularity. They just said
17 fraud, fraud, fraud without saying -- they take issue with
18 his opinion and that's fine, but they have yet to state
19 with any particularity what the fraud was. It's just an
20 opinion that was used in a case.

21 On that basis, Dr. Sokol moves for the case
22 to be dismissed.

23 THE COURT: I see these as I walk in here but
24 there's also an allegation in there that he sent a letter
25 to someone who was operating a drug test and in that

Greenville Pharmaceutical vs. Parham & Smith

1 letter he said this guy's cancer was caused by the drug
2 test and it turns out he wasn't in the drug test. Am I
3 missing that?

4 MR. MANN: That allegation relates to Parham
5 Smith. It does not relate to Dr. Sokol. There's some
6 interconnection here.

7 THE COURT: That was just the last
8 allegation of the complaint.

9 Let me get this straight, this doctor is
10 asked by a lawyer to issue an opinion in an affidavit that
11 comports with the statute that's part of the tort reform
12 requiring a presuit affidavit and the defendant's
13 allegation is that his opinion was erroneous and that he
14 would have said anything if Mike Parham asked him to say
15 it?

16 MR. MANN: The affidavit was provided to him
17 that the medical records that he was provided to base his
18 opinion on was incomplete, that he signed the affidavit
19 without question. And furthermore in the complaint it
20 says when it ultimately came time to take his deposition
21 he threw up his hands and said I'm not going to make any
22 standard of care deviation opinions.

23 The whole purpose of the statute is to
24 require a physician to step up and state with
25 particularity what a physician did wrong. But for that

Greenville Pharmaceutical vs. Parham & Smith

1 affidavit, Greenville Pharmaceutical Research would have
2 never been drug into court, would never have been subject
3 to the litigation that they went through.

4 The letter that you referenced, Your Honor,
5 in the complaint it states that's the reason a settle
6 occurred. That was the knife being held to their throat
7 as to why it settled. It wasn't settled on the basis that
8 my client felt anything was every done wrong. It was
9 settled on the basis of a business decision.

10 I would like to incorporate two things if I
11 could, the memorandum that I provided to the Court. I'd
12 like to incorporate the complaint, of course, which is the
13 subject of this discussion and in the chance that this
14 complaint is somehow dismissed, I would like to orally ask
15 the opportunity to amend. I do think there's a legitimate
16 cause of action here. I think it has been articulated
17 within the complaint, and I think that the long and short
18 of it is that it has clearly and repeatedly been stated as
19 to the objections to Dr. Sokol's affidavit.

20 THE COURT: I'd like to tell you that I don't
21 think much of this. I know you're a good lawyer but what
22 I'm concerned about is it's very difficult, as you know,
23 to get a doctor -- let's assume -- for any reason to file
24 one of these affidavits because they're immediately
25 ostracized.

Greenville Pharmaceutical vs. Parham & Smith

1 The statute requires you to get one and thank
2 God I got out of that practice before that statute came
3 into place because I have my own opinions of it but all he
4 did was give his opinion that the threshold for filing the
5 lawsuit was there and if the opinion was wrong, then it
6 was wrong.

7 MR. MANN: May I briefly respond.

8 THE COURT: Sure, and I shouldn't have
9 started off by saying I don't think much of this.

10 MR. MANN: And I understand that, but my
11 background is I spent five years in Florida doing nothing
12 but with a personal injury law firm. They were one of ten
13 in Florida that fought against the tobacco industry.

14 THE COURT: It's like a killing kind of
15 affect to be honest with you.

16 MR. MANN: I think also, Your Honor, it's a
17 policing kind of affect and the complaint clearly states
18 an opinion was not offered. Credentials were sold.

19 THE COURT: By that you mean sold for money?

20 MR. MANN: That's right. In other words, he
21 was being paid for a signature and he gladly provided it
22 upon an affidavit that was presented to him that he just
23 ripped the signature off on.

24 We're not even saying he had an opinion. We
25 don't think he had an opinion.

Greenville Pharmaceutical vs. Parham & Smith

1 THE COURT: The experts in the defendants
2 case get paid or did they come in and do it for free?

3 MR. MANN: Of course. Judge, I agree with
4 you totally but what I'm saying is in this case he got
5 paid for providing a signature to an affidavit that he
6 didn't care whether it was truthful or not and that's what
7 the complaint said.

8 THE COURT: I guess what I'm saying is giving
9 you the benefit of the doubt other than the fact that
10 there was a disagreement with it, what proof do you have
11 at this point that it was done specifically for
12 pecuniary interest and that what you're saying is he
13 didn't read anything and Mike Parham, rest his soul, could
14 have put down on there anything and he would have signed
15 it if you paid him money?

16 MR. MANN: That's exactly what the complaint
17 said. I took his deposition over two days and he refused
18 to answer any questions about his payments, his prior
19 cases, things of that nature. He ran from every basis of
20 inquiry into his prejudices. He testified that he only
21 testified for the benefits of plaintiffs, period, case
22 closed.

23 We may be outside of the four corners of the
24 complaint, but I think what I'm saying is within the gist
25 of the four corners of the complaint, and that is the man

Greenville Pharmaceutical vs. Parham & Smith

1 didn't care what his affidavit said. He didn't give an
2 opinion, Your Honor. He sold an affidavit to allow
3 Greenville Pharmaceuticals to be brought into court.

4 THE COURT: And they settled.

5 MR. MANN: They settled because as you quoted
6 that letter earlier and as the complaint states, they had
7 a knife held to their throat by Mr. Parham, God rest his
8 soul. He was intentionally putting pressure on Greenville
9 Pharmaceutical Research through very important third-party
10 businesses to affect the settlement. And that's the basis
11 of that aspect, which quite frankly they didn't file a
12 motion to dismiss on that because it's stated in the cause
13 of action.

14 He had a knife to their throat and Greenville
15 Pharmaceutical had to settle. And the reason they had to
16 settle because this individual, Dr. Sokol, simply threw
17 ink to paper irrespective of what the facts and what the
18 truth was.

19 He didn't provide an opinion, Your Honor. I
20 never ever alleged that he provided an opinion or
21 testified for day one. He was a paid for witness and
22 that's all he was, Your Honor.

23 THE COURT: And I really don't mean this to
24 be disrespectful as it sounds, I was lucky enough to be
25 involved with more veteran attorneys than me in medical

Greenville Pharmaceutical vs. Parham & Smith

1 malpractice and they were all paid for witnesses and, you
2 know.

3 MR. MANN: And, Judge, if I may say my
4 complaint is what he was paid for. He wasn't paid for an
5 opinion, he was paid for a signature on an affidavit.

6 THE COURT: This is what I'm going to do, I'm
7 going to grant your motion. You need time to amend to do
8 what?

9 MR. MANN: Your Honor, if you tell me where
10 I'm deficient then I will -- what's the basis for the
11 complaint being dismissed?

12 MR. RHENEY: Just for the record, Dr. Sokol
13 opposes the motion to amend. We've been down this road
14 before.

15 THE COURT: What he's telling me is -- I
16 don't think there's a cause of action here. I think if I
17 don't dismiss this, then ever doctor in the world that
18 signs -- and it could happen to the defense just the same
19 way -- could be subject to -- they are already under a
20 tremendous amount of pressure not to get involved in
21 these, but the remedy here is to go to the medical board
22 and say, this guy is not really doing what he's supposed
23 to be doing, he's a trained hire gun.

24 Look, I knew hired guns. They were the worse
25 things in the world because you could get them to say

Greenville Pharmaceutical vs. Parham & Smith

1 anything and as the late great Carrie Doyle, rest his
2 soul, used to tell you don't every hire those people. If
3 he's that, then I think you all need to go to the medical
4 board.

5 I'm not sure there's anything you can do in
6 this case against Dr. Sokol.

7 MR. MANN: Judge, I don't know what grounds
8 other than what you just said I'm not pleading the cause
9 of action.

10 THE COURT: I think under the theory of
11 summary of judgment -- I think just looking at the case
12 and the facts and what I have in front of me, there's not
13 enough there to deny summary judgment.

14 MR. MANN: Here's what I would ask, Your
15 Honor. What I would ask that the order dismissing this
16 cause of action be without prejudice and let me talk to my
17 client and if I feel that an amendment can be made, I will
18 file a motion and that will give Mr. Rheney time to
19 respond to whatever I bring that.

20 THE COURT: I'll do that but you need to give
21 your clients this warning that unless something really
22 comes flying out of the sky, they would be subject to the
23 rules of civil procedure and the pecuniary nature of some
24 of those rules. I know you got pressure and this is not
25 towards you -- I hate that you have to get pre-lawsuit.

Greenville Pharmaceutical vs. Parham & Smith

1 affidavits. I mean that was just absurd. I was in the
2 legislature and I know exactly where that came from, I
3 disagreed with it but that was just me. I was a democrat
4 what the heck, but --

5 MR. RHENEY: Your Honor, you were just asked
6 dismissing this without prejudice but fraud is the only
7 cause of action but it should be dismissed with prejudice
8 because there was no fraud.

9 THE COURT: I'm going to grant your motion
10 for summary judgment and if you want to refile something,
11 you can. I can't leave it open. If y'all go back and
12 y'all discover another way around the bush, than you can.

13 MR. RHENEY: Your Honor, I just want to put
14 this on the record that we oppose them filing a new
15 complaint. They can assert everything they need to assert
16 in this complaint and this complaint is being dismissed.
17 If they were going to assert something else, they need to
18 do it here and they don't get another bite at the apple.

19 THE COURT: I can't say to them in the future
20 that they can't file something. I understand what you're
21 doing and another judge may do that, but I guess that's my
22 concern about your position. I'm granting your motion for
23 summary judgment.

24 ---END OF TRANSCRIPT RECORD---

25

Greenville Pharmaceutical vs. Parham & Smith

1
2 I, the undersigned Caroline Hiskell, Official
3 Court Reporter for the Thirteenth Circuit of the State of
4 South Carolina, do hereby certify that the foregoing is a
5 true, accurate, and complete transcript of record of all
6 proceedings had and evidence introduced in the trial of
7 the captioned case, relative to appeal, in the Court of
8 Common Pleas of Greenville County, South Carolina on this
9 12th February of 2015.

10 I do further certify that I am neither of kin,
11 counsel, nor interest to any party hereto.
12
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21
22
23
24
25

Caroline Hiskell

PARHAM & SMITH, L.L.C.

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**BARNEY O. SMITH, JR.
(1952-1996)**

March 29, 2011

Via FED-EX DELIVERY

**Ms. Ellen Rieback, RN
Rieback Medical-Legal Consultants, Inc.
772 N.W. 100th Terrace
Fort Lauderdale, FL 33324**

Re: John Bruce - Requested Reviewer: Gerald H. Sokol, MD

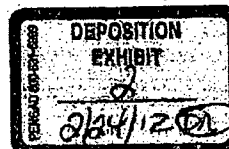
Dear Ellen:

I hope this letter finds you well.

Pursuant to your recent communication with our office, please find enclosed herewith the pertinent medical records relating to our client John Bruce. John is a retired trucker who lives in the Greenville area of South Carolina.

We are now in the early stages of investigating a potential claim which involves Mr. Bruce and his medical treatment and care rendered by physicians and physician extenders at Greenville Pharmaceutical Research, a local research entity established by several physicians in Greenville and Spartanburg Counties. Mr. Bruce tells us that he has COPD. His sister-in-law had, from time to time, become a patient at Greenville Pharmaceutical Research herself and had mentioned that he might go with her to Greenville Pharmaceutical Research to seek relief from his complaints of trouble breathing. Shortly thereafter, Mr. Bruce went with his sister-in-law to Greenville Pharmaceutical Research and was treated and evaluated by members of their staff.

When Mr. Bruce first appeared, he advised Greenville Pharmaceutical Research of his thirty year past history of smoking, however, he had quit smoking twelve



years earlier. He also revealed his diagnosis of COPD. As a part of his study, he was required to obtain a chest x-ray by the group's personnel on January 26, 2010. This x-ray was read by Nayan R. Desai, MD, a local radiologist, who runs a Medicaid clinic in Greenville, South Carolina. The report of the film on January 26, 2010 is neither signed or nor does it indicate that it was ever seen by any physician. On this particular x-ray, Dr. Desai noted a small soft mass measuring 1.8 cm in the right upper lobe and a CT scan was recommended. Mr. Bruce denies that anyone either told him of this finding or of the need to obtain a CT scan. 1/26/10 7/10

When Mr. Bruce returned for a follow-up in August of 2010, another film was obtained. The initial lesion appeared to now be 3.05 cm in size and Mr. Bruce was notified of the need for a CT scan. This led to a fine needle aspiration and diagnosis of large cell lung cancer which had metastasized. It was noted that the growth of the lesion and its metastasis caused it to be non-operable. Mr. Bruce recently finished 35 treatments of radiation and 9 treatments of chemotherapy.

Mr. Bruce seems to be a fine gentleman. He has been married for the past 44 years. He has no children. He left the workforce in 2003 and his wife is on disability for her back.

We have attempted to organize the records in the best way we can. They have not been forwarded to us in any timely or organized fashion. Two things to draw from the records, however, are clear. This large cell carcinoma was not reported to either the patient or another physician in January of 2010 as it should have been. Secondly, once reported, following the August study, Mr. Bruce had ceased to be a surgical candidate and had to undergo excruciating chemotherapeutic and radiation therapy. While I am pleased to enclose herewith certain recent radiographic studies of March 18, 2011 indicating some significant response to chemotherapy and radiation, I think that all of us are aware of the usual customary course of this disease once allowed to metastasize.

As per our previous conversation, I would appreciate your best efforts in obtaining from Dr. Sokol his opinion upon several issues:

1. Did Dr. Desai deviate from ordinary and customary standards of care in failing to inform the patient and/or the referring physician of the existence of the lesion in January of 2010?
2. Did Dr. Desai deviate from ordinary and customary standards of care in failing to advise the patient and/or the referring physician of the need for follow-up with CT scan following the study of January, 2010?

3. Had diagnosis of this lesion been made in January of 2010, was the lesion, in your opinion, to a reasonable degree of medical certainty, most probably an operable lesion?
4. Due to the pathology of the lesion and its small size without metastasis in January of 2010, had surgery taken place would Mr. Bruce, most probably, live his full and complete life expectancy?
5. Had Mr. Bruce undergone surgical intervention in January of 2010 with reference to this lesion, would he most probably have avoided the necessitation of having to undergo both radiation and chemotherapy?

If Dr. Sokol can be positive on these issues, we would be pleased to prepare for his review the appropriate Affidavit which would then allow us to place this matter in early litigation. As you know, here in South Carolina we cannot sue the physician directly. Rather, we bring an action known as a Notice of Intent to File Suit and then proceed for 120 days to mediation in which all parties hope that some type of closure can be brought to the matter prior to the filing of a formal complaint.

As you might guess, our client is anxious to proceed. He cherishes each day of his life, however, he is aware of how uncertain day to day living has become. He continues to be tortured with terrible coughing spasms since his radiation and chemotherapy. If Dr. Sokol can help, we need to move quickly.

We thank you in advance for your cooperation and assistance with this matter. Upon completion of Dr. Sokol's review, I ask that he please contact my assistant Christen Blom so that she can arrange a telephone conference wherein we can discuss his thoughts and opinions regarding this case. Christen can be reached in the office at 864-242-9008.

I remain,

Yours very truly,

Michael Parham
MP:cb

Enclosures

Cc: Mr. John Bruce
P.O. Box 24
Marietta, SC 29661

RIEBACK
MEDICAL-LEGAL
CONSULTANTS

772 N.W. 100TH TERRACE • FORT LAUDERDALE, FLORIDA 33324 • (954) 472-1825 • FAX (954) 476-9457
E-MAIL cmc@medicalexpert.com • www.medicalexpert.com

March 31, 2011

Gerald H. Sokol, M.D.
18124 Nestlebranch Court
Hudson, FL 34667-0000

RE: John Bruce
Case # 2011014073, Review # 17245
*** Rush *** Please do As Soon As Possible!

Dear Dr. Sokol:

Enclosed, please find the records of John Bruce for your review. This case is being handled by Mr. Michael Parham, Esq. from the firm of Parham & Smith, LLC.

Please review these records as soon as possible and call me upon completion of your review so that a conference call can be scheduled between you and the attorney who would like a verbal report at that time.

If you have any questions, please do not hesitate to contact my office.

Sincerely,



Ellen J. Rieback, R.N.
Director
EJRbsr
Enclosures



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MEDICAL EXPERT BILLING LOG

March 31, 2011

Expert: Gerald H. Sokol, M.D.

Review #: 17245

Case Legal: John Bruce

Case #: 2011014073

Attorney: Mr. Michael Parham, Esq.

Firm: Parham & Smith, LLC

Meritorious Case?: YES ☒ NO ☐ UNDECIDED ☐

Initial review?: YES ☒ NO ☐

Date of Service	Service Description	Hours
4/13	Chart Review Research	3 1/2
4/14	Conference	1 1/2

TOTAL HOURS: 4 hours

COMMENTS: _____

PLEASE DO NOT DISCARD MEDICAL RECORDS UNLESS AUTHORIZED
BY ATTORNEY OR ELLEN RIEBACK, R.N

Invoice # _____
(Rieback Office Use Only)

RMLC - FAX NUMBER: (954) 476-9457

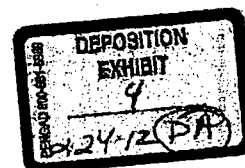


JOHN BRUCE HX COPD 30 yr V.H. 2 smoking DIC smoking
 DOB 8/1/46 12 years earlier
 Jan 26, 2010 - chest xray - sent by Nayan Desai
 not signed, small soft tissue mass 1.5 cm RUL C.T. rec - (Clenens)
 never told
 Aug 3, 2010 - another film = 3.5 cm → C.T. → FNA → large cell Ca - met.
 non operable. - 10 75 x RT 9 cm Rx Reason to chew xray. 7/15/11
 C.T. done 8/19/10 2 cm T node @ hilum, enlarged node in paratracheal region
 4 cm x 3 cm RUL
 L.N. enlargement @ hilum, mediastinum
 Clonens earlier film
 Hasen later film

Path
 definite desmoplasia
 large funnel
 AFP P. 7

Colon polyps, ovarian, P.H.H.
 melanoma, ductal
 macular deg, CHF
 COPD, emphysema, 11.10.03
 L. edema, 9/10
 corneal fund, hyperplasia
 Colon polyps, gynecomastia
 D.M., 50 pain in h
 HBP, smoking

FNA 8/30/2010
 T2 N3 59 cell Ca
 lung (poorly diff large
 cells for 8.)
 Ca to axil x RT
 14 B.
 For metastatic Ca
 Mo Ca.





Milton Mann <miltymann@gmail.com>

**Motion "MDISMS-Def's Motion/Dismiss/Cert of Service" for Case
"2014CP2305776- Greenville Pharmaceutical Research Inc vs. Parham & Smith
LLC , defendant, et al" was added to a Motions Roster for 2/12/2015 at 9:30 AM**
1 message

roster@greenvillecounty.org <roster@greenvillecounty.org>

Tue, Dec 30, 2014 at 9:07 AM

To: milton.mann@gmail.com

Cc: slopez@greenvillecounty.org

A Hearing in this case is SCHEDULED - DATE and TIME listed on action line above
Movant is responsible to notify all counsel and/or self represented parties.
CHECK THE ONLINE ROSTER at <http://www.greenvillecounty.org/scjd/courtrosters/>
Please address requests for continuance to the Chief Administrative Judge: send via e-mail to
the Non-Jury Coordinator and copy all counsel and/or parties if pro se
If Resolved or Withdrawn please contact Steve Lopez (864)467-8546 njcoord@greenvillecounty.org
MEMO REQUIREMENTS at <http://www.greenvillecounty.org/courtsupport/MemPolicies.asp>
(File w Clerk AND Deliver paper copy of Brief or Memo to Presiding Judge 72 Hours Prior to Hearing)

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5/11/2016

Gmail - 2014CP2305776 Def's Motion/Dismiss - Hearing

2/11/15



Milton Mann <miltymann@gmail.com>

2014CP2305776 Def's Motion/Dismiss - Hearing

Lopez, Stephen <SLopez@greenvillecounty.org>

Wed, Feb 11, 2015 at 2:21 PM

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Counsel,

We are needing to move the hearing on the above-referenced motion from 9:30 to 10:00 AM tomorrow morning. Please let me know if this will be a problem for you. Otherwise, Judge Maddox will expect to see you all at 10:00 AM tomorrow morning.

Thank you,

Steve

Stephen Lopez

Non-Jury Coordinator

Greenville County Clerk of Court

Ph 864-467-8546

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njcoord@greenvillecounty.org

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ATTORNEYS AT LAW

January 28, 2016

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The Honorable J. Cordell Maddox, Jr.
P.O. Box 8002
Anderson, SC 29622

ENTERED COMPUTER

Re Greenville Pharmaceutical Research, Inc., v. Parham & Smith, LLC and
Gerald H. Sokol, M.D.
C.A. No.: 2014-CP-23-5776

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GREENVILLE CO. S.C.
PAUL B. WICKENSINER
2016 FEB 2 PM 12:48

Dear Judge Maddox:

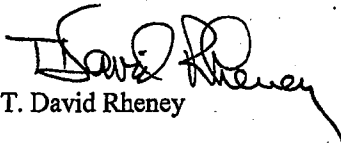
On February 12, 2015, we argued defendant Gerald Sokol's motion for summary judgment before you in Greenville. You granted the motion and a form order was entered. Thereafter, the plaintiff filed a motion for reconsideration and memorandum in support of that motion. We have filed a memorandum in opposition to the plaintiff's motion. We are still awaiting your final ruling on the plaintiff's motion for reconsideration and would appreciate your ruling on this at your earliest opportunity.

Please let us know if you need any additional information from the parties.

With kind personal regards, we are,

Very truly yours,

GALLIVAN, WHITE & BOYD, P.A.


T. David Rheney

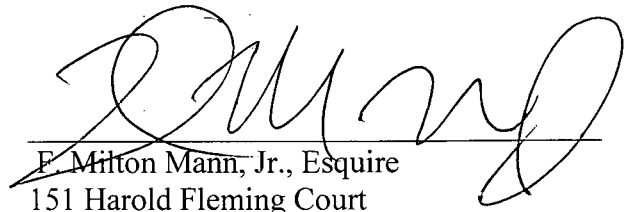
TDR/mbm

cc: Greenville County Clerk of Court (via U.S. mail)
F. Milton Mann, Jr., Esq. (via email and U.S. mail)

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

October 5, 2016


F. Milton Mann, Jr., Esquire
151 Harold Fleming Court
Spartanburg, SC 29303
(864) 680-5079
Attorney for Appellant

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SC Court of Appeals