

**ELLIOT DICKMAN, M.D., Ph.D.**

**HEMATOLOGY - ONCOLOGY**

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**449-8619**

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Doc 131

**Mr. William D. Bonezzi**  
Jacobson, Maynard, Tuschman  
& Kalur, Co.  
Attorneys at Law  
1501 East Ninth Street  
Suite 1400  
Cleveland, OH 44114-1824

Dear **Mr. Bonezzi**:

As per your request, I have reviewed the case of Joyce Combs **vs.** Gene W. Boychuk, M. D. The records reviewed include the deposition of Dr. Boychuk, the office records of Dr. Boychuk, discharge summary of Elyria Memorial Hospital with the date of discharge 11/5/86, the office records of Dr. B. N. Kantharaj, and the radiation therapy records of St. Joseph's Hospital in Lorain, Ohio.

Briefly, Mrs. Combs presented in April of 1986 with a complaint of "lump in the stomach". The patients complaints were evaluated and she was told to return on May 6, 1986 when a lump was found in the right lower quadrant by Dr. Boychuk and a enlarged lymph node was found in the right pelvic region. She underwent a laparotomy on May 20, 1986 with a right ovarian cystectomy. Pathology proved to be benign. Subsequently, Mrs. Combs came under the care of Dr. Carendang at Elyria Memorial Hospital where she underwent a lymph node biopsy suggesting poorly differentiated squamous carcinoma. On October 27, 1986, she was readmitted to Elyria Hospital where a lymph node dissection was performed of the pelvic lymph node area and Hodgkin's disease was diagnosed. At this time, the staging was considered to be a stage **III-A** nodular sclerosis type Hodgkin's disease. After diagnosis, she was referred to Dr. Kantharaj under whose care she received chemotherapy followed by radiation treatment.

After reviewing the above mentioned records, I read the letter submitted by Jack H. Berman, M. D. on behalf of the plaintiff. Dr. Berman states that at the time of her initial presentation in May of 1986, the patient was stage **I-A** or **II-A** and that at the time of her treatment she was stage **III**.

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Let me begin by stating that there is an overwhelming medical probability at the time of her initial presentation in May of 1986, the patient already had stage III-A<sub>2</sub>. This conclusion is based on the fact that of all patients presenting with inguinal adenopathy as an initial site of disease, only nine percent are truly stage I. The overwhelming majority of patients who present with inguinal disease have stage III disease with involvement above and below the diaphragm. Secondly, the rate of progression of nodular sclerosing Hodgkin's disease is such that it is unlikely that the disease would have progressed from May of 1986 to September of 1986.

1986. Thus, based on the patient's initial site of presentation and histology, the overwhelming probability is that her stage and treatment would have been identical had she been diagnosed in May of 1986, instead of September of 1986. Finally, there were no systemic symptoms in either May or September of 1986, thus there is no difference in the prognosis of the patient with regard to response to treatment.

If I can be of any further help, please call.

Sincerely,

*Elliot Dickman MD PhD*

Elliot Dickman, M. D.

ED/vlg

*Strongly only 9% of inguinal adenopathy stage I  
the rest stage II*

*Rate of Progression*