

IN THE COURT OF COMMON PLEAS  
OF CUYAHOGA COUNTY, OHIO

PATRICIA A. YURICK, EXECUTRIX,  
Plaintiff,

vs.

Case No.

CLEVELAND CLINIC FOUNDATION,

402857

et al.,

Defendants.

~ ~ ~ ~ ~

Deposition of ANN MARIE MOSTOW, M.D.,  
called for examination under the statute, taken  
before me, Barbara J. Watowicz, a Registered  
Professional Reporter and Notary Public in and  
for the State of Ohio, by agreement of counsel,  
at Kaiser Permanente, 10 Severance Circle,  
Cleveland Heights, Ohio, on Thursday, October 12,  
2000, at 6:00 p.m.

~ ~ ~ ~ ~

  
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## 1 APPEARANCES:

2 On behalf of the Plaintiff:

3 Finelli &amp; Margolis, by

4 **RONALD MARGOLIS, ESQ.**

5 730 Leader Building

6 Cleveland, Ohio 44114

7 (216) 621-2222

8  
9 On behalf of the Defendant Cleveland  
10 Clinic Foundation:

11 Roetzel &amp; Andress, by

12 **R. MARK JONES, ESQ.**

13 1375 East Ninth Street, 10th Floor

14 Cleveland, Ohio 44114

15  
16 On behalf of the Defendant Kaiser  
17 Permanente:

18 Reminger &amp; Reminger, by

19 **STEPHEN S. CRANDALL, ESQ.**

20 113 St. Clair Building

21 Cleveland, Ohio 44114

22 (216) 687-1311

23 ~ ~ ~ ~ ~

24 ALSO PRESENT:

25 Michael Shroge

~ ~ ~ ~ ~  
(Thereupon, Plaintiff's Deposition  
Exhibit 1 was marked for purposes of  
identification.)  
~ ~ ~ ~ ~

ANN MARIE MOSTOW, M.D., of lawful age,  
called for examination, as provided by the  
Ohio Rules of Civil Procedure, being by me  
first duly sworn, as hereinafter certified,  
deposed and said as follows:

EXAMINATION OF ANN MARIE MOSTOW, M.D.

BY MR. MARGOLIS:

MR. MARGOLIS: Let the record  
reflect that we're here to take Dr. Mostow's  
deposition. That all parties were notified.  
That it's approximately ten minutes after six.  
Counsel for the Cleveland Clinic is not  
present. Mr. Crandall and I have discussed our  
options and have decided to proceed with the  
doctor's deposition.

Q. Doctor, my name is Ron Margolis and  
I along with Dan Finelli represent the estate  
of Martin Yurick. I have a few questions for  
you today. If you don't understand my  
question, please tell me. Otherwise, I'm going

1 to go on the premise that you have understood  
2 what I have asked. Is that fair to you?

18:08:42

3 A. Yes.

4 Q. State your full name.

5 A. Ann Marie Mostow.

18:08:48

6 Q. Dr. Mostow, would you please state  
7 your residence address?

8 A. 30 Manderly Lane, Moreland Hills.

9 Q. How long have you resided there?

10 A. Ten years.

18:09:00

11 Q. Where are you presently employed?

12 A. Kaiser Ohio Permanente.

13 Q. How long have you been employed at  
14 Ohio Permanente?

15 A. Going to be 15 years.

18:09:08

16 Q. Briefly tell me if you would please  
17 your education and medical training and the  
18 nature of your present practice.

19 A. Undergraduate school, Case Western  
20 Reserve. Went to medical school. That was  
21 1973, 1974. 1975 through '79 went to Case  
22 Medical School. '79 through '83 I did an  
23 internship and residency. Had two children  
24 during that time. '84 through '86 did a  
25 fellowship in cardiology at University

18:09:16

18:09:36

1 Hospitals of Cleveland.

18:09:46

2 Q. Was your residency in internal  
3 medicine?

4 A. Yes.

5 Q. And are you board certified in  
6 internal medicine?

18:09:44

7 A. Yes.

8 Q. And you then took a fellowship in  
9 cardiology?

10 A. Yes.

18:09:56

11 Q. Are you board certified in  
12 cardiology?

13 A. Yes.

14 Q. The nature of your present  
15 practice?

18:09:54

16 A. I do general cardiology. I do  
17 diagnostic and interventional.

18 Q. Diagnostic and interventional.  
19 Would that include doing heart  
20 catheterizations?

18:10:06

21 A. Yes.

22 Q. Would that include putting in  
23 stents?

24 A. Stents.

25 Q. Stents?

18:10:10

1 A. Yes. 18:10:10

2 Q. Would also that include doing  
3 angioplasty?

4 A. Yes.

5 Q. All right. In January of 1996 were 18:10:14  
6 you doing interventional cardiology out of the  
7 Cleveland Clinic?

8 A. Yes.

9 Q. There came a point in time where  
10 you had a patient by the name of Martin Yurick? 18:10:28

11 A. Yes.

12 Q. When was the first time you treated  
13 Mr. Yurick?

14 A. The first time I treated him was on  
15 January 13th, 1996. 18:10:36

16 Q. And Plaintiff's Exhibit 1, is that  
17 the January 13th, 1996 note that you authored  
18 on Mr. Yurick?

19 A. Yes.

20 Q. Would you please explain to me the 18:10:46  
21 circumstances under which you came to provide  
22 medical care to Mr. Yurick on January 13, 1996?

23 A. The patient was admitted to Kaiser  
24 medicine and a cardiology consult was obtained.  
25 There was a general cardiology consult. 18:11:04

1 I need to preference this by saying 18:11:05  
2 that I'm the only interventionalist for Kaiser.  
3 At that time I believe there was another  
4 interventionalist. He subsequently left. And  
5 we probably do anywhere from 1,000 to 1,200 18:11:20  
6 cardiac, diagnostic cardiac catheterizations a  
7 year. And maybe 300, 350 interventions. And  
8 the clinic does interventions for us if we have  
9 too many cases.

10 Q. So they are basically your backup 18:11:40  
11 if you were not available or otherwise unable  
12 to treat a patient's needs from an  
13 interventional cardiology perspective?

14 A. Right.

15 Q. Okay. 18:11:52

16 A. They accept responsibility for  
17 taking patients to the cath lab and doing the  
18 procedures.

19 Q. When Mr. Yurick came in on January  
20 13th of 1996 and you were treating him as an 18:12:00  
21 interventional cardiologist, tell me what it is  
22 you did on January 13th, 1996?

23 A. I was treating him as a general  
24 cardiologist. I did not in any way participate  
25 in the intervention. 18:12:14



1 Q. Understood. But you don't 18:12:18  
2 distinguish, do you, when you see a patient  
3 whether you are just seeing them for general  
4 cardiology or interventional?

5 A. No. In my mind if I feel the 18:12:26  
6 patient needs a catheterization and will likely  
7 need an intervention, that's stated to the  
8 patient. The potential risks of the procedures  
9 are discussed at that time.

10 Q. Did you explain to Mr. Yurick what 18:12:40  
11 the risks were of undergoing the procedure he  
12 underwent on January 15th of 1996?

13 A. Yes, as did Dr. Moliterno.

14 Q. Please, if you could, read to me  
15 your January 13th, 1996 note which is 18:12:54  
16 Plaintiff's Exhibit 1.

17 A. Sure. 59-year-old white male with  
18 known history of coronary artery disease.  
19 Status postpercutaneous coronary angioplasty of  
20 diagonal October '95 with recurrent chest pain 18:13:12  
21 beginning approximately one month ago primarily  
22 with exertion and intercourse. Then yesterday  
23 occurring on seven occasions on minimal effort.  
24 No rest pain.

25 Q. What do you mean by no rest pain? 18:13:32

1 A. No rest angina. 18:13:34

2 Q. What does that mean?

3 A. It means that he was not having  
4 symptoms of angina provoked, unprovoked  
5 occurring at night, nocturnal angina, without 18:13:46  
6 any kind of exertional activity that would  
7 exacerbate this based upon increased miocardio  
8 oxygen demands. There are characterizations of  
9 angina. Crescendo angina. Unstable angina.  
10 Rest angina. There is a whole spectrum of 18:14:04  
11 angina and the way it presents.

12 Q. Please continue, doctor.

13 A. Rest as per house officer.  
14 Electrocardiogram within normal limits.  
15 Isoenzyme negative to date. Recommended 18:14:20  
16 intravenous heparin. Continue present  
17 medicines. Cath possible. Intervention risks  
18 and benefits reviewed with patient and spouse.  
19 Electrocardiogram with chest pain. Await  
20 serial isoenzymes. 18:14:38

21 Q. What is your differential diagnosis  
22 at this point in time?

23 A. I thought this patient was having  
24 accelerated angina, crescendo angina and he  
25 probably restenosed his diagonal that was 18:14:48

1 intervened upon in October of 1995.

18:14:50

2 Q. And did you order any drugs for him  
3 at this point in time, January 13th, 1996?

4 A. Not other than the drugs I  
5 concurred with with the management.

18:15:04

6 Q. You reviewed what medication he had  
7 been prescribed from the date of his admit of  
8 1-12-96?

9 A. Exactly.

10 Q. What were your responsibilities to  
11 Mr. Yurick on 1-13-1996? Were you his treating  
12 cardiologist?

18:15:14

13 A. Yes, I was his treating  
14 cardiologist.

15 Q. All right. And what medications  
16 did you believe he needed to be on at that  
17 point in time?

18:15:26

18 A. Aspirin. Nitroglycerin patch. IV  
19 heparin. Beta blocker.

20 Q. Was there a standard protocol for  
21 heparin at this point in time that Mr. Yurick  
22 was put on?

18:15:40

23 A. They usually receive a bolus of  
24 heparin. 5,000 unit bolus. And then they  
25 receive heparin and I think there is a nanogram

18:15:54

1 here. Anyway, usually a thousand and then 18:15:54  
2 alter the units of heparin based on what their  
3 bedside PTTs are.

4 Q. Okay. So it was a 5,000 bolus and  
5 then was there an infusion? 18:16:10

6 A. Yes. It's a maintained infusion of  
7 heparin.

8 Q. Of how much, doctor?

9 A. I believe before he went to the  
10 cath lab he was on nine hundred. 18:16:16

11 Q. Could you be a little more  
12 specific, nine hundred?

13 A. Units of heparin.

14 Q. Over what period of time?

15 A. It's a continuous drip. 18:16:21

16 Q. Okay. And was the heparin a  
17 weighted-adjusted dosage?

18 A. Here's the order on -- I'm sorry.

19 Q. Feel free to review whatever  
20 records you would like. 18:16:42

21 A. Thank you.

22 Q. You have indicated that he was on a  
23 nine hundred continuous drip of heparin?

24 A. Yes.

25 Q. In addition to the 5,000 bolus 18:16:48

1 units that were given?

18:16:52

2 A. Uh-huh.

3 Q. Was that 5,000 given just once or  
4 was it once daily?

5 A. No, just once.

18:16:58

6 (Whereupon, Mr. Jones entered the deposition.)

7 Q. In January of 1996 was the --

8 A. Based on the orders, he, on the  
9 13th, he received heparin. He was on a  
10 thousand units. Subsequently it changed to 800  
11 based on his bedside PTTs. That was  
12 subsequently changed to nine hundred units.

18:17:16

13 Q. You would have reviewed those  
14 orders for heparin when you evaluated him on  
15 1-13-96?

18:17:30

16 A. Not every change that he had.

17 Q. Okay. On 1-13-96 tell me what you  
18 did relative to the decision of his heparin  
19 dosage.

20 A. I didn't change his heparin dosage.

18:17:44

21 Q. And the order that was in effect at  
22 that time, if I'm recalling accurately your  
23 testimony, was a 5,000 unit bolus and then a  
24 1,000 unit drip?

25 A. I did not write for the 5,000 unit

18:17:58

1 bolus. At the time I saw him he was on already 18:18:00  
2 on heparin. The dose is 5,000 units of bolus  
3 when they present to the emergency room. I  
4 have not reviewed the entire chart.

5 Q. But in your 1-13-96 evaluation of 18:18:12  
6 him as the treating cardiologist, one of the  
7 things you looked at is what his continued  
8 dosage of medicines would have been?

9 A. Right.

10 Q. That would have been heparin? 18:18:20

11 A. Yes.

12 Q. You would have approved the order  
13 that was in effect at that time which was a  
14 drip of 1,000?

15 A. And subsequently adjusted. It was 18:18:30  
16 lowered.

17 Q. Okay. Now, in January of 1996  
18 would the heparin be on a weight-adjusted  
19 dosage?

20 A. No. 18:18:46

21 Q. What about if ReoPro was being  
22 given to the patient, would the heparin at that  
23 time be weight adjusted?

24 A. We weight adjust the heparin, yes.  
25 We typically do that when patients present for 18:18:50

1       interventional procedures.

18:19:00

2               Q.       That would have been what you would  
3       have done in January of 1996?

4               A.       Yes.

5               Q.       Okay. I believe you indicated to  
6       me that the next time you had the opportunity  
7       to see Mr. Yurick was on January 16th of 1996,  
8       is that accurate?

18:19:06

9               A.       Yes.

10              Q.       Okay. Could you just hand that  
11       note to the court reporter and we'll certainly  
12       give it back so that it doesn't mess up the  
13       records. But I would like to get it marked if  
14       I could, please.

18:19:20

15                       ~ ~ ~ ~ ~

16                       (Thereupon, Defendant's Deposition  
17                       Exhibit 2 was marked for purposes of  
18                       identification.)

19                       ~ ~ ~ ~ ~

20              Q.       Doctor, did you finish reading the  
21       1-13-96 note?

18:19:56

22              A.       Yes, I did.

23              Q.       Okay. And at the conclusion of  
24       your treating this gentleman on 1-13-96, your  
25       decision at that point in time relative to his

18:20:10

1 care was what?

18:20:12

2 A. My decision was that he needed a  
3 catheterization to determine whether he had  
4 restenosed the diagonal branch and intervention  
5 if necessary on the diagonal.

18:20:26

6 Q. And in light of that did you then  
7 put him on your schedule to do that?

8 A. No.

9 Q. And what would the reason be for  
10 you not to have put him on your schedule?

18:20:36

11 A. Because of our hospital  
12 responsibilities. The number of patients we  
13 had assigned in the cath lab for diagnostic  
14 percutaneous interventions. Floor  
15 responsibilities. We had an arrangement with  
16 the Cleveland Clinic that if they were willing  
17 to accept the patients and they had available  
18 slots in the lab, they would do interventions  
19 on these patients or diagnostic caths.

18:20:54

20 Q. Did there come a time where, for  
21 lack of better terminology, you handed off the  
22 care of Mr. Yurick to Dr. Moliterno at the  
23 Cleveland Clinic?

18:21:10

24 A. Yes.

25 Q. Okay. What date was that, please?

18:21:22



1           A.       That would have been the date that  
2       he accepted doing the cath.

18:21:22

3           Q.       Would that have been the 15th? My  
4       records indicate that he had the cath on the  
5       15th.

18:21:30

6           A.       Yes.

7           Q.       Okay. Did you have any discussions  
8       with Dr. Moliterno about the care of Mr. Yurick  
9       from the time you first saw him on the 13th  
10      until Dr. Moliterno took him over as a patient  
11      on the 15th?

18:21:44

12          A.       I don't remember any specific  
13      conversation. I remember his saying that he  
14      would care for the patient. And I updated him  
15      as to the patient's hospital course which was  
16      relatively stable.

18:22:00

17          Q.       Who was the cardiologist that was  
18      taking care of Mr. Yurick from the 13th after  
19      you evaluated him until Dr. Moliterno took over  
20      his care on the 15th?

18:22:16

21          A.       I was responsible.

22          Q.       Would you have been responsible  
23      relative to monitoring what drugs he was being  
24      given and in what dosages up until the point in  
25      time that Dr. Moliterno overtook his care on

18:22:36

1 the 15th?

18:22:38

2 A. Yes.

3 Q. Did you ever see Mr. Yurick again  
4 after the 13th and prior to the 16th?

5 A. Yes, I did.

18:22:50

6 Q. Okay. When would that have been,  
7 doctor?

8 A. I was on the floor in the afternoon  
9 of the 15th seeing consultants and attending  
10 the patients. I was at the nursing station and  
11 Dr. Moliterno's service approached me and told  
12 me that they had been called. That the patient  
13 had mental status changes. Without seeing the  
14 patient at that point I said to the nurse,  
15 which was B. May, what happened in the cath  
16 lab? Was there a metabolic problem? Did they  
17 have a complication of the intervention? What  
18 medications did he get? What sedation did he  
19 get? She did not know. She called the cath  
20 lab. She said he received ReoPro. I told her  
21 with mental status changes they should stop the  
22 ReoPro, reverse, and get an emergency head CT.

18:23:04<sup>019</sup>

18:23:26

18:23:44

23 Q. Were you the --

24 A. Then --

25 Q. I'm sorry.

18:24:04<sup>019</sup>

1           A.       -- I went into the patient's room. 18:24:06  
2       The wife was at the bedside. The patient was  
3       moving all extremities. He was nauseated.  
4       Diaphoretic. Having small amounts of emesis  
5       into the emesis basin and he was confused. And 18:24:24  
6       I said to the wife how long has he been this  
7       way? And she responded since I've been here.  
8       And I reassured her that Dr. Moliterno's  
9       service was aware of this and were involved.  
10      And I left the room and I went up to the nurse 18:24:48  
11      and I said there are mental status changes and  
12      she said they are on their way up. They are in  
13      the elevator. And that was my contact with the  
14      patient on the 15th.  
15           Q.       What was the purpose of you 18:25:04  
16      ordering a platelet transfusion? Did you order  
17      a platelet transfusion or a plasma transfusion?  
18      Maybe I'm misspeaking.  
19           A.       No.  
20           Q.       You just said stop the ReoPro? 18:25:16  
21           A.       Reverse and get an emergency head  
22      CT.  
23           Q.       How does one reverse ReoPro?  
24           A.       One gives platelets to reverse  
25      inhibition of binding sites. 18:25:30

1 Q. And that was your order, verbal 18:25:34  
2 order, when you were first advised by Nurse May  
3 that he had the symptoms which you have already  
4 testified to while you were at the nurses  
5 station? 18:25:50

6 MR. CRANDALL: I don't think she  
7 indicated that she gave any orders to the  
8 nurse.

9 Q. What did you mean when you said you  
10 told them to reverse the ReoPro? 18:25:54

11 A. When she described the situation to  
12 me I told her what I thought should be done.  
13 And she called the service. She called Dr.  
14 Moliterno back. The service was involved in  
15 the patient's care at that point. They were 18:26:12  
16 actively writing notes in the chart.

17 Q. Do you know how much time elapsed  
18 from when you indicated to Nurse May that you  
19 thought the ReoPro should be stopped and a  
20 platelet transfusion started until that 18:26:26  
21 actually was concurred or rubber stamped by  
22 Dr. Moliterno's service?

23 A. No, I don't.

24 Q. And you indicated to me, because I  
25 was not there, I don't know, but as an 18:26:38

1       interventional cardiologist it was not an order  
2       that you were giving the nurse to stop this  
3       man's ReoPro when that information was  
4       communicated?

18:26:42

5             A.       The patient was not on my service.  
6       If I do an intervention on a patient, if I have  
7       a complication with that patient I am on call  
8       for that patient for the next 24, 48 hours  
9       unless I sign that patient out.

18:26:52

10            Q.       Okay. Doctor, you indicated to me  
11       earlier --

18:27:06

12            A.       Those are the rules of the  
13       Cleveland Clinic.

14            Q.       Okay. So as I understand it, based  
15       upon the protocol of the Cleveland Clinic, it  
16       was Dr. Moliterno's decision what to do for  
17       Mr. Yurick at the point in time on the 15th  
18       when you were contacted by Nurse May?

18:27:16

19            A.       Yes. My service was not contacted.  
20       Dr. Moliterno's service was contacted. The  
21       patient was admitted to Dr. Moliterno's service  
22       after the intervention.

18:27:32

23            Q.       Okay. And just based upon the  
24       protocol if you will, any discussions relative  
25       to Mr. Yurick's care on the 15th after he

18:27:48

1 arrived on the floor would be with

18:27:52

2 Dr. Moliterno's service not with you?

3 A. Right.

4 Q. Okay. At any point after the 13th

5 and prior to the catheterization occurring on

18:28:08

6 the 15th did Dr. Moliterno evaluate Mr. Yurick?

7 A. I think he did. I think there is a  
8 note in the chart.

9 Q. Okay. Did Dr. Moliterno --

10 A. He discussed risks and benefits.

18:28:24

11 MR. CRANDALL: Let him ask you a  
12 question, okay, and just answer his question.

13 Q. Did Dr. Moliterno in any way change  
14 any of the medication orders from what you had  
15 decided should be done when you saw the patient  
16 on the 13th and prior to the cath starting on  
17 the 15th?

18:28:42

18 MR. CRANDALL: Are you asking if --  
19 I mean she can go look at the chart. She  
20 doesn't know because she was not there. Do you  
21 want her to look in the chart and see?

18:28:54

22 MR. MARGOLIS: Yes, please.

23 A. Yes, he did. He wrote hold heparin  
24 drip on call to the lab which is part of the  
25 protocol and --

18:29:04

1 Q. When would that have been, doctor? 18:29:06

2 A. The 14th.

3 Q. Okay.

4 A. And hold Lopressor in morning prior  
5 to patient being taken to the lab. 18:29:14

6 MR. CRANDALL: You were talking  
7 about the 15th though when you asked her that  
8 question?

9 MR. MARGOLIS: I said any time in  
10 between the 13th and the 15th. 18:29:22

11 Q. You had indicated to me earlier if  
12 ReoPro was being used at least in January of  
13 1996 along with heparin, that heparin was to  
14 begin on a weight-adjusted dosage, is that  
15 accurate? 18:29:38

16 A. Yes. As of the various trials to  
17 date including the EPIC.

18 Q. That would have been at least how  
19 you would have given a weight-adjusted heparin  
20 dosage if you were using ReoPro in January of  
21 1996? 18:29:48

22 A. Yes.

23 Q. All right.

24 A. And that was done.

25 MR. CRANDALL: Doctor, you have 18:29:54

1 answered his question.

18:29:56

2 THE WITNESS: Okay.

3 Q. Did you have any other involvement  
4 in Mr. Yurick's care which you have not told me  
5 about on January 15th?

18:30:12

6 A. No.

7 Q. Okay. Did you have any discussions  
8 with Dr. Moliterno after the catheterization  
9 procedure had been completed on the 15th and  
10 prior to the time Mr. Yurick died?

18:30:28

11 A. I had no discussions with  
12 Dr. Moliterno after the cath or the  
13 intervention on the 15th. I did speak to  
14 Dr. Moliterno maybe on the 16th.

15 Q. Okay. Would you please share with  
16 me the substance of that conversation to the  
17 best of your memory?

18:30:46

18 A. I basically asked for his, you  
19 know, to reiterate what happened in the context  
20 of the catheterization. Were there any  
21 problems. Nothing with the patient's clinical  
22 course. The unfortunate complications of the  
23 procedure. The ReoPro. And I said that I  
24 would be available for the family. And I was  
25 on more than one occasion.

18:31:00

18:31:28



1 Q. Did you have any discussions with 18:31:30  
2 any of the family members which we have not yet  
3 discussed?

4 A. No.

5 Q. Okay. When you said you were 18:31:36  
6 available for the family on more than one  
7 occasion, would this be after the 13th of  
8 January?

9 A. Yes.

10 Q. Okay. Would it be after the 15th 18:31:48  
11 of January when you said you had that  
12 discussion with Mrs. Yurick when you said how  
13 long has he been like this, she said since  
14 we've gotten here. Any discussions with her or  
15 any other family members other than what you 18:32:02  
16 have identified?

17 A. I recall just speaking to her  
18 primarily in the halls and trying to console  
19 her and she was having difficulty with end of  
20 life decisions. 18:32:14

21 Q. All right. Would you please be  
22 kind enough, doctor, to read into the record  
23 your note of January 16?

24 A. January 16th. Events of yesterday  
25 noted. See neurosurgical assessment. Head CT 18:32:24

1 today. Concur with mental stability and 18:32:28  
2 vascular status. Remain available for family  
3 needs.

4 Q. Doctor, I'm kind of rounding third  
5 base just about now. How many heart 18:32:38  
6 catheterizations do you perform on a yearly  
7 basis?

8 A. 400, 450.

9 Q. When you use the word heart  
10 catheterization, does that include angioplasty? 18:32:56

11 A. No.

12 Q. In addition to the heart  
13 catheterizations do you also perform  
14 angioplasty?

15 A. Yes. 18:33:04

16 Q. How many do you do of those a year?

17 A. 120.

18 Q. Would those numbers have been  
19 relatively the same back in January of 1996?

20 A. No. 18:33:10

21 Q. Can you give me an idea of what  
22 they were back in '96?

23 A. I think I was doing 75 to 100 so my  
24 numbers have gone up.

25 Q. Okay. Why is it that a 18:33:20

1 weight-adjusted heparin dosage in January of 18:33:28  
2 1996 would be given if a patient is being given  
3 ReoPro?

4 THE WITNESS: Should I?

5 MR. CRANDALL: Yeah. Go ahead. 18:33:44

6 A. There have been various studies  
7 beginning with EPIC that demonstrated patients  
8 that were not given weight-adjusted heparin had  
9 subsequent major bleeding events, twice that of  
10 patients given placebo. And the benefits of 18:34:02  
11 ReoPro in terms of ischemic event, future  
12 ischemic event have been proven with multiple  
13 trials. PROLOG.

14 Q. EPIC?

15 A. PROLOG, EPILOG. You got it. You 18:34:22  
16 got them all. A great synopsis of this is a  
17 book by Linkopf and Topol, IIIa Agent in  
18 Cardiovascular Disease. You are nodding your  
19 head.

20 Q. Yeah. 18:34:36

21 A. You know, I think in Cathy Zylis'  
22 chapter there is no increased incidence of  
23 intracranial bleeding in the setting of IIIa  
24 agents. That's all been well demonstrated in  
25 the literature. It does happen. It's not 18:34:52

1 statistically increased over placebo in  
2 patients that have weight-adjusted heparin.

18:34:56

3 Q. Okay. Doctor, I want to thank you  
4 very much for your time this evening.

5 MR. CRANDALL: Mark?

18:35:06

6 MR. SMITH: No questions.

7  
8 (Deposition concluded.)

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## CERTIFICATE

The State of Ohio, )

SS:

County of Cuyahoga. )

I, Barbara J. Watowicz, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named witness, ANN MARIE MOSTOW, M.D., was by me first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by the above-referenced witness was by me reduced to stenotypy in the presence of said witness; afterwards transcribed, and that the foregoing is a true and correct transcription of the testimony so given by the above-referenced witness.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified and was completed without adjournment.

1 I do further certify that I am not  
2 a relative, counsel or attorney for either  
3 party, or otherwise interested in the event of  
4 this action.

5 IN WITNESS WHEREOF, I have hereunto  
6 set my hand and affixed my seal of office at  
7 Cleveland, Ohio, on this 23rd day of  
8 October, 2000.

9  
10  
11  
12  
13 Barbara J. Watowicz

14 Barbara J. Watowicz, Notary Public  
15 within and for the State of Ohio  
16

17 My commission expires March 20, 2002.  
18  
19  
20  
21  
22  
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24  
25

## I N D E X

EXAMINATION OF ANN MARIE MOSTOW, M.D.

BY MR. MARGOLIS..... 3:11

Exhibit 1 was marked..... 3:3

Exhibit 2 was marked..... 14:17

SIGNATURE OF WITNESS

The deposition of ANN MARIE MOSTOW,  
MD, taken in the matter, on the date, and at  
the time and place set out on the title page  
hereof.

It was requested that the  
deposition be taken by the reporter and that  
same be reduced to typewritten form.

It was agreed by and between  
counsel and the parties that the Deponent will  
read and sign the transcript of said  
deposition.



AFFIDAVIT

The State of Ohio, )

) SS:

County of Cuyahoga )

Before me, a Notary Public in and for  
said County and State, personally appeared **ANN  
MARIE MOSTOW, MD**, who acknowledged that he/she  
did read his/her transcript in the  
above-captioned matter, listed any necessary  
corrections on the accompanying errata sheet,  
and did sign the foregoing sworn statement and  
that the same is his/her free act and deed.

In the TESTIMONY WHEREOF, I have hereunto  
affixed my name and official seal at this \_\_\_\_\_  
day of \_\_\_\_\_ A.D 2000.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires:

DEPOSITION ERRATA SHEET

RE: PATRICIA YURICK VS.  
CLEVELAND CLINIC FOUNDATION, ET AL.

RRS File No.: 1239

Deponent: ANN MARIE MOSTOW, MD

Deposition Date: OCTOBER 12, 2000

To the Reporter:

I have read the entire transcript of my  
Deposition taken in the captioned matter or the  
same has been read to me. I request that the  
following changes be entered upon the record  
for the reasons indicated. I have signed my  
name to the Errata Sheet and the appropriate  
Certificate and authorize you to attach both to  
the original transcript.

DEPOSITION ERRATA SHEET

AGE LINE

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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