Doc. 23

State of Ohio,)
County of Cuyahoga.)

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IN THE COURT OF COMMON PLEAS

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THOMAS S. ORTMAN, et al.,)
Plaintiffs,)
v.) Case No. 317279
) Judge
ROBERT ALBERHASKY, M.D.,) Christopher A. Boyko
ARTURO S. BASA, M.D.,)
SURGERY CENTER, INC., PETER)
LAYE, M.D.,)
Defendants.)

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THE DEPOSITION OF ARTURO S. BASA, M.D.

FRIDAY, MAY 23, 1997

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The deposition of ARTURO S. BASA, M.D., a Defendant herein, called for examination by the Plaintiffs, under the Ohio Rules of Civil Procedure, taken before me, Lauren I. Zigmont-Miller, Registered Professional Reporter and Notary Public in and for the State of Ohio, pursuant to notice, at Southwest Urology, Inc., 6707 Powers Boulevard, Suite 309, Parma, Ohio, commencing at 1:15 p.m., the day and date above set forth.

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APPEARANCES:

On behalf of the Plaintiffs:

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On behalf of the Defendant Arturo S. Basa, M.D:

MARILYN J. MILLER, ESQ.
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On behalf of the Defendant Peter Laye, M.D:

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ARTURO S. BASA, M.D.,

a Defendant herein, called for cross-examination by the Plaintiffs, under the Rules, having been first duly sworn, as hereinafter certified, deposed and said as follows:

CROSS-EXAMINATION

BY MR. LANDSKRONER:

Q. Doctor, my name is Jack Landskroner. We're here to take your deposition today in the matter of Tom Ortman versus Dr. Basa, Dr. Laye and Dr. Alberhasky.

I'm going to ask you some questions today. I need you to make your responses verbal so the court reporter can take everything down. Try not to nod your head or say uh-huh or un-un because they don't transcribe very well. If I ask you a question that you don't understand, stop me and ask me to rephrase it. I want to make sure that you understand every question that you answer.

Do you understand those instructions?

A. Yes.

Q. If you need to take a break at some time, if you get a page or if you need to use the bathroom, whatever, let me know, we'll take a break and go off the record and get everything taken care of.

In preparing for your deposition today, did you have a chance to review any documents related to the care of Mr. Ortman or otherwise?

A. Yes.

Q. Can you tell me what you reviewed?

A. Well, I reviewed when he came in, the history and physical examination and what I jotted down in my notes what he came in for.

Q. "He" is referring to Tom Ortman?

A. Tom Ortman, yes.

Q. In essence, you're talking about the materials that are in front of you that are from your chart on Mr. Ortman?

A. Yes, this is the chart of Mr. Ortman.

Q. Did you review anything outside of what's in that chart in preparation for your deposition?

A. No.

Q. Since this lawsuit has been filed, have you had any discussions with any of the other care providers who have been involved in Mr. Ortman's care?

A. My partner Dr. Sidor.

Q. Anybody else besides Dr. Sidor?

A. Briefly Dr. Tancinco. T-A-N-C-I-N-C-0.

Q. Did you at any point have any discussions with Dr. Alberhasky?

A. No.
Q. Did you have any discussions with Mr. Ortman's treating oncologist now, Dr. Connell?
A. No.
Q. Anybody else you can think of besides Dr. Sidor and Dr. Tancinco?
A. No.
Q. Doctor, you practice in the area of urology?
A. Urology, yes.
Q. Can you define urology for me?
A. Urology is a surgical subspecialty that deals with diseases of the genital urinary system which consists of the kidney, the bladder, ureter, testicle.
Q. In the area of urology do you have any subspecialty?
A. No.
Q. In your practice do you have occasion to deal with patients with testicular cancers?
A. Yes.
Q. In your experience have you dealt with patients with seminoma before?
A. Yes.
Q. Have you dealt with embryonal carcinoma?
A. Yes.

Q. Have you dealt-with mixed, both types of cancers?

A. Yes.

Q. Can you tell me the characteristics of a seminoma in terms of a clinical evaluation of a seminoma?

MS. MILLER: Objection.

BY MR. LANDSKRONER:

Q. You can answer.

MS. MILLER: *Go* ahead and answer

A. Seminoma is the most common testicular tumor, and it's usually -- as I tell patients, it's the less malignant of --

MS. MILLER: I just want to clarify the question. You want to know what the clinical signs and symptoms of these different types of tumors are; is that right?

MR. LANDSKRONER: Yes.

A. It's represented as a mass in the testicle.

Q. If you will, as you were, continue to describe what a seminoma is.

A. Seminoma is a testicular tumor.

Q. Characteristic of a seminoma you mentioned that it was the most common of tumors.

A. Most common tumors.

Q. Anything else characteristic of seminoma?

A. It's slow growing, it's the less aggressive tumor and radiosensitive.

Q. What are the characteristics that define embryonal carcinoma?

A. Embryonal carcinoma is another testicular tumor which is more aggressive than seminoma. Usually it responds to chemotherapy.

Q. Is it embryonal or embryonal?

A. Embryonal.

Q. Is that a radiosensitive carcinoma?

A. Not radiosensitive.

Q. In the course of your practice do you receive any journals or publications that you use to rely on in your practice?

MS. MILLER: Objection.

(Thereupon, there was a discussion off the record.)

A. I read a lot of journals and urology textbooks, but I don't have any particular paper.

Q. Can you give me the names of a few of the journals that you read in the course of your practice

and that you rely on?

A. The Journal of Urology.

Q. How about a text, is there a general text that you use or rely on in your practice of urology?

A. Campbell.

MS. MILLER: Objection.

Q. Is there also a Smith's General Urology that is utilized, do you utilize that at all?

MS. MILLER: Objection.

A. No, I don't.

Q. You mentioned aggressive versus a non-aggressive tumor in defining seminoma versus embryonal carcinoma. How would you describe an aggressive versus a non-aggressive, what does that mean?

A. Aggressive means to say it's usually a fast-growing tumor; a less aggressive is slow-growing type of malignant tumor.

Q. What's the definition of tumor?

A. Tumor is a mass of tissue that is usually benign or malignant.

Q. I'm going to walk you through some definitions just so I have a general understanding.

The testes, can you define the testes and tell me what their function is?

A. The testes is the male organ that's responsible for the production of sperm and testosterone.

Q. Orchiectomy?

A. Removal of the testicle.

Q. Malignant intratubular germ cell neoplasm?

A. It means to say that it's a tumor that involves the tubules of the testicle.

Q. Does germ cell give it any defining characteristic or trait?

A. Germ cell means that it's related to the testicle, germ cell.

Q. Malignant?

A. Malignant is cancerous.

Q. What are lymphatics?

A. Lymphatics are the lymph glands that are responsible for the lymph tissue. It's usually the defense mechanism of the body.

Q. How about the endothelial lined spaces, is there a definition for that?

A. I'm sorry.

Q. What does vascular invasion mean?

A. Vascular means invade the blood vessel.

Q. Doctor, would you agree that patients with testicular cancer require regular follow-up care after

orchiectomy.

MS. MILLER: Objection.

BY MR. LKNDSKRONER:

Q. Is that a true statement?

A. In general?

Q. Yes, yes, just a generalization.

A. Well, if they -- it requires follow-up, yes.

Q. Can you tell me what is the appropriate treatment and time frame for treatment and follow-up care of a patient post-orchiectomy?

MS. MILLER: Objection.

A. Post-orchiectomy, usually we follow them up after their surgery to the office.

Q. Is there a time frame for follow-up care in terms of the number of follow-up appointments that you're going to schedule with a patient after orchiectomy?

MS. MILLER: Is this a 37-year-old patient, a 90-year-old?

Q. Just in general, is there a standard of care for follow-up for orchiectomy that you adhere to?

A. Yes. You see them a week or two weeks after the surgery.

Q. And in that examination what's undertaken,

are there tests that are done?

A. Examine the testicle, examine the size of the incision, see if it's healed, see if the patient has any complaints postoperatively.

Q. If the orchiectomy was performed to remove cancerous lesion, is there additional testing that is done in your postoperative follow-up?

A. You review the pathology that was given to you.

Q. Pathology review. Do you take any x-rays?

A. Yes, we do an x-ray, and also, depending upon the pathology result, what you do next depends on the pathology that you see.

Q. What about blood work, is blood work performed at that time?

A. Blood work was done preoperatively.

Q. And after orchiectomy you rely on the blood work that was done preoperatively?

A. Preoperatively.

Q. Let's turn to your chart, if you can. Your notes from your consultations with Mr. Ortman, if you can turn to those pages. I'm going to walk you through these notes so I make sure I didn't miss anything in the handwriting. I may stop you throughout as you're reading through and just ask you some

questions about that.

You first saw Mr. Ortman on May lst, 1995?

A. Correct.

Q. How is it that Mr. Ortman came to your care?

A. Well, he came in to me as a patient.

Q. Was he referred to you?

A. No, he was not referred by anybody.

Q. Do you know how it is he came to your office as opposed to seeing Dr. Sidor or seeing someone else in another practice?

A. I don't know why.

Q. If you don't know, just tell me you don't know.

A. I don't know.

Q. Okay. Can you read for me what your note indicates for that May 1st visit?

A. May 1, 1995 visit. Mr. Ortman told me he has a right testicular hard growth noted about three weeks ago and he also complained of pain in the pilonidal area. Denies any known allergy. An examination of the genitalia reveals an indurated hard right upper testicle with tenderness and the abdomen was soft, flat, no palpable mass.

My impression then was right epididymitis and right epididymal tumor. Because of that, I prescribed Cipro and I ordered an ultrasound of the testicle and told him to come back, return to clinic in two weeks.

Q. Right above where it says your diagnosis, is that a signature line, can you see right there (indicating)?

A. Mass.

Q. That says mass, okay.

A. No palpable mass.

Q. Got it. You referred him for ultrasound and was that undertaken?

A. Yes.

Q. What was the purpose of referring him for an ultrasound?

A. Well, just to make sure that I'm not dealing with -- well, because my impression is testicular tumor.

Q. The ultrasound would help you to reveal whether or not it was a tumor or not?

A. Yes.

(Thereupon, Plaintiffs' Exhibit 1 to the deposition of Arturo Basa, M.D. was marked for purposes of

identification,)

BY MR. LANDSKRONER:

Q. Doctor, I'm going to show you what's been marked as Exhibit 1 and ask you if you can identify that for me. Do you know what that is?

A. Yes.

Q. Can you tell me for the court reporter to take that down?

A. This is the result of the ultrasound *of* the testicle dated 5-3-95.

Q. In conjunction with this ultrasound and your examination, what conclusions did you come to concerning Mr. Ortman's condition?

A. That I'm dealing with a right testicular tumor.

Q. At that point in time did you have any considerations as to what type of tumor you were dealing with?

A. No.

Q. On the ultrasound report there's an indication that it may be a seminoma or embryonal cell carcinoma, correct?

A. Yes.

Q. Did you concur at that time with those findings?

MS. MILLER: Objection.

A. Yes.

Q. Referring back to your notes. You next see Mr. Ortman on May 8, 1995. If you will, read for me those notes from that consultation.

A. Testicular ultrasound revealed probably testicular tumor, and I suggested expiration of right testicle and possible orchiectomy.

Q. Your next consultation with Mr. Ortman was on May 15, 1995?

A. May 15th, correct.

Q. If you'll read through that entry.

A. Pathology report, seminoma. Discuss pathology and treatment. Radiation therapy. Return in two weeks.

Q. So at that point you had already performed the procedure?

A. Yes.

(Thereupon, Plaintiffs' Exhibit 2 to the deposition of Arturo Basa, M.D. was marked for purposes of identification.)

BY MR. LANDSKRONER:

Q. This is Exhibit 2. I'll ask if you can identify Exhibit 2, please. Can you identify that, please?

A. Yes. It's my operative report.

Q. Did you have a chance to look over this report?

A. Yes.

Q. If you will, just sort of walk me through the procedure that you performed and what your findings were.

A. I did the procedure of expiration of the right testicle through the inguinal approach. Under successful anesthesia and endotracheal intubation, the patient was placed in supine position. We prepped as usual the genitalia and lower abdomen and I made a right inguinal incision.

(Thereupon, Mr. Polito came into the deposition.)

A. Bleeders were clamped and electrofulgurated. The external oblique aponeurosis was cut in the direction of the incision and I delivered the spermatic cord. Before I did anything with the testicles I clamped them. The right testicle and the cord were delivered out through the incision with a sharp, blunt dissection.

We explored the testicle at that point. There was a hard mass at the lower aspect of the right testicle. Because I felt that the tumor was solid,

looked like malignant, so I dissected the cord and ligated it.

Q. Did any piece of the tumor extend outside the testicular region?

A. No.

Q. You mention in the last sentence in your first paragraph that you explained the risks to the patient and his girlfriend. Do you recall anything about that conversation you had with Mr. Ortman and his girlfriend?

A. No.

Q. At any point did Mr. Ortman inform you that he and his girlfriend were scheduled to be married; do you have any recollection of that conversation?

A. No.

Q. Having completed your surgery, did you perform or did you contribute at all to the gross description of the tumor that was placed in the medical records?

MS. MILLER: In the pathology report?

MR. LANDSKRONER: Yes, the pathology report. Strike the question.

A. What's the question?

Q. Strike the question. It's a bad question.
Did you notice anything about the tumor that gave you an indication as to what type of tumor it was, what the cell makeup of it was?
A. No.
Q. You took the tumor and you forwarded it to the pathology department; is that correct?
A. Correct.
Q. At any point did you speak to Dr. Tancinco that afternoon or in that time frame after the surgery?
A. No.
Q. Do you know who did the gross description on the pathology report?
A. No.
Q. Upon receiving back the pathology report what was your diagnosis for Mr. Ortman?
A. Excuse me, what's the question?
Q. The question is, having completed the procedure and reviewing the pathology report that was returned to you, what was your diagnosis for Mr. Ortman's condition?
A. This is the pathology report of 5-10-95. Usually you don't get the path report in a couple of days, so the path report said seminoma.
Q. You initially had as part of your

diagnosis concurred that it might be a possible embryonal carcinoma or a seminoma based on the ultrasound, correct?

MS. MILLER: Objection. I think you're mischaracterizing what he said. I think he said that that ultrasound report listed that there were possibilities of embryonal or seminoma. Your question was, do you have any disagreement with the report. I think your question is a little different now.

MR. LANDSKRONER: I think I asked the doctor did he concur with the findings in the ultrasound and he said he did.

BY MR. LANDSKRONER:

Q. I'm asking, based on what the findings were in the ultrasound, you concurred that this could be a seminoma or embryonal carcinoma, correct?

A. When I saw --

Q. Prior to the pathology coming back. After the ultrasound was done, you concurred with the findings in the ultrasound that this could be seminoma or embryonal?

A. Could be either.

Q. After receiving the pathology report, were

you satisfied that this was not an embryonal carcinoma?

A. Yes, I am satisfied.

Q. And what did you rely on to make that determination?

A. His expertise.

Q. When you say "his," you're referring to whom?

A. Alberhasky.

Q. Let's mark the pathology report as Plaintiffs' Exhibit 3.

(Thereupon, Plaintiffs' Exhibit 3 to the deposition of Arturo Basa, M.D. was marked for purposes of identification.)

BY MR. LANDSKRONER:

Q. Just, if you will, identify that for the court reporter. Is Exhibit 3 the pathology report you're referring to performed by Dr. Alberhasky?

A. Yes, 5-10-95.

Q. Do you know Dr. Alberhasky?

A. No.

Q. Have you ever spoken to him?

A. No.

Q. Dr. Basa, the surgery you performed was at the Surgery Center. How is it that you come to practice at the Surgery Center, is that where you

normally do all your surgical procedures?

A. Yes, majority, outpatient.

Q. Do you have some sort of agreement with the Surgery Center as to use of their facility?

MS. MILLER: Objection.

BY MR. LANDSKRONER:

Q. How is it set up -- how is it that you're allowed to go into the Surgery Center and practice, do you have privileges there?

A. Privileges, yes.

Q. Is that somehow affiliated with Southwest General Hospital?

A. No, separate.

Q. If I was an M.D. and I wanted to practice at the Surgery Center, how would I go about doing that?

A. You apply for privileges, like hospital.

Q. The pathology that was performed was done also at the Surgery Center. How is it that you present the pathology to the Surgery Center for review as opposed to some other location?

A. They have their own pathology.

Q. So it operates just as if you were at a regular hospital, you would then leave the pathology there and the individual physicians would then go out and read and review the pathology for you?

A. That's right.

Q. Is it true that clarity of tumor identification is critical in determining the appropriate treatment modalities for each tumor?

MS. MILLER: Objection.

A. Explain to me, repeat the question.

Q. You indicated that you believe based on the pathology that this was a seminoma, and I'm asking you, is the clarity of the tumor identification, the importance of tumor identification, critical in determining the appropriate treatment that you're going to recommend after pathology has come back?

A. That's right.

Q. And so is it fair to say that you based the treatment you recommended for Mr. Ortman on the findings that were in the pathology report which has been marked as Exhibit 3?

A. That's right.

Q. Can you tell me what the difference in treatment modalities would be for a seminoma versus an embryonal carcinoma?

A. Seminoma, as I said before, they are radiosensitive, in other words, they respond to radiation treatment. Embryonal usually are treated differently, chemotherapy, expiration of the

retroperitoneal lymph gland,

Q. You directed Mr. Ortman to see a physician, Dr. Laye; is that correct?

A. Dr. Laye, yes.

Q. Dr. Laye is in what area of practice?

A, Radiation oncologist.

Q. Can you tell me the reason that you sent Mr. Ortman to Dr. Laye?

A. It's convenient for our patient to go to the West Side Imagining.

Q. And why would you send Mr. Ortman specifically to a radiation oncologist?

A. Based on the pathology that I got, seminoma.

Q. Would that be for treatment of radiation therapy for the seminoma?

A. That's right.

Q. If you were aware that there was embryonal carcinoma present, would you have sent Mr. Ortman to Dr. Laye?

MS. MILLER: Objection.

A. No.

Q. Why not?

A. Because that's not the appropriate treatment.

Q. What type of treatment would you have recommended for Mr. Ortman if you were aware there was embryonal carcinoma?

MS. MILLER: Objection.

A. Chemo.

Q. Is there a distinction between an invasive and a non-invasive cancer in terms of the course of treatment you're going to recommend for a patient?

A. You're talking about seminoma?

Q. Seminoma, correct.

A. The same.

Q. What about for an embryonal carcinoma?

A. Different.

Q. Tell me the differences between the invasive embryonal carcinoma and a non-invasive embryonal carcinoma in terms of treatment that you would recommend.

A. They all respond to chemotherapy.

Q. As I see you're making the distinction between the seminoma and embryonal, not between an invasive and non-invasive?

A. No.

Q. I believe you stated that embryonal carcinoma is more aggressive cancer, correct?

A. More aggressive cancer.

Q. Is it true that the longer that cancer goes untreated the more dangerous that it is to the patient?

MS. MILLER: Objection.

MR. POLITO: Objection as to form.

Go ahead, Doctor.

A. The question again?

Q. Is it true that the longer that cancer goes untreated in the patient the more dangerous it is to the patient?

A. Of course.

Q. Is that true more so for a patient who has an aggressive tumor as opposed to a non-aggressive tumor?

A. Well, you know, you treat them depending upon the pathology report.

Q. Is a tumor that's more aggressive more dangerous to a patient the longer that it goes untreated as opposed to a non-aggressive tumor?

MS. MILLER: Objection to the word dangerous.

MR. POLITO: Objection as to form.

A. You mean the more aggressive a tumor is --

of course the more aggressive the more dangerous they are.

Q. If the cancer has vascular invasion involved with it in a testicular cancer, does it put the patient at even higher risk if the delay in diagnosis is longer?

MR. POLITO: Objection as to form.

MS. MILLER: Objection.

A. I don't think there's a delay in the diagnosis of this case.

MS. MILLER: Doctor, answer the question. Do you understand the question?

THE WITNESS: No.

A. What do you mean?

Q. I'm saying, if a tumor or a cancer has invaded vascularly to the system as opposed to a cancer that has not, should there be even greater concern for a patient if the cancer goes untreated?

A. Definitely.

Q. Doctor, back to your notes, if you can. The next time you see Mr. Ortman after May 15, 1995 is June 5, 1995, correct?

A. June 5 he didn't show up

Q. And then is there a reason stated why he didn't show up? Read me that entry.
A. Patient ill, complained ill.
Q. What's the --
A. I just saw it now.
Q. Is that your handwriting?
A. No.
Q. It says R/S 6-12. Is that reschedule 6-12?
A. Yes.
Q. The next time you see Mr. Ortman is June 12, 1995?
A. That's correct. Getting radiation treatment. Return in three months.
Q. That was the radiation treatment from Dr. Laye?
A. Dr. Laye, yes.
(Thereupon, Plaintiffs' Exhibit 4 to the deposition of Arturo Basa, M.D. was marked for purposes of identification.)
BY MR. LANDSKRONER:
Q. Doctor, if you'll take a look at that and familiarize yourself with it and identify it for me. Can you identify that document for me?
A. Yes.

Q. What is that? -
A. August 16, 1995 letter to Dr. Basa. Mr. Ortman is a 37-year-old --
MS. MILLER: I don't think he wants you to read it.
BY MR. LANDSKRONER:
Q. Tell me what it is. Is that a letter from Dr. Laye to you?
A. Yes.
Q. That's dated August 16, 1995, correct?
A. Yes.
Q. That letter is an indication from Dr. Laye to you that he has completed his treatment, radiation treatment with Mr. Ortman, correct?
A. Yes.
Q. And that Mr. Ortman was advised to contact you for a follow-up appointment?
A. Yes.
Q. Did, in fact, Mr. Ortman schedule a follow-up appointment with you?
A. Yes. I saw him on August 21, 1995.
Q. From this letter, is it your understanding that Dr. Laye was returning charge of Mr. Ortman's care back to you?
MS. MILLER: Objection.

A. For follow-up.-

Q. Were you Mr. Ortman's primary care physician?

MS. MILLER: Objection.

A. No.

Q. Who was?

A. I don't know.

Q. Were you his primary care physician or at least the physician in charge of caring for him with regard to the testicular cancer?

MS. MILLER: Objection.

A. That's right.

Q. At any point in time did you turn control or turn control of care of Mr. Ortman over to Dr. Laye or did you maintain involvement in his care throughout and you were still in charge of his care?

A. Both of us.

Q. At this point based on this August 16th letter, is it your understanding that Dr. Laye was returning charge of the patient back to your care?

MS. MILLER: Objection.

A. Still have to see him also on the p.r.n. basis.

Q. P.r.n. basis is as-needed basis?

A. As necessary basis.

Q. Does that mean-it's up to Mr. Ortman when he wants to go back and see Dr. Laye?

A. Yes.

Q. In some instances, Doctor, lymph node dissection is utilized for patients with testicular cancer for staging purposes; is that correct?

A. Embryonal.

Q. Only for embryonal cancer?

A. Yes.

Q. Is that the gold standard in staging?

MS. MILLER: Objection.

A. Not really.

Q. Is there a gold standard for staging of embryonal carcinoma?

MS. MILLER: Objection.

A. We do CAT scan instead.

Q. In this instance --

A. And also blood test.

MS. MILLER: Do you know what he means by gold standard?

THE WITNESS: Standard of care.

MS. MILLER: Is that what you mean, Jack?

///

BY MR. LANDSKRONER:

Q. Is that the standard, the optimal standard that's used to determine what the staging is?

MS. MILLER: Objection.

A. Standard of care, yes.

Q. Can you tell me why you did not undertake any lymph node dissection during the surgical procedure?

A. Because of the pathology finding of seminoma.

Q. At the time you did the procedure, you did not know whether it was a seminoma or an embryonal carcinoma, correct?

A. Yes.

Q. If there was a finding of embryonal carcinoma at that time, would you have gone back in and done another procedure for lymph node dissection?

MS. MILLER: Objection.

A. Repeat the question.

Q. Sure. I'm just trying to understand if at the time you did the procedure you didn't know what type of cancer it was and you didn't do lymph node dissection because you thought -- you didn't do lymph node dissection at the time and after the fact you found out it was seminoma, correct, from the pathology

report?

A. The pathology reports say seminoma, so you stop there and you give him the appropriate treatment.

Q. If there was embryonal carcinoma that was indicated on the pathology report, would you then have gone back and done lymph node dissection?

A. Well, I will do a CAT scan and do lymph node dissection, yes.

Q. Is there a criteria for surveillance of patients after orchiectomy that is the standard of care?

MS. MILLER: Objection.

BY MR. LANDSKRONER:

Q. Strike that.

Is there a criteria for orchiectomy patients postoperatively for follow-up and surveillance when lymph node dissection is not undertaken that is considered the standard of care?

A. In seminoma?

Q. In seminoma or in any other -- in seminoma first.

A. Seminoma are a different breed of testicular tumor.

Q. What is the surveillance follow-up for seminoma?

A. Seminoma, you send them to radiation oncologist to do the workup that he need to do.

Q. And for embryonal carcinoma?

A. Well, I take care of them and then refer them to an oncologist.

Q. Upon completion of the radiation, is there a surveillance protocol that is utilized in your practice?

MS. MILLER: Objection.

BY MR. LANDSKRONER:

Q. You have to answer verbally, sir.

A. None.

Q. Doctor, I've read that postsurgical orchiectomy there is a follow-up standard for patients for the first year, a patient is supposed to be seen at least once a month postoperatively for the first year. Are you familiar with that standard?

A. For what tumor?

Q. Regardless of the tumor, post-orchiectomy.

A. Not really.

Q. Every two months postoperatively a patient after orchiectomy with removal of a testicle and tumor is supposed to be followed for the second year, are you familiar with that standard?

A. If it's embryonal.

Q. Not for seminoma?
A. No.
Q. Every four months for the third year, are you familiar with that standard, if it's embryonal?
A. Embryonal you have to follow them up closely.
Q. Can you give me the time frame in terms of following up closely, what's your understanding of how often you should see a patient post-orchiectomy?
A. Three months. Embryonal?
Q. Yes.
A. Three months.
Q. How long do you continue to do that for?
A. A year.
Q. In the second year do you still continue to see the patient postsurgical for an embryonal carcinoma?
MS. MILLER: Objection.
A. Follow-up by me or oncology.
Q. How often?
A. Depends.
MS. MILLER: Objection.
BY MR. LANDSKRONER:
Q. Is there no set determination that's the standard of care that you're aware of in terms of

follow-up for a patient post embryonal carcinoma orchiectomy?

MS. MILLER: Objection.

A. Three to six months.

Q. How many years do you continue to follow a patient post-orchiectomy, a patient who has had cancer?

MR. POLITO: Are we talking embryonal again?

MR. LANDSKRONER: Embryonal.

A. Every year you follow them up.

Q. For how many years?

A. indefinite.

Q. Is it appropriate to do a CAT scan as part of your follow-up examination --

MS. MILLER: Objection.

Q. -- for embryonal carcinoma?

A. Embryonal, yes.

Q. How often in the first year?

A. Well, if they are treated with chemo, three months, six months, a year.

Q. What are the follow-up modalities as part of your examination that you would perform on a patient post embryonal carcinoma orchiectomy?

A. Follow up them with CAT scan, blood test, alpha-fetoprotein and chorionic gonadotropin.

Q. Chest x-ray?

A. Chest x-ray.

Q. And again, Doctor, this is for embryonal carcinoma. What about for seminoma?

A. Seminoma, because it's usually radiosensitive you're kind of a little bit lenient on the patient depending upon his symptoms and what he feels. You know, he can see us regularly for that. If he feels anything unusual we advise them to see us.

Q. If the patient doesn't feel anything unusual with a seminoma, what is the standard that you apply in treating the patient for follow-up care and surveillance?

A. You tell them to come back in six months to a year.

Q. In the second year do you continue to see them as well?

A. Yes.

Q. Under the same guidelines?

A. Same guidelines.

Q. You'd see them once the first year, once the second year or if they had a problem?

A. That's right.

Q. Did Mr. Ortman to your understanding in June of 1995 after performing the orchiectomy, can you

tell me if Mr. Ortman had vascular invasion?

A. No.

Q. He did not have it?

MR. POLITO: Could you repeat the question?

MR. POLITO: Read back the question and answer.

THE NOTARY: Question: "Did Mr. Ortman to your understanding in June of 1995 after performing the orchiectomy, can you tell me if Mr. Ortman had vascular invasion?

"Answer: No."

BY MR. LANDSKRONER:

Q. What do you base that finding on?

A. On my determination of the tumor markers.

Q. And those were what?

A. Normal.

Q. The tumor markers you're referring to are the --

A. Alpha-fetoprotein and chorionic gonadotropin.

MR. POLITO: What was the date of that, Doctor?

THE WITNESS: The date is

5-19-95.

BY MR. LANDSKRONER:

Q. Were those the only modalities that you relied on to make that determination?

MS. MILLER: Objection.

A. Yes.

Q. Doctor, we can go to your August 21, 1995 note. If you can read that for me.

(Thereupon, Plaintiffs' Exhibit 5 to the deposition of Arturo Basa, M.D. was marked for purposes of identification.)

Q. Can you identify Exhibit 5, is that your August 21 --

A. Yes.

Q. Can you read that note for me?

A. Patient doing fine. No pain. Some burning in the lower back and hip. No pain. The abdomen is soft, flat, no palpable mass. Genitalia: absent right testicle, normal left testicle. Diagnosis: seminoma right testicle. Return one year or as necessary.

Q. What's the significance of the low back pain that Mr. Ortman was experiencing?

MS. MILLER: Objection.

///

BY MR. LANDSKRONER:

Q. I'm sorry, low back burning.

A. Lower back burning. Patient has been known to have chronic back pain, so it's one of those things that he complained about.

Q. Was this the same type of pain that he had been having prior?

MS. MILLER: Objection.

A. Nothing significant according to him, so I didn't --

MS. MILLER: You answered the question.

Q. Do you recall whether or not this was a muscle type of pain, pain in his muscle, or a burning in his muscle, or did he describe the burning sensation any more specifically than what you've indicated in your note?

A. No specific thing.

Q. This was the consultation that was made after Mr. Ortman completed his treatment with Dr. Laye, correct?

A. That's right.

Q. Is this the last time that you had seen Mr. Ortman?

A. That's right, correct.

Q. It was your understanding that Mr. Ortman was going to return to you in one year for follow-up?
A. Or whenever he has problem.
Q. Is there a p.r.n. down here on your note anywhere?
A. No.
Q. So based on your note, you just told him to return in one year?
A. One year.
Q. At that time did you perform any additional blood work on Mr. Ortman?
A. No.
Q. Did you perform any additional x-rays?
A. No.
Q. Did you perform a CAT scan?
A. No.
Q. Did you check the tumor markers, the alpha-protein or the --
A. Chorionic gonadotropin, alpha-fetoprotein No, because it's seminoma.
Q. So there was no need to follow up because it was a seminoma?
A. Correct.
Q. Doctor, can you tell me who Dr. Sidor is?
A. One of my partners.

Q. And that's here at Southwest Urology?
A. Yes.
Q. How long have you worked with Dr. Sidor?
A. Eleven, twelve years.
Q. Are there any other partners in Southwest Urology?
A. Yes.
Q. Who are those?
A. Barkoukis, Berte, Gervasi, me Basa, Coseriu.
Q. Dr. Sidor saw Mr. Ortman on January 24, 1996, correct?
MS. MILLER: Objection.
A. Basing on this note.
Q. Did you consult with Dr. Sidor at all about Mr. Ortman's care after the last time you saw Mr. Ortman in August of 1995?
A. No.
Q. Did Dr. Sidor take over care of Mr. Ortman from that point forward?
A. I suppose so. He was following him.
Q. How is it that Mr. Ortman ended up seeing Dr. Sidor instead of coming back to you, if you know?
A. I don't know.
Q. Have you reviewed Dr. Sidor's notes in

your review of the chart?

A. Just now.

Q. Prior to the deposition?

A. Yes.

Q. Dr. Sidor sees Mr. Ortman -- correct me if I'm wrong -- after Mr. Ortman presented to the emergency room with severe pain in his right abdomen; is that correct, to your understanding?

A. That's right.

Q. That was on January 24, 1996?

A. That's right.

Q. Then Mr. Ortman came to Southwest Urology right after going to the emergency room and had a follow-up appointment with Dr. Sidor?

A. Correct.

Q. And again, if I'm wrong, correct me, but is it your understanding that Dr. Sidor's exam revealed -- can you tell me what Dr. Sidor's exam revealed?

MS. MILLER: Objection. Do you want him to read Dr. Sidor's notes?

BY MR. LANDSKRONER:

Q. Can you read Dr. Sidor's handwriting?

A. A little bit.

Q. I'll let you run through that note for me,

if you can, on January 24th, as best you can.

A. Came in with right flank pain over the past 24-48 hours. Pain at times aching and stabbing. Orchiectomy 5-95, testicular cancer. Right flank pain. CAT scan was ordered and a chest x-ray.

Q. What was your understanding of what the CAT scan revealed?

MS. MILLER: Objection.

A. I didn't see that.

Q. In reviewing the record in your chart, did you see the findings of the CAT scan that was done on January 24th?

(Thereupon, Plaintiffs' Exhibit 6 to the deposition of Arturo Basa, M.D. was marked for purposes of identification.)

A. CAT scan or chest x-ray? This is chest x-ray.

Q. Chest x-ray. I'm sorry.

(Thereupon, Plaintiffs' Exhibit 7 to the deposition of Arturo Basa, M.D. was marked for purposes of identification.)

BY MR. LANDSKRONER:

Q. Is that the CAT scan marked Exhibit 7?

A. CAT scan of the abdomen and pelvis.

Q. Dated 1-24-96.

Doctor, did you have a chance to review that when you were reviewing the chart?

MS. MILLER: Objection.

When, Jack?

MR. LANDSKRONER: Earlier today.

MS. MILLER: Did you look at these today?

A. No.

Q. Why don't you take a look at that for a moment for me.

A. Okay.

Q. Had you seen this prior to looking at it here today; had you seen this radiology report prior to today?

A. No, I didn't review it, I just reviewed it now.

Q. Dating back to January of 1996, did you have a chance to take a look at this report?

MS. MILLER: Did he see this in January of '96, is that your question?

MR. LANDSKRONER: Yes.

A. No.

Q. Have you ever seen this report prior to our sitting here today?

A. No.

Q. Having reviewed this report now, can you tell me what your understanding of Mr. Ortman's condition was on January 24th of '96?

A. Impression, can I read that in?

Q. Sure.

A. "Tumor versus lymphadenopathy in the paracaval/right paravertebral regions as described above. Newly developed since the previous scan of 5-23-95 and consistent with metastatic disease. The additional lymphadenopathy that was identified in the lower abdomen and right inguinal region on the previous scan of 5-23-95 is no longer present or evident."

Q. In laymen's terms, can you explain that to me; what's that mean?

A. That means to say that these are new tumor, metastatic disease that just developed and that's all I can -- the tumor that this identified on 5-23-95 is no longer there.

Q. In reviewing the chest x-ray that's been marked Exhibit 6 --

A. CAT scan.

Q. CT of the chest marked Exhibit 6, can you tell me what your interpretation of that means in laymen's terms?

A. "Isolated nodule in the posterior segment

of the right lower lobe best seen on image 22, probably a metastatic lesion."

Q. What does that mean?

A. Probably lesion spread.

Q. So there was some cancer that spread?

A. That's what is probably.

Q. Again, looking at Dr. Sidor's notes, can you tell me what was done next in the course of treatment of Mr. Ortman?

A. Which note?

Q. After the January 24th consultation.

A. January 26?

Q. Yes.

A. Follow-up examination. New retroperitoneal lymphadenopathy near the right renal hilum and a CAT scan *of* the lungs. Eight millimeter nodule, right medial aspect right lung, posterior segment. Then he ordered a bone scan, IVP and CAT scan, needle aspiration biopsy of right lung. Talk to pathology. Testicular tumor probably anaplastic type of seminoma. There may be embryonal cell cancer present also. They will do special stain.

Q. Were you aware at this time that Mr. Ortman was back in with another cancer?

A. No.

Q. Dr. Sidor did not contact you about Mr. Ortman's condition?

A. No, not that I can recall.

Q. If you could read the February 2nd note for me, if you can.

A. Patient present to -- report from Cleveland Clinic. Mixed germ cell predominantly embryonal with focal or local seminoma.

(Thereupon, Plaintiffs' Exhibit 8 to the deposition of Arturo Basa, M.D. was marked for purposes of identification.)

BY MR. LANDSKRONER:

Q. Doctor, I show you what's marked Exhibit 8 and ask you if you can identify that one for me? Can you identify that for me?

A. Revised, yes.

Q. Revised pathology report?

A. Yes, revised diagnosis. "Mixed seminoma and non-seminomatous germ cell tumor (embryonal carcinoma).

Q. This is the pathology report that was revised for Mr. Ortman based on the same slides that were done in May of 1995?

MS. MILLER: Objection.

A. Correct.

Q. Have you seen this report before?
A. Yes.
Q. When did you see this report?
A. When?
Q. Yes, when was the first time you saw this report?
A. When they told me I have a suit.
Q. Can you tell me, what is your understanding now of the condition that Mr. Ortman had back in May of 1995?
MS. MILLER: Objection.
A. Say again.
Q. Can you tell me, having seen that report, what is your understanding of the condition that Mr. Ortman had back in May of 1995?
A. Well, the condition at that time when I was seeing him is okay.
Q. Having seen this now as we sit here today and having seen that report after you had notice that you were being sued, what is your understanding of what his condition was back then?
MR. POLITO: Based on that report?
MR. LANDSKRONER: Based on having seen the report.

MS. MILLER: Based on this revised report.

A. In retrospect?

Q. Yes. Knowing what you know now, in retrospect, what's your understanding of what his condition was back then?

MS. MILLER: Tell me, is this your question, is this --

A. I cannot understand that.

Q. In retrospect, knowing what you know now, what was Mr. Ortman's condition in 1995?

MR. POLITO: Objection.

Q. In June of 1995.

MS. MILLER: Objection.

A. Per my understanding, he's okay.

Q. You've reviewed the report there and it says that there is an intratubular germ cell neoplasia present, correct, and that there was vascular invasion present, correct?

A. Correct.

Q. Having seen this report, can you tell me what Mr. Ortman's condition was back in 1995?

A. Based on this?

Q. Yes.

A. I don't know.

Q. Can you tell me, was germ cell neoplasia present back in 1995?
A. I don't know.
Q. Having looked at this report?
A. Now I know.
Q. That's what I want to know, I want to know what you know now.
A. I saw the report, I know now.
Q. So it's your understanding Mr. Ortman had germ cell neoplasia back in 1995 in May?
A. I don't know that.
Q. You know now?
A. I know now.
Q. And that he had vascular invasion present back in 1995, you know now?
A. I don't know then.
Q. You know now?
A. I know now.
Q. That he had that condition; is that correct?
A. That's correct.
Q. Is it your opinion now that Mr. Ortman had embryonal carcinoma back in 1995?
A. I know now; I don't know then.
Q. But it's true from what you know now that

he did have embryonal carcinoma back in 1995?

MR. POLITO: Based on this report, Jack?

MR. LANDSKRONER: Based on this report.

A. Based on this report, yes. But then I don't know.

Q. You mentioned you talked to Dr. Tancinco. When did you talk to Dr. Tancinco?

A. I cannot recall then, but a couple of months ago.

Q. After the lawsuit was filed?

A. After the lawsuit.

Q. What did you talk about?

A. I don't recall specifically, but I told him about the misdiagnosis.

Q. Tell me, if you can, in your words what misdiagnosis.

MS. MILLER: Objection.

A. Well, the diagnosis that the original pathology is different from what he reported here, different.

Q. The misdiagnosis related to the review of the pathology by Dr. Alberhasky?

MS. MILLER: Objection.

Q. Is that correct?
A. That's correct.
Q. Can you tell me anything you recall about that conversation at all?
A. No.
Q. Have you talked to Dr. Tancinco since?
A. No.
Q. Do you remember what Dr. Tancinco told you in response to your discussion with him?
A. No.
Q. Doctor, can you tell me, based on the misdiagnosis by Dr. Alberhasky, was the radiation that Mr. Ortman received the proper treatment?
MS. MILLER: Objection as to form.
A. No.
Q. What would have been the appropriate treatment for Mr. Ortman's condition knowing what you know now?
A. Chemo, close follow-up.
Q. Can you tell me what injury, if any, resulted to Mr. Ortman from the failure to have the chemo in May of 1995?
MS. MILLER: Objection.
A. I don't know.

Q. Doctor, have you reviewed any reports by or letters from Dr. Connell?

A. No.

Q. In your file there are some records from Dr. Connell that have been sent relating to Mr. Ortman's care. Have you looked at any of those?

A. No.

Q. Did you see those when you were reviewing the file this morning?

A. Yes, but I didn't read them.

Q. Dr. Connell has indicated -- let me show you the report here.

(Thereupon, Plaintiffs' Exhibit 9 to the deposition of Arturo Basa, M.D. was marked for purposes of identification.)

BY MR. LANDSKRONER:

Q. It's tough to read the report. Take a second and read that report.

Doctor, have you ever seen that report before?

A. No, just now.

Q. Again, I think I've asked you, you've never talked to Dr. Connell?

A. No.

Q. Having reviewed that report and taking

into consideration your treatment of Mr. Ortman and the materials that you've seen, can you tell me was there a delay in the appropriate treatment that Mr. Ortman received for the cancer that he had?

MS. MILLER: Objection.

A. No, because seminoma, I treated him for what I saw.

Q. Not from your perspective, but a delay in the treatment of Mr. Ortman's condition for embryonal carcinoma?

MS. MILLER: Objection.

A. What do you mean; what are you implying?

Q. Well, was there a delay in terms of -- knowing what you know now, Mr. Ortman had embryonal carcinoma back in May of 1995, correct?

A. Correct.

Q. The appropriate treatment for embryonal carcinoma in May of 1995, knowing what you know now, would have been chemotherapy?

A. Chemotherapy, right.

Q. Is it reasonable to say that there was a delay in the treatment of Mr. Ortman's condition from May of 1995 until he received the chemotherapy?

MS. MILLER: Objection.

A. There's a delay, yes. I'm not treating

him like that.

Q. I'm not talking about your treatment, I'm just talking about the delay.

You understand reasonable medical probability, has anybody ever explained that to you?

A. No.

Q. Reasonable medical probability is more likely than not. So when I ask you this question, can you tell me more likely than not, was there a delay in the treatment of Mr. Ortman's cancer, embryonal carcinoma, from May until January when he received treatment in 1996?

MS. MILLER: Objection.

MR. POLITO: Again, that's based on Tancinco's report?

A. Based on what I know now?

Q. Right. Can you tell me, was there a de1ay?

MS. MILLER: Objection.

A. A little bit of delay.

Q. Six months or *so,* correct?

MS. MILLER: Objection.

A. No.

Q. How long?

A. Well, we gave him treatment, radiation.

Q. I understand you treated the seminoma, but for treatment for the embryonal carcinoma.

A. We didn't treat him for embryonal.

Q. Right. What I'm trying to get at here is, within reasonable medical probability, more likely than not, can you tell me, was there a delay in the treatment of Mr. Ortman's embryonal carcinoma from May of 1995 until January 1996 when he was treated with chemotherapy?

MR. POLITO: Objection.

MS. MILLER: Objection.

A. There's delay, yes.

Q. Having looked at that report from Dr. Connell, can you tell me that as a result of that delay within reasonable medical probability was there an enlarging of the retroperitoneal lymph nodes on the right side?

MS. MILLER: Objection.

A. Didn't state that.

Q. Doctor, down here, right here, the last sentence.

MR. POLITO: Which paragraph?

MR. LANDSKRONER: It is the second to last paragraph, last sentence.

MS. MILLER: What's your question, Jack?

BY MR. LANDSKRONER:

Q. My question is, can you tell me within reasonable medical probability having reviewed this document and knowing what you know that as a result of the delay in treating Mr. Ortman was there an enlarging of the retroperitoneal lymph nodes on the right side?

MS. MILLER: Objection. You're referring him to a section of the report that says -- go ahead, Doctor, if you can answer that question.

A. I cannot answer it.

Q. You cannot answer it based on this report and based on what you know?

A. No.

Q. Can you tell me based on what you know and based on that report and your treatment of Mr. Ortman, was there an enlargement of the retroperitoneal mass where the tumor was removed?

A. Repeat that again, please.

Q. Can you tell me within more probability than not, based on review of this and knowing what you know, was there an enlargement of the retroperitoneal mass where the tumor was removed after radiation as

stated by Dr. Connell?

A. There was a CAT scan report in January, January 24, 1996. That conclusion was that this is a new tumor versus lymphadenopathy in the paravertebral region as described above, newly developed since previous CAT scan of 5-23-95 consistent with metastatic disease.

Q. So there's a new tumor that has developed?

A. That's right.

Q. Doctor, can you tell me what the risks are to Mr. Ortman of this cancer, the embryonal carcinoma, when untreated, with a delay in treatment?

MS. MILLER: Objection.

A. What do you mean?

Q. What are the risks to Mr. Ortman now and in the future because this tumor was not treated from May of 1995?

MS. MILLER: Objection.

A. Six months, probably nothing.

Q. So after six months he's at no greater risk, is that what you're telling me?

A. He was treated, he's getting treatment now.

Q. But that delay of six months puts him at no greater risk than he would have been if it was

treated originally?

A. No.

MR. POLITO: Just so the record is clear, when you said no, Doctor, you meant it's your opinion that this man has no greater risk due to the six-month delay?

THE WITNESS: No.

MR. POLITO: That's correct?

THE WITNESS: That's correct.

BY MR. LANDSKRONER:

Q. Is it also true for a patient with embryonal carcinoma that has had vascular invasion?

A. Well, it's embryonal, it's embryonal carcinoma, yes.

Q. Embryonal carcinoma with vascular invasion is more serious than the embryonal carcinoma that's self-contained, correct?

A. Yes.

Q. Is Mr. Ortman at greater risk because of the delay in diagnosis in view of the fact that he had embryonal carcinoma which had vascular invasion?

A. I don't know.

MS. MILLER: Greater risk of what?

A. I said I won't-treat him.
Q. So he would not had to have gone through the radiation if you knew back in May of 1995 that he had embryonal carcinoma?
A. Correct.
Q. Is the treatment for mixed tumors, seminomas and non-seminomatous germ cell tumors, the same as treatment for non-seminomatous germ cell tumors?
A. Seminomas is different.
Q. But if they are mixed?
A. If they're mixed, treat the more aggressive tumor, embryonal.
Q. So that would have been chemotherapy?
A. That's right.
Q. Are you familiar with statistics on the patients with testicular germ cell neoplasm concerning the histological types of the tumors?
MS. MILLER: Objection.
A. No.
Q. Doctor, can you tell me if a patient who receives radiation and chemotherapy both is more prone to neutropenia?
A. No.
Q. Can you tell me if a patient who has

combined risks of both chemotherapy and radiation is at greater risk for developing leukemia?

A. Maybe.

Q. Have you read any literature or statistics on that?

A. Not recently.

Q. Can you give me any percentages in terms of the likelihood or increased risk to that patient?

MS. MILLER: Objection.

A. No.

Q. Doctor, do you become involved at all in the staging of the tumors?

A. Testicular tumor?

Q. Yes.

A. Yes.

Q. When you first saw Mr. Ortman after performing the orchiectomy, what was your understanding of what stage his tumor was?

A. On my examination?

Q. Yes.

A. My examination, with blood tests, stage one.

Q. Is there a point in time that you found out that it was actually a more advanced tumor while you were still involved with Mr. Ortman's treatment?

A. The CAT scan was done by Dr. Laye.
Q. And is it your understanding that it was upgraded to a grade two?
A. Two.
Q. And that's the Walter Ried scale?
A. Walter Ried scale.
Q. Is it true that the greater the stage, the more aggressive the cancer?
A. Yes.
Q. Were any photographs taken during the surgical procedure of the orchiectomy?
A. No.
Q. Tell me, what information does the pathology report give you as a surgeon?
A. What's that again?
Q. What information did the pathology report give you in this case as a surgeon, the pathology report authored by Dr. Alberhasky?
A. Well, I based it on the diagnosis.
Q. And in this case it gave you the information that you were dealing with a seminoma?
A. Seminoma.
Q. Did you rely on that report in the treatment of Mr. Ortman?
A. Yes, because they are expert.

(Thereupon, Plaintiff's Exhibit 10 to the deposition of Arturo Basa, M.D. was marked for purposes of identification.)

BY MR. LANDSKRONER:

Q. Doctor, I'm going to show you what's been marked Exhibit 10 and ask you if you can identify that for me?

A. Yes.

Q. What is that?

A. It's my curriculum vitae.

Q. Doctor, have you been involved in any publications?

A. No.

Q. Do you teach anywhere?

A. Not anymore.

Q. Where did you teach?

A. When I was a resident and fellow.

Q. You did your medical school in?

A. Far Eastern University.

Q. In the Philippines?

A. Philippines.

Q. You graduated in 1963. Did you have to pass any equivalency exams when you came here to the United States?

A. That's right.

Q. When did you take those?
A. 1978.
Q. And when did you come to the United States?
A. 1963.
Q. How many times did you take those equivalency exams? Did you have to sit for a language portion of the exam?
A. No language portion, no. The ECFMG.
Q. Tell me what that exam consisted of.
A. The national board.
Q. That was to permit you to practice in the United States?
A. No, it's to come in.
Q. And how many times did you have to take that exam?
A. Which one, FLEX?
Q. The exam.
A. Several exams.
Q. Let's talk about the first exam you had to take when you came to the United States to allow you to practice medicine here.
A. They don't allow us. The ECFMG.
Q. Yes, you have to familiarize me with the exam.

A. They don't have that anymore. We call it ECFMG. That's for foreign medical graduates, we take that exam.

Q. Is that a written exam?

A. Written exam.

Q. Is there an oral section to that exam?

A. No.

Q. Did you pass that exam on the first try?

A. No.

Q. How many times did you take that exam?

A. Second time.

Q. What year did you pass it?

A. 1964.

Q. Then did you have to take any additional exams once you were permitted to practice here in the United States?

A. Yes.

Q. What else did you take?

A. I took the FLEX in Indiana.

Q. What is the FLEX?

A. Federal licensing examination equivalent to national board, first part, second part.

Q. When did you take that?

A. 1978, I think.

Q. Did you pass the first part on the first

try?

A. Yes.

Q. Did you pass the second part on the first try?

A. Yes.

Q. I note that you are Board certified.

A. Yes.

Q. You're also licensed in the State of California?

A. Yes.

Q. Do you have licenses in any other states?

A. No.

Q. Have you ever maintained license in any other states?

A. Just Ohio and California.

Q. Are you still presently licensed in California?

A. Yes.

Q. Which board for Board certification did you take?

A. The Board of Urology.

Q. When did you take that?

A. 1976.

Q. And can you tell me what that board consists of?

A. It consists of a written and an oral.
Q. And did you pass the written on the first try?
A. First try, yes.
Q. Did you pass the oral on the first try?
A. Yes.
Q. Have you been recertified?
A. No. We are grandfathered.
Q. Doctor, have you ever been called on to testify as an expert in any case?
A. No.
Q. Do you review cases at all for any insurance carrier?
A. With PIE.
MS. MILLER: Objection.
BY MR. LANDSKRONER:
Q. Have you ever been called on to render a report?
A. No.
Q. Have you ever given any testimony in capacity as an expert?
A. No.
Q. Outside of your involvement with Southwest Urology, are you involved in any other medical practices or medical-related institutions?

A. No.
Q. Presently where are your hospital privileges at?
A. Southwest, Parma, Deaconess, Fairview, Lakewood, Medina.
Q. Are those all active privileges?
A. Southwest and Parma.
Q. The others are -- what do they call it?
A. Associate.
Q. Dr. Basa, are you critical in any way of anything that Mr. Ortman has done with regard to his treatment and care?
A. No.
Q. Are you critical of the treatment and care of any of the other physicians that were involved in Mr. Ortman's care?
MS. MILLER: Objection.
A. No.
Q. You mentioned the misdiagnosis earlier by Dr. Alberhasky. Are you critical of Dr. Alberhasky's review of the pathology in this case?
MS. MILLER: Objection.
A. No.
Q. Do you think that pathology was correct?
MS. MILLER: Objection.

MR. POLITO: I'm going to object because he's not an expert in pathology.

MS. MILLER: He's a urologist.

A. Urologist.

Q. Knowing what you know now about the treatment and care of Mr. Ortman in conjunction with your care of him, was that pathology correct?

MS. MILLER: Objection.

A. No. I don't know.

Q. And, likewise, you don't know if the pathology reviewed by Dr. Tancinco was correct either?

MS. MILLER: Objection.

A. Base on their expertise.

Q. So you don't know whether Dr. Tancinco is right or whether Dr. Alberhasky was right in the diagnosis of what Mr. Ortman's condition was?

A. Whatever they tell me.

Q. Knowing what you know now?

MS. MILLER: Objection; asked and answered.

A. Same thing.

Q. Doctor, have you ever been convicted of a state or any federal offense?

A. No.
Q. Have you ever been treated for any alcohol or substance abuse?
A. No.
Q. Doctor, have you ever been involved in any other cases where you were named as a defendant in a medical negligence action?
A. Once.
Q. When was that?
A. 1995.
Q. Can you tell me, do you remember the name of the case?
MS. MILLER: Objection.
A. No.
MS. MILLER: Put a continuing objection to this line of questions.
Go ahead and answer.
BY MR. LANDSKRONER:
Q. You don't remember the name of the case?
A. It was an old lady.
Q. Can you tell me what the facts were that caused you to be brought into the case?
A. I put the stent in the wrong side. A stent is a tube.

Q. Was there settlement to that case?
A. Yes.
Q. That case was completely resolved?
A. Resolved.
Q. It didn't go to trial?
A. No.
Q. Was your deposition taken in that case?
A. I don't remember.
Q. Have there been any other cases that you've been involved in where you were named as a defendant in a lawsuit?
A. That I can't remember.
Q. Doctor, do you remember a case that was brought, you were named as a defendant in 1986, Tacket versus Southwest General Hospital?
A. Yes.
Q. Can you tell me what happened in that case?
A. Anesthetic.
Q. Were you involved in any settlement?
A. No. I don't know.
Q. You don't know if you were?
A. No, I don't know.
Q. You're not aware of whether or not your lawyers settled the case on your behalf?

A. I didn't know that. I thought the anesthesiologist took care of it.

Q. Are you familiar with a case, the Wolanski case in 1995?

A. No.

Q. Where you were named as a defendant?

A. Probably included my name, but I don't recall.

Q. Have there been other instances where your name was included in cases that you remember?

A. Not that I have to present deposition.

Q. How many times have you been deposed?

A. This is the second time, I think.

Q. The first one was in the last case that you referenced where there was a settlement?

MS. MILLER: Objection.

MR. LANDSKRONER: Did he say that?

A. I don't remember.

Q. Have you been deposed more than five times?

MS. MILLER: Objection.

A. No.

Q. Have you ever been sued that you're aware of in a case that alleged that you negligently failed

to identify and follow up with suspicious laboratory results?

A. No.

Q. How about a case where there was an allegation that you were involved in allowing a metallic foreign object to stay inside a patient after a surgeon was completed, have you ever been sued in a case like that?

A. No.

MR. LANDSKRONER: Doctor, that's all I have.

MR. POLITO: No questions.

MS. MILLER: Doctor, if this is typed up, you have a right to read it for any errors. I'm sure since we used some weird medical terms today, I'd like you to tell the court reporter that you will not waive your signature and you would like to read it if it's typed up.

THE WITNESS: I have to read it.

(DEPOSITION CONCLUDED)

BASA, M.D. (Date)

STATE OF OHIO,)
COUNTY OF CUYAHOGA.) SS:

CERTIFICATE

I, LAUREN I. ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within-named witness, ARTURO S. BASA, M.D., was by me first duly sworn to tell the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was reduced to stenotypy in the presence of said witness, and afterwards transcribed by me through the process of computer-aided transcription, and that the foregoing is a true and correct transcript of the testimony so given by him as aforesaid.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified.

I do further certify that I am not a relative, employee or attorney of either party, or otherwise interested in the event of this action.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, on this 27th day of June 1997.

Lauren I. Zigmont-Miller, RPR and Notary Public in and for the State of Ohio

My commission expires December 3, 2000.

LAWYER'S NOTES

Page	Line

DEPARTMENT OF RADIOLOGY

RGP
RUP

620589

PATIENT NO.: URTMAN THOMAS S

ROOM: 2168848574

NAME:

TEL. NO.: 00000001

DOB: 10/24/58

F.S.C.:

DOCTOR BASA, ARTURO S.
BASA, ARTURO S.

DATE OF EXAM: 9-3-95

ACCT#: 0793372

ULTRASONOGRAMS OF THE **TESTES DATED 5-3-95:**

The left testis is sonographically normal having a length of 4.62 cm. with an A? dimension of 8.86 cm. with a transverse dimension of 3.04 cm. The echo *texture* of the left testis is normal. The left epididymis measures 0.67 cm. x 0.83 cm. x *0.85* cm. and is normal. The right testis measures 4.63 cm. x 2.34 cm. x 3.07 cm. In the superior pole of the right testis is a solid poorly encapsulated solid mass measuring 1.88 cm. X 1.35 cm. x 1.59 cm. There is increased vascularity and demonstration of this vascularity with the Doppler flow images within the mass and in the adjacent margins of the right testis. There is also a hypechoic appearance of the right epididymis which is mildly enlarged measuring 1.10 cm. x 0.97 cm. x 1.08 cm. Along the inferior pole of the right testis there is a 1.74 cm. x 0.61 cm. x 1.03 cm. solid nodule. This could represent a focal thickening or neoplastic involvement of the gubernaculum testis. Also seen in the midlower pole of the right testis is a second smaller hypoechoic region measuring approximately 1 cm. in diameter. The abnormal appearance of the right testis and the adjacent structures may be on the basis of a testicular seminoma or embryonal cell carcinoma. The findings within the right testis and the adjacent structures needs to be considered malignancy until proven otherwise, and further evaluation of *the* right testis is therefore recommended.

PLAINTIFF'S EXHIBIT 1

VM

Victor RADIOLOGIST Laicys, M. D.

3: Report Dictated: May 03 1995 Trans: May 04 1995 7:50:01 AM

J.E. LALAK, M.D.
V.A. CEICYS, M.D.
H. LEE, M.D.
S.B. DEVILLE, M.D.
W. GEORGE, M.D.
L. GROSSMAN, M.D.
M.A. KING, M.D.
C.B. COHEN, M.D.

ATTENDING PHYSICIAN

OPERATIVE REPORT

ORTMAN, THOMAS (36)
DOB 10-24-58 -M-
05-10-95/DR. BASA

THE SURGERY CENTER

19250 EAST BAGLEY ROAD • MIDDLEBURG HTS., OHIO 44130
216-826-3240

PRE-OP DIAGNOSIS: Tumor right testicle

POST-OP DIAGNOSIS: Probable tumor right testicle

SURGEON: A. Basa, M.D. ANESTHESIA: General

PROCEDURE: **EXPLORATION OF RIGHT TESTICLE THROUGH INGUINAL APPROACH RIGHT ORCHIECTOMY**

This patient was seen in the office because of some pain and a growth in the right testicle which he noted several weeks ago. This has gotten bigger recently with some pain. Because of this, he was seen in the office and treated initially with antibiotics thinking that it might be epididymitis. He had a testicular ultrasound which revealed a suspicious tumor on the right testicle, possible testicular seminoma. Because of this, he was advised exploration of right testicle and possible orchiectomy. The procedure and risks were explained to the patient and his girlfriend.

PROCEDURE: Under successful general anesthesia with endotracheal intubation, the patient was placed in a supine position. The genitalia and lower abdomen were prepped and draped in the usual manner. A right inguinal incision was then done, cut into the skin and subcutaneous tissue until the fascia was in view. Bleeders were clamped and electrofulgurated. The external oblique aponeurosis was cut in the direction of the incision. A Penrose drain was used to isolate the right testicle and a bulldog clamp was applied to the spermatic cord. At this point, the spermatic cord was then isolated as well as the testicle with sharp and blunt dissection. The right testicle and its cord were delivered out through the incision with sharp and blunt dissection. Bleeders were electrofulgurated as they were encountered. The tunica vaginalis testis was then opened and the testicle was then explored. There was a hard mass at the lower aspect of the right testicle. The tunica albuginea was then opened and it was noted that there was a small, tumor mass involving a small portion of the right testicle. Because of this, the spermatic cord was then further isolated and doubly clamped and doubly suture ligated with 0 silk suture. The incision was then closed. The external oblique aponeurosis was approximated with interrupted suture of 3-0 chromic and the subcutaneous tissue was approximated with interrupted suture of 3-0 plain. The skin was closed with a subcuticular stitch of 4-0 Vicryl. Marcaine local anesthetic was used to infiltrate the incision. About 5cc was infused. The patient tolerated the procedure well and was brought to the Recovery Room in satisfactory condition.

PLAINTIFF'S EXHIBIT 2

A. BASA, M.D.

AB/djh
:05-10-95
t:05-11-95

THE SURGERY CENTER
19250 EAST BAGLEY ROAD • MIDDLEBURG HTS., OHIO 44130 • 216-826-3240

PATHOLOGY LABORATORY

NAME:	ORTMAN, THOMAS	PATH No.:	SC95-1625
DATE RECEIVED IN LAB:	5-10-95 at 10:49 a.m.	AGE: 36 SEX:	M
PHYSICIAN:	Dr. Basa	DATE OF BIRTH:	10-24-58
SPECIMEN:	Right testicle		
DATE OF PROCEDURE:	5-10-95		
PRE-OPERATIVE DIAGNOSIS:	Tumor right testicle		
POST-OPERATIVE DIAGNOSIS:	Pending		

GROSS DESCRIPTION: Received in Prefer fixative is a testicle, designated the right, which weighs 26.7 grams, and comes with attached epididymis and contents of spermatic cord. The testicle measures 4.5 X 2.8 X **2.5** *cm.* The tunica albuginea is smooth, glistening, and gray-tan showing two brown sutures sewn around a portion of the tunica and enclosing a portion of light brown apparent testicular tissue measuring up to 1.0 X 0.3 X 0.2 cm. Otherwise, no abnormalities are noted. Cut section of the testicle reveals a slightly bulging and firm, irregular gray-white tumor measuring up to 1.8 X 1.6 *cm.* in dimension. On cut section, the tumor shows areas of hemorrhage. The tumor does not extend to the tunica, nor does it extend into the epididymis. Other cut sections of the testicle away from then tumor are unremarkable. The edididymis and contents of the spermatic cord are unremarkable.
Representative sections are submitted in six cassettes. Designations #1 is contents of spermatic cord line of resection, #2 is section of tumor and adjacent testicle, #3 through **85** are sections of tumor with tunical margin and #6 is adjacent abnormal appearing testicle and epididymis.

BFT/ef

MICROSCOPIC DIAGNOSIS:

RIGHT TESTES:
SEMINOMA
TUMOR SIZE: 1.8 CM. **IN DIAMETER**
INTRATUBULAR GERM CELL **NEOPLASIA:** NOT **IDENTIFIED**
TUNICA ALBUGINEA: **NOT INVOLVED**
EPIDIDYMIS, NOT INVOLVED
.SPERMATIC CORD AND MARGINS: NOT **INVOLVED**

PLAINTIFF'S EXHIBIT 3

RA/ef
5-12-95
88309

R. ALBERHASKY, M.D.

WESTSIDE IMAGING & ONCOLOGY CENTER-

5260 SMITH ROAO. BROOK PARK OHIO 44142

PHONE 216/267-8080 FAX 216/267-0050

RADIATION ONCOLOGY FOLLOW-UP

August 16, 1995

Arturo S. Basa, M.D.
6707 Powers Blvd.
suite #309
Parma, OH 44129

RE: THOMAS ORTMAN
278-60-5506

Dear Dr. Basa:

Mr. Ortman is a 37-year old gentlemen with right testicular seminoma, s/p right inguinal orchidectomy, s/p radiation treatment completed in June, 1995. Today, Mr. Ortman returned for his first follow-up examination.

Upon visiting our clinic on August 16, 1995, Mr. Ortman stated he has no complaint. He is eating well and has no symptoms of nausea, vomiting, fever, or night sweats-

On examination, Mr. Ortman has no palpable supraclavicular or axillary adenopathy. Abdominal exam: soft, no palpable organomegaly was noted and no palpable inguinal adenopathy. His left testicle is soft, normal in size, and palpable nodularity was noted.

IMPRESSION: No evidence of disease.

PLAN: I advised Mr. Ortman to contact you for a follow-up appointment. I also advised him to contact me next week to let me know when he is going to have an appointment to see you. In the meantime, no scheduled appointment is set up for Mr. Ortman to see me at this time. I also advised him to contact me on a PRN basis.

Thank you very much for referring this patient to me.

With kindest professional regards.

sincerely,

Peter H. Laye, M.D.
Radiation Oncologist

PML:dp

PLAINTIFF'S EXHIBIT 4

00009

Thomas Uriman

MAY 15 1995 Path report [illegible]

Discussed path, Treatment

For radiation Rx

[illegible]

JUN 05 1995 pt C ill R/s 6/12

JUN 1? 1995 getting radiation Rx.

RTC 3 month.

AUG 21 1995 [illegible] No pain Some [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Rx [illegible]

[illegible] 1 yr

PLAINTIFF'S EXHIBIT
5

00003

CD-811

DEPARTMENT OF RADIOLOGY

PATIENT NO.: 620589

NAME: ORTMAN THOMAS S

DOB: 10/24/58

DOCTOR: SIDOR, TIM A.
SIDOR, TIM A.

ROOM: ROP
ROP

TEL. NO: 2168844290

F.S.C.: 00000001

DATE OF EXAM: 1-24-96

ACCT#: 3512086

CT OF THE CHEST:

Axial scans were obtained through the thorax at a scan interval and slice thickness of 10 mm. There is an 8 mm. nodule at the medial aspect of the right lung base probably situated in the posterior segment of the right lower lobe. This nodule is noncalcified and probably represents a metastatic nodule. I see no other nodules within the right lung and I see no nodules on the left. I see no mediastinal or hilar lymphadenopathy and no pleural effusions or infiltrates.

IMPRESSION: Isolated nodule in the posterior segment of the right lower lobe best seen on image 22, probably a metastatic lesion.

PLAINTIFF'S EXHIBIT 6

00027

RADIOLOGIST
Walter L. George, M.D.

S: Report dictated: Jan 24 1996 Trans: Jan 25 1996 7:10:47 AM

J.E. LALAK, M.D.
V.A. CEICYS, M.D.
H. LEE, M.D.
S.B. DEVILLE, M.D.
W. GEORGE, M.D.
L. GROSSMAN, M.D.
M.A. KING, M.D.

SOUTHWEST GENERAL HEALTH CENTER - MIDDLEBURG HEIGHTS, OHIO

DEPARTMENT OF RADIOLOGY

ROP
ROP

ATIENT NO.:	620589	ROOM:	
AME:	ORTMAN THOMAS S	TEL. NO.:	2168844290
OB:	10/24/58	F.S.C.:	00000001
OCTOR:	SIDOR, TIM A. SIDOR, TIM A.	DATE OF EXAM:	**01-24-96**
		ACCT#:	3512886

CT SCAN OF THE ABDOMEN AND PELVIS:

Axial scans were obtained through the abdomen and pelvis at a scan interval and slice thickness of 10 mm. Scans #18-#20 show a 2.5 cm soft tissue mass in the paracaval region, bordered laterally by the pelvocalyseal system of the right kidney, anteriorly by the inferior vena cava, medially by the aorta, and posteriorly by the psoas muscle. In scans #20-22 this mass flattens out and becomes more plaque like as it extends along the surface of the lumbar spine and right psoas muscle for a distance of several centimeters. There are several additional smaller soft tissue densities noted in the same area and in scans #17 and #18 there is a lobulated soft tissue density which is in part composed of the right renal vein and bowel loops in this area but I suspect that there may be additional bulky adenopathy in this area as well. All of these findings are newly developed since the previous scan of 5-23-95. I see no evidence of ascites. Lymphadenopathy that was evident in the right inguinal region and at the level of the aortic bifurcation on the previous scan is now gone. The liver, gallbladder, pancreas, spleen, adrenal glands, and kidneys are otherwise unremarkable and there is no hydronephrosis. The mesentary and visualized small bones appear unremarkable. Scans continuing into the pelvis show a midline urinary bladder.

IMPRESSION: 1. Tumor versus lymphadenopathy in the paracaval/right paravertebral regions as described above. Newly developed since the previous scan of 5-23-95 and consistent with metastatic disease. The additional lymphadenopathy that was identified in the lower abdomen and right inguinal region on the previous scan of 5-23-95 is no longer present or evident.

PLAINTIFF'S EXHIBIT 3

00010

RADIOLOGIST: Walter L. George, M.D.

Report Dictated: Jan 24 1996 Trans: Jan 24 1996 6:54:39 PM

J.E. LALAK, M.D.
V.A. CEICYS, M.D.
H. LEE, M.D.
S.B. DEVILLE, M.D.
W. GEORGE, M.D.
L. GROSSMAN, M.D.
M.A. KING, M.D.

REVISED REPORT

THE SURGERY CENTER
19250 EAST BAGLEY ROAD • MIDDLEBURG HTS., OHIO 44130 • 216-826-3240

PATHOLOGY LABORATORY

NAME: ORTMAN, THOMAS
PATH No.: SC95-1625
DATE RECEIVED IN LAB: *5-10-95* at 10:49 a.m.
AGE: 36 **SEX:** M
DATE OF BIRTH: 10-24-58
PHYSICIAN: Dr. Basa
SPECIMEN: Right testicle
DATE OF PROCEDURE: *5-10-95*
PRE-OPERATIVE DIAGNOSIS: Tumor right testicle
POST-OPERATIVE DIAGNOSIS: Pending

REVISED DIAGNOSIS:

RIGHT TESTIS:
MIXED SEMINOMA AND NON-SEMINOMATOUS GERM CELL TUMOR (EMBRYONAL CARCINOMA)

TUMOR SIZE: **1.8** CM.
INTRATUBULAR GERM CELL NEOPLASIA: PRESENT
VASCULAR INVASION: PRESENT
TUNICA ALBUGINEA: NEGATIVE FOR TUMOR
EPIDIDYMIS: NEGATIVE FOR TUMOR
SPERMATIC CORD AND MARGINS: NEGATIVE FOR **TUMOR**

MICROSCOPIC DESCRIPTION: This is a difficult lesion to classify; however, it appears that there are two distinct components to this tumor. There appears to be a minor component of seminoma admixed with larger areas of anaplastic tumor showing solid nests of tumor cells containing central necrosis and numerous mitoses, some of which are atypical. The nuclei are highly pleomorphic with prominent nucleoli. These areas are reminiscent of embryonal carcinoma or seminoma with carcinomatous transformation. Intratubular neoplasia is also identified, probably intratubular embryonal carcinoma.

Immunoperoxidase stains show focal immunoreactivity for AE1/AE3 within the highly anaplastic areas. This positivity is typically seen in non-seminomatous germ cell tumors such as embryonal carcinoma, whereas seminomas are usually negative.

COMMENT: This case is being forwarded to H. S. Levin, M.D. for consultation with a supplementary report to follow.

PLAINTIFF'S EXHIBIT 8

BFT/ef
1-31-96

B. F. TANCINCO, M.D.

University Hospitals of Cleveland

PATIENT NAME: ORTMAN, THOMAS
HOSPITAL NO.: 1840928
ADMITTED: 02/09/96
DISCHARGED: 02/13/96
PHYSICIAN: CINDY CONNELL, M.D.
CC: CINDY CONNELL, M.D.

PLAINTIFF'S EXHIBIT 7

CHIEF COMPLAINT & HISTORY OF PRESENT ILLNESS: Admission diagnosis was metastatic germ cell malignancy. This patient is a 34 year-old gentleman who was diagnosed in May of 1995 with a seminoma of the right testis. A CT taken at that time revealed retroperitoneal lymphadenopathy on the right. He was treated with abdominal radiation therapy by Dr. Peter Laye at West Side Imaging. The patient was last seen by Dr. Laye and Dr. Basa in the fall of 1995. At that time, he was doing well. He was discharged from follow-up with Dr. Peter Laye and was instructed to continue to follow with Dr. Basa. The patient did well until December of 1995, when he developed progressive back pain. He was seen by Dr. Sidor, who was covering for Dr. Basa, and was evaluated a few weeks ago. Because of the back pain, a CAT scan was obtained and this showed extensive retroperitoneal lymphadenopathy abutting the psoas muscle. There was a small chest lesion on a CAT scan. There was no hydronephrosis. Dr. Sidor was apparently surprised at the recurrence of a seminoma in this area, and asked that the pathology be reviewed at Southwest General Hospital. The second review of the pathology apparently revealed a mixed germ cell tumor. The pathology was then apparently reviewed at The Cleveland Clinic Foundation and was interpreted as predominantly an embryonal cell carcinoma with focal areas of seminoma. The patient presented to the Ireland Cancer Center on February 6, 1996, for a second opinion concerning his care, and stating that he wished to transfer to this institution for care. Due to his level of pain and the fact that a germ cell tumor is an aggressive malignancy, he was admitted from the Ireland Cancer Center to the Tower Six Service so that chemotherapy could be administered quickly if it was indicated. Unfortunately, the pathology slides were not available since they were enroute from The Cleveland Clinic back to Southwest General Hospital. We did obtain three tissue blocks which did not contain tumor, but rather contained sections of normal testis. Finally, today the patient's wife located the slides and tissue blocks sent to The Cleveland Clinic Foundation and brought them to me at the Ireland Cancer Center. I have reviewed the pathology with Dr. Fadi Abdul-Kareem, Director of Surgical Pathology. Dr. Abdul-Kareem interpreted the slides as embryonal cell carcinoma with areas of seminoma. Areas of the tumor are positive for cytokeratin, which is not consistent with a pure seminoma. I reviewed the patient's films with Dr. Dean Nakamoto from radiology. These films were dated January 24, 1996, from Southwest General Hospital. They confirm the enlarging retroperitoneal lymph nodes on the right side.

The impression is this is an otherwise healthy, 34-year old gentleman with progressive mixed germ cell tumor with severe back pain. There is no indication of hydronephrosis. His serum has always been negative for alpha fetoprotein and beta HCG. I discussed the options extensively with this patient prior to the institution of chemotherapy. Given the fact that he has an embryonal cell carcinoma and not a pure seminoma, chemotherapy would have been the appropriate intervention for a retroperitoneal mass back in May of 1995. Given the obvious enlargement of that mass after abdominal radiation therapy, there is little doubt that the mass contains non-seminomatous germ cell tumor. Although a biopsy of this mass could be performed, given the progressive disease on the CAT scan, even a negative biopsy would not, in my mind, suggest that this is not a malignant process. Rather than put the patient through a biopsy of the lymphadenopathy, I offered chemotherapy for progressive mixed germ cell malignancy. There is no teratoma seen on the

CONTINUED...

3

University Hospitals of Cleveland

PATIENT NAME: ORTMAN, THOMAS
HOSPITAL NO.: 1840928
ADMITTED: 02/09/96
DISCHARGED: 02/13/96
PHYSICIAN: CINDY CONNELL, M.D.

original tumor specimens, and it is extremely unlikely that the lymph nodes will contain something other than metastatic germ cell tumor. The patient understands the risks and toxicity associated with the chemotherapy regimen containing Bleomycin, Etoposide, and Cisplatin, and wishes to proceed with chemotherapy. He has completed his family and is not interested in sperm banking.

The patient received Bleomycin, a test dose of 1 unit, followed by 30 units IV times one on day one; Cisplatin 20 mg. per meter squared for a total dose of 40 mg. daily for five days, and Etoposide 100 mg. per meter squared for a total dose of 200 mg. daily for five days. The patient tolerated the chemotherapy well. He had minimal nausea. His creatinine rose to a maximum of 1.4. He completed the therapy without incident on February 13, 1996, and was discharged to home in good condition.

Follow-up: The patient will present on day number eight to the Ireland Cancer Center for Bleomycin. Medications on discharge are Zofran 8 mg. PO t.i.d. PRN nausea.

FINAL DIAGNOSIS: METASTATIC GERM CELL TUMOR.

PHYSICIAN SIGNATURE

CINDY CONNELL, M.D.
CC/MRC:30/3735
D: 03/01/96 T: 03/04/96

Document #: 104470

CLINICAL RESUME

CURRICULUM VITAE

ARTURO S. BASA, M.D.

PERSONAL HISTORY

Date of Birth:	February 4, 1938
Place of Birth:	Philippines
Home Address:	11620 Rivermoss Strongsville, Ohio 44136 (216-238-5685
Office Address:	6707 Powers Blvd. Suite 309 Parma, Ohio 44129 (216) 845-0900 7255 Old Oak Blvd. Middleburg Heights, Ohio 44130 (216) 891-5482
Spouse:	Africa
Children:	Adelbert Aielyn Anjenette Alfred

EDUCATION

1954 - 1958	University of Philippines - B.S. Philippines
1958 - 1963	Far Eastern University - M.D. Manila, Philippines

PROFESSIONAL TRAINING

1963 - 1965	General Surgery, Lutheran Hospital, Cleveland, Ohio
1965 - 1968	Urology, Huron Road Hospital Cleveland, Ohio