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James Myers, M.D. Naomi Kinzel, et al. v. James Myers, M.D., et al.

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1	State of Ohio,)	1	
~) SS:	2	On behalf of the Plaintiffs:
2	County of Cuyahoga.)	3	Laurel Matthews, M.D., Esg.
3	BITTE COTTE OF COLOR		Charles Kampinski Co., LPA
4 5	IN THE COURT OF COMMON PLEAS	4	1530 Standard Building
6	Noomi Kingel administration	-	Cleveland, Ohio 44113
0	Naomi Kinzel, administratrix) of the Estate of	5	
77	Kurtis Kinzel, et al.,	6	
1	()	8	
8	Plaintiffs.		Reminger & Reminger
Ŭ		9	1400 Midland Building
9	vs.) Case No. 485871		Cleveland, Ohio 44115
) 0000110, 4050/1	10	
10	James H. Myers, M.D., et al.,)	11	
)	12	
1	Defendants.)	1	westlake Medical Associates:
2	······ /	13	
13		14	Tracey S. McGurk, Esq.
4	Deposition of James Myers, M.D., a defendant	14	
5	herein, called by the plaintiffs for cross-examination	15	1400 Midland Building
6	pursuant to the Ohio Rules of Civil Procedure, taken	1	Cleveland, Ohio 44115 216-687-1311
7	before Constance Versagi, Court Reporter and Notary Public	16	220-001-1011
8	in and for the State of Ohio, at the offices of Reminger &	17	· · · ·
9	Reminger, 1400 Midland Building, Cleveland, Ohio, on	18	
0	Thursday, April 3, 2003, commencing at 6:16 p.m.	19	
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3		22	
4		23	
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		25	
	Page 2	[
1	INDEX	1	Page JAMES MYERS, M.D.
2	WITNESS: CROSS] _	
3		2	of lawful age, being first duly sworn, as hereinafter
	James Myers, M.D.	3	certified, was examined and testified as follows:
4	By Ms. Matthews 4	4	
		1 7	CROSS-EXAMINATION
5		l '	CROSS-EXAMINATION By Ms Matthews
5 6		5	By Ms. Matthews:
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NI -- THE COURT REPORTERS (216)696-2272

1educational background starting with high school, please?1QIt's not set up as an employee, it's a sole2proprietorship?3ASaint Ignatius High School, graduated 1968. John Garroll University, Bachelor of Science, 1972.3A5Bowman Gray School of Medicine, Wake Forrest University, graduated 1976. Internal medicine from 79 to 8124Well, at one point I had partners. We had a small group practice partnership. Twe been on my own private practice for five years or so.7Specialist in endoorinology at the Cleveland Clinic from 79 to 8129Saed on the records I have, it appears you first saw Kurtis back in 1995; is that right?10QFrom 76 to 79.11QCan you tell me how you came to be involved in his care?1179 right?13ADr. Garcia, his family doctor, had referred him to me for evaluation of an overactive thyroid.11QHave you ccertified in endoorinology, whatever is on there? Let me look at it. Lean't remember exactly when the test specialties?15QThere is a picture of Kurtis in your file, how did that get there?11QHave you recertified in endoorinology, would its to the office.16Was there some particular reason why she brought it to the office.12AMay license deesn't require mandatory recertification.21AYes.24AYes.22Do you know who completed this registration sheet				 		
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21ANo.22QDo you have a professional corporation?23AYes.24QWhat is the name of your corporation?25AMax	7 8 9 10 11 12 13 14 15 16 17 18 19	A Q A	I now have a copy of your record. I've never seen it before. Maybe we could just go through it. I have seen parts of it. Can you tell me how you first let's start with your practice. Tell me what your practice consists of. Clinical endocrinology. I'm solo practice, suburban west side, practicing out of three community hospitals. Lakewood, Fairview and Saint John West Shore? Correct.	9 10 11 12 13 14 15 16 17 18	Q A Q	then. Right now I have three girls working in the office. Basically I've had three in the office at any one time. Let me ask you this, because I think it will answer a number of my questions. There is a number of forms that appear to have multiple parts to them, are they always completed on the same day? You are talking about these forms? For instance here dated 12-15-95 That is my initial visit form. That is filled out by myself, other than stuff like the height, the
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24 Q What is the name of your corporation? 24 A It was.	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A Q A Q A Q A Q	I now have a copy of your record. I've never seen it before. Maybe we could just go through it. I have seen parts of it. Can you tell me how you first let's start with your practice. Tell me what your practice consists of. Clinical endocrinology. Tim solo practice, suburban west side, practicing out of three community hospitals. Lakewood, Fairview and Saint John West Shore? Correct. Are you an employee of a professional corporation? No. Do you have a professional corporation?	9 10 11 12 13 14 15 16 17 18 19 20 21	Q A Q A Q	then. Right now I have three girls working in the office. Basically I've had three in the office at any one time. Let me ask you this, because I think it will answer a number of my questions. There is a number of forms that appear to have multiple parts to them, are they always completed on the same day? You are talking about these forms? For instance here dated 12-15-95 That is my initial visit form. That is filled out by myself, other than stuff like the height, the patient's weight and his age. So, would everything on this what appears to be a four part form been done on 12-15 of '95?
25 A James H. Myers, M.D., Inc. 25 Q Can you tell be basically what the history was,	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A Q A Q A Q A Q A	I now have a copy of your record. I've never seen it before. Maybe we could just go through it. I have seen parts of it. Can you tell me how you first let's start with your practice. Tell me what your practice consists of. Clinical endocrinology. Tim solo practice, suburban west side, practicing out of three community hospitals. Lakewood, Fairview and Saint John West Shore? Correct. Are you an employee of a professional corporation? No. Do you have a professional corporation? Yes.	9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q A Q A Q A	then. Right now I have three girls working in the office. Basically I've had three in the office at any one time. Let me ask you this, because I think it will answer a number of my questions. There is a number of forms that appear to have multiple parts to them, are they always completed on the same day? You are talking about these forms? For instance here dated 12-15-95 That is my initial visit form. That is filled out by myself, other than stuff like the height, the patient's weight and his age. So, would everything on this what appears to be a four part form been done on 12-15 of '95? Yes.
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1

1		Page 9			Page 61
1		what your findings and recommendations were?	1	Q	Page 11 Okay. Got it. At that time Kurtis was living at
2	А	Yes. 16 year old young man, lost 15 pounds in	2	Q	home?
3	~ -	two-and-a-half months, shaky. Saw Dr. Garcia who	3	A	Yes, he was.
4		did some lab work. Did a T4 level, which is a	4	Q	Do you know who was giving him his medicine?
5		thyroid hormone level, which was high. It was	5	Ă	I don't know that. I assume he was taking them
6		28.6. He did a thyroid nuclear scan, which is an	6	11	himself.
7		x-ray of the thyroid. He had a high thyroid uptake	7	Q	That is a lot of medicine to expect a young man to
8		at 67 percent. He had symptoms and blood work to	8	-	take on a regular basis, isn't it; Inderal three
9		suggest he had an overactive thyroid. Mother	9		times a day?
10		concerned he was hyperactive and restless, didn't	10	Ä	16 year old, no, I don't think it's an excessive
11		sleep well.	11		amount of meds.
12		We did a physical exam on him which is on	12	0	So it's been your experience that 16 year olds are
13		this page. His resting heart rate was 90 to 100.	13	X	generally compliant with a regimen like that?
14		He had a slightly enlarged nontender thyroid	14	Å	Most of them are.
15		gland. He was a little bit tremulous.	15	. 6	Was Kurtis?
16		He had clinical and laboratory findings of	16	A	At times. At times he wasn't. I would say
17		what we call Graves' disease, hyperthyroidism.	17		intermittently he was. Back at this point, as we
18	Q	I don't see anything under personal history, does	18		go through the records, there are some notations
19		that mean that	19		about not taking the medication.
20	А	It was all - everything that I thought was	20	Q	
21		appropriate for a young man was recorded on this	21	•.	he wasn't taking his medicine?
22		page here.	22	Å	You want to move through?
23	Q	So, I gather he didn't smoke or drink?	23	Q	We can go in order if you want.
24	А	Did not as far as I know.	24	Ā	January '96, see what the blood test showed at that
25	Q	So your recommendations at that time were what?	25		time. January 9th his T4 was 17.6. It had come
ļ		· · · · · · · · · · · · · · · · · · ·			
		Page 10			Page 12
1	А	There was a letter which you have a copy of to	1		down about 10 points. There is some evidence he is
2	~	Dr. Garcia, December 15, 1995, typed.	2		taking the medication at that point.
3	Q	I remember that, go ahead.	3		He was clinically improved. Heart rate was
4	A	We went over the findings. I summarized that	4		slower, not as shaky, thyroid seemed a little bit
5		Kurtis had Graves' disease. We talked to the	5		smaller. I made a note there clinically Kurtis
6		family, actually the mother and Kurtis about	6		seemed to be improved. We did the blood work which
7		treatment options.	7		looked better.
9		After going over the options, we decided to initiate medical treatment, which consisted of	8. 9		We had another conversation about treatment
1			1		options, including continuing the anti-thyroid
		BROTOLE OF Ants this post modicing and a basis			
10		Tapazole, an anti-thyroid medicine, and a beta	10		medicine or radioactive iodine treatment. After
11		blocker, Inderal. He was advised to have some	11		the discussion with the two of them, we decided to
11 12		blocker, Inderal. He was advised to have some blood work in three weeks, return to see me for	11 12		the discussion with the two of them, we decided to continue medical treatment.
11 12 13		blocker, Inderal. He was advised to have some blood work in three weeks, return to see me for follow-up.	11 12 13	Q	the discussion with the two of them, we decided to continue medical treatment. What were the reasons for that decision?
11 12 13 14	Q	blocker, Inderal. He was advised to have some blood work in three weeks, return to see me for follow-up. You mentioned that the uptake was 67 percent on the	11 12 13 14	Q A	the discussion with the two of them, we decided to continue medical treatment. What were the reasons for that decision? I thought in a young man his age it was best to
11 12 13 14 15		blocker, Inderal. He was advised to have some blood work in three weeks, return to see me for follow-up. You mentioned that the uptake was 67 percent on the nuclear test?	11 12 13 14 15		the discussion with the two of them, we decided to continue medical treatment. What were the reasons for that decision? I thought in a young man his age it was best to continue him on medicine, try to get his thyroid
11 12 13 14 15 16	A	blocker, Inderal. He was advised to have some blood work in three weeks, return to see me for follow-up. You mentioned that the uptake was 67 percent on the nuclear test? Right.	11 12 13 14 15 16		the discussion with the two of them, we decided to continue medical treatment. What were the reasons for that decision? I thought in a young man his age it was best to continue him on medicine, try to get his thyroid under control. Once he was under control, to have
11 12 13 14 15 16 17	A Q	blocker, Inderal. He was advised to have some blood work in three weeks, return to see me for follow-up. You mentioned that the uptake was 67 percent on the nuclear test? Right. What is normal?	11 12 13 14 15 16 17		the discussion with the two of them, we decided to continue medical treatment. What were the reasons for that decision? I thought in a young man his age it was best to continue him on medicine, try to get his thyroid under control. Once he was under control, to have another discussion about long term medical
11 12 13 14 15 16 17 18	A	blocker, Inderal. He was advised to have some blood work in three weeks, return to see me for follow-up. You mentioned that the uptake was 67 percent on the nuclear test? Right. What is normal? It changes from year to year. Roughly up to 30	11 12 13 14 15 16 17 18	A	the discussion with the two of them, we decided to continue medical treatment. What were the reasons for that decision? I thought in a young man his age it was best to continue him on medicine, try to get his thyroid under control. Once he was under control, to have another discussion about long term medical treatment versus radioactive lodine treatment.
11 12 13 14 15 16 17 18 19	A Q	blocker, Inderal. He was advised to have some blood work in three weeks, return to see me for follow-up. You mentioned that the uptake was 67 percent on the nuclear test? Right. What is normal? It changes from year to year. Roughly up to 30 percent is normal. It's consistent with an	11 12 13 14 15 16 17 18 19		the discussion with the two of them, we decided to continue medical treatment. What were the reasons for that decision? I thought in a young man his age it was best to continue him on medicine, try to get his thyroid under control. Once he was under control, to have another discussion about long term medical treatment versus radioactive iodine treatment. You agreed with the decision at that point not to
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11 12 13 14 15 16 17 18 19	A Q	blocker, Inderal. He was advised to have some blood work in three weeks, return to see me for follow-up. You mentioned that the uptake was 67 percent on the nuclear test? Right. What is normal? It changes from year to year. Roughly up to 30 percent is normal. It's consistent with an overactive thyroid. So at that time you prescribed medical treatment,	11 12 13 14 15 16 17 18 19 20 21	A Q A	the discussion with the two of them, we decided to continue medical treatment. What were the reasons for that decision? I thought in a young man his age it was best to continue him on medicine, try to get his thyroid under control. Once he was under control, to have another discussion about long term medical treatment versus radioactive lodine treatment. You agreed with the decision at that point not to proceed with radioactive iodine treatment? Yes, I did.
11 12 13 14 15 16 17 18 19 20 21	A Q A	blocker, Inderal. He was advised to have some blood work in three weeks, return to see me for follow-up. You mentioned that the uptake was 67 percent on the nuclear test? Right. What is normal? It changes from year to year. Roughly up to 30 percent is normal. It's consistent with an overactive thyroid.	11 12 13 14 15 16 17 18 19 20 21 22	A Q	the discussion with the two of them, we decided to continue medical treatment. What were the reasons for that decision? I thought in a young man his age it was best to continue him on medicine, try to get his thyroid under control. Once he was under control, to have another discussion about long term medical treatment versus radioactive lodine treatment. You agreed with the decision at that point not to proceed with radioactive iodine treatment? Yes, I did. You then saw him on January
11 12 13 14 15 16 17 18 19 20 21 22	A Q A Q	blocker, Inderal. He was advised to have some blood work in three weeks, return to see me for follow-up. You mentioned that the uptake was 67 percent on the nuclear test? Right. What is normal? It changes from year to year. Roughly up to 30 percent is normal. It's consistent with an overactive thyroid. So at that time you prescribed medical treatment, including Inderal and Tapazole?	11 12 13 14 15 16 17 18 19 20 21	A Q A Q	the discussion with the two of them, we decided to continue medical treatment. What were the reasons for that decision? I thought in a young man his age it was best to continue him on medicine, try to get his thyroid under control. Once he was under control, to have another discussion about long term medical treatment versus radioactive lodine treatment. You agreed with the decision at that point not to proceed with radioactive iodine treatment? Yes, I did. You then saw him on January February 16th.
11 12 13 14 15 16 17 18 19 20 21 22 23	A Q A Q A	blocker, Inderal. He was advised to have some blood work in three weeks, return to see me for follow-up. You mentioned that the uptake was 67 percent on the nuclear test? Right. What is normal? It changes from year to year. Roughly up to 30 percent is normal. It's consistent with an overactive thyroid. So at that time you prescribed medical treatment, including Inderal and Tapazole? Right.	11 12 13 14 15 16 17 18 19 20 21 22 23	A Q A Q A	the discussion with the two of them, we decided to continue medical treatment. What were the reasons for that decision? I thought in a young man his age it was best to continue him on medicine, try to get his thyroid under control. Once he was under control, to have another discussion about long term medical treatment versus radioactive lodine treatment. You agreed with the decision at that point not to proceed with radioactive iodine treatment? Yes, I did. You then saw him on January

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1 .		Page 13			Page 15
1	Q	Okay.	1		he was being compliant with the medication.
2	À	Came in for follow-up, was feeling well, had gained	2		Then there is a note up above that,
3		9 pounds. Clinically less felt said he was less	3		April 30th, Tapazole. We reduced him from 30 to
4		warm, less shaky. He said he was taking the	4		20. That was a phone conversation. He was getting
5		Tapazole as prescribed and the Inderal.	5		better.
6		Clinically he looked better. Heart rate	6	0	After the lab results?
7		was slower. So clinically he looked better.	7	$\frac{Q}{A}$	After the labs.
8		We made a note that we were going to do	8	Q	Did you have an explanation for the grades?
9		some blood work, then try and taper off the	9	A	No. No, really if we're going to blame it on the
10		medication.	10	1.1	thyroid, with him getting better I didn't think
11		So, then we did the blood work, which was	11		that was an explanation. Based on the blood tests
12		February 17th, and the T4 was a little better at	12	,	and him getting better, we thought we could reduce
13		16.9. He looked better. On exam his thyroid	13	.5	his dose, see him back in a couple months.
14		levels were still high.	14	Q	Does the school work of students suffer if they are
15		Clinical notation, February 19th, which	15	Υ.	by by the school work of students suffer if they are
16		would have been a phone call, Kurtis admitted to	16	A	hyperthyroid and not adequately treated?
17		missing his Tapazole at times. We talked to him			It can. They have trouble concentrating.
18		about the importance of taking it. Urged him to	17	Q	So then I see are these prescriptions this is
19		continue with 30 milligrams. Thought he was well	10	А	a prescription?
20		enough we could start tapering the Inderal.	E	А	Prescription called in for Tapazole. Then the next
21	Q	Explain to me what was the reason for what is	20	~	was July.
22	Ŷ	the date on this clinical note?	21	Q	July of '96?
23	А	2-19.	22	A	Junior in high school. Working two jobs. Had no
24	Q	2-17. Whose handwriting is that?	23		symptoms. Claimed to be taking the Tapazole. He
25	A	Mine.	24		was off the Inderal at that point.
22	л	Mille.	25		Examination, no evidence of
		Page 14			Page 16
1	Q	So what was the reason for the telephone call?	1		hyperthyroidism. Just a slightly enlarged thyroid.
2	А	Because the blood test showed that he was higher	2		I made a note clinically he looked euthyroid, which
3		than I thought he should have been if he would have	•		
4		man i mought ne moura nave been n ne would nave	3		
5		been taking the medication.	3		means we thought he was under control. Ordered some blood work.
1	Q			Q	means we thought he was under control. Ordered some blood work.
6	Q	been taking the medication.	4	Q A	means we thought he was under control. Ordered some blood work. The reason for these CBCs is the Tapazole or the
1	Q A	been taking the medication. So even though it was better, you felt that it was	4 5		means we thought he was under control. Ordered some blood work. The reason for these CBCs is the Tapazole or the Side effect of Tapazole, lowering the white count.
6		been taking the medication. So even though it was better, you felt that it was higher than it should be?	4 5 6	А	means we thought he was under control. Ordered some blood work. The reason for these CBCs is the Tapazole or the Side effect of Tapazole, lowering the white count. There was no evidence of that?
6 7		been taking the medication. So even though it was better, you felt that it was higher than it should be? Right. By experience, after a month or five weeks from the last visit, he should have come down more.	4 5 6 7	A Q	means we thought he was under control. Ordered some blood work. The reason for these CBCs is the Tapazole or the Side effect of Tapazole, lowering the white count.
6 7 8	A	been taking the medication. So even though it was better, you felt that it was higher than it should be? Right. By experience, after a month or five weeks	4 5 6 7 8	A Q	means we thought he was under control. Ordered some blood work. The reason for these CBCs is the Tapazole or the Side effect of Tapazole, lowering the white count. There was no evidence of that? No. So July '96 he had the blood test done and the T4 was 9. Still in the normal range. Range being
6 7 8 9	A	been taking the medication. So even though it was better, you felt that it was higher than it should be? Right. By experience, after a month or five weeks from the last visit, he should have come down more. Fair enough. So, you spoke to Kurtis, then you	4 5 6 7 8 9	A Q	means we thought he was under control. Ordered some blood work. The reason for these CBCs is the Tapazole or the Side effect of Tapazole, lowering the white count. There was no evidence of that? No. So July '96 he had the blood test done and the T4 was 9. Still in the normal range. Range being 5 to 12. So it seemed the lab corresponded with
6 7 8 9 10	A Q	been taking the medication. So even though it was better, you felt that it was higher than it should be? Right. By experience, after a month or five weeks from the last visit, he should have come down more. Fair enough. So, you spoke to Kurtis, then you wrote this note? Right. What happened next?	4 5 7 8 9 10	A Q	means we thought he was under control. Ordered some blood work. The reason for these CBCs is the Tapazole or the Side effect of Tapazole, lowering the white count. There was no evidence of that? No. So July '96 he had the blood test done and the T4 was 9. Still in the normal range. Range being
6 7 8 9 10 11	A Q A	been taking the medication. So even though it was better, you felt that it was higher than it should be? Right. By experience, after a month or five weeks from the last visit, he should have come down more. Fair enough. So, you spoke to Kurtis, then you wrote this note? Right.	4 5 6 7 8 9 10 11	A Q	means we thought he was under control. Ordered some blood work. The reason for these CBCs is the Tapazole or the Side effect of Tapazole, lowering the white count. There was no evidence of that? No. So July '96 he had the blood test done and the T4 was 9. Still in the normal range. Range being 5 to 12. So it seemed the lab corresponded with the fact that we thought he was doing okay. So we had a discussion at that point about
6 7 8 9 10 11 12	A Q A	been taking the medication. So even though it was better, you felt that it was higher than it should be? Right. By experience, after a month or five weeks from the last visit, he should have come down more. Fair enough. So, you spoke to Kurtis, then you wrote this note? Right. What happened next?	4 5 7 8 9 10 11 12	A Q	means we thought he was under control. Ordered some blood work. The reason for these CBCs is the Tapazole or the Side effect of Tapazole, lowering the white count. There was no evidence of that? No. So July '96 he had the blood test done and the T4 was 9. Still in the normal range. Range being 5 to 12. So it seemed the lab corresponded with the fact that we thought he was doing okay. So we had a discussion at that point about radioiodine versus continuing medical treatment.
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6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A Q A	 been taking the medication. So even though it was better, you felt that it was higher than it should be? Right. By experience, after a month or five weeks from the last visit, he should have come down more. Fair enough. So, you spoke to Kurtis, then you wrote this note? Right. What happened next? That was February. There is another typed note. April 29th there is a typed note. That was the next visit. Said he felt well. Mother was concerned about his grades, wasn't sure if it was related to his thyroid. Claimed to be taking the medication compliantly. Had no hyper symptoms at that time. He had gained up to 198 pounds. His weight was on the rise here. Clinically he looked good. Really no findings of overactive thyroid. We suggested 	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A Q A	 means we thought he was under control. Ordered some blood work. The reason for these CBCs is the Tapazole or theSide effect of Tapazole, lowering the white count. There was no evidence of that? No. So July '96 he had the blood test done and the T4 was 9. Still in the normal range. Range being 5 to 12. So it seemed the lab corresponded with the fact that we thought he was doing okay. So we had a discussion at that point about radioiodine versus continuing medical treatment. We thought that he was responding to treatment. That because he was young, we would go ahead and continue the medical treatment for a year and a half or so. So then you saw him on 10-30 of '96, kind of out of order I think. October 30, 1996, he had been on Tapazole, felt well, no symptoms, still in high school. Was on Tapazole 20. Exam, pretty much the same as before. No
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A Q A	 been taking the medication. So even though it was better, you felt that it was higher than it should be? Right. By experience, after a month or five weeks from the last visit, he should have come down more. Fair enough. So, you spoke to Kurtis, then you wrote this note? Right. What happened next? That was February. There is another typed note. April 29th there is a typed note. That was the next visit. Said he felt well. Mother was concerned about his grades, wasn't sure if it was related to his thyroid. Claimed to be taking the medication compliantly. Had no hyper symptoms at that time. He had gained up to 198 pounds. His weight was on the rise here. Clinically he looked good. Really no findings of overactive thyroid. We suggested another blood test. At this time T4 came back 	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A Q A	 means we thought he was under control. Ordered some blood work. The reason for these CBCs is the Tapazole or theSide effect of Tapazole, lowering the white count. There was no evidence of that? No. So July '96 he had the blood test done and the T4 was 9. Still in the normal range. Range being 5 to 12. So it seemed the lab corresponded with the fact that we thought he was doing okay. So we had a discussion at that point about radioiodine versus continuing medical treatment. We thought that he was responding to treatment. That because he was young, we would go ahead and continue the medical treatment for a year and a half or so. So then you saw him on 10-30 of '96, kind of out of order I think. October 30, 1996, he had been on Tapazole, felt well, no symptoms, still in high school. Was on Tapazole 20.

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James Myers, M.D. Naomi Kinzel, et al. v. James Myers, M.D., et al.

1		Page	17		
1		recommended a blood test.		1.	Page
2	Q			2	thyroid, seeing what happened.
3	Α	No, he was off Inderal. I think April he had gone			We also had a conversation about
4		off Inderal. He was on Inderal in July. We	1	3	radioactive iodine treatment being necessary if he
5		tapered him off that once his thyroid levels were	4		occame overactive after stopping the medication
6		normal.	1 5		2. Now you said he still claimed to be on Tanazolo
7	Q		6	6	Do you have any evidence that he wasn't?
8	Ă		7	' <i>1</i>	No.
9	11	Blood tests were done, white count normal, T4	8	C C	2 So
10	0	thyroid test were still normal.	9	A	So at that point we were at the end of the length
	Q	So, how much Tapazol is he on? He was on 20?	10)	of time we like to treat someone with radioiodine
11	A	Right, we reduced him.	11		
12	Q	No Inderal?	12		MR. GROEDEL: You mean medication?
13	A	No Inderal.	13		MR. GROEDEL: You mean medication?
14	Q	What happened next?	114		Jowy, multinoulogilly At that nother we had a
15	A	Looks like March of '97 was the next time back He	14		Conversation with Kurtis and the mom about
16		was supposed to be coming in every three to four	ł		radioiodine treatment if
7		months.	16	•	
8	Q	Wait. I don't have March of '97. It's here on the	17	A	- The boop, he becomes invoer, then he may need
9		front of $-$ okay.	18		rautologine treatment. We had a long discussion
0	A	So he was late for follow (71	19		about it at that point. We did the TSH level at
1		So he was late for follow-up. There was a note	20		that time. That was the T4 was 9.6. TSH was
2		February 24th he had an appointment, three month	21		2.070, so they were both normal.
3		follow-up, he didn't show up for the appointment.	22		We called him on October 6th to tell him
		He apparently or his mom called and rescheduled.	23		that the T4 and TSH were normal, he could stop the
4		rie showed up March 24th, still claims to	24		Tapazole Then we record a the
5		take the Tapazole. Feeling well.	25		Tapazole. Then we recommended actually had the
					conversation with the mother, we recommended a
T		Page 18			
2		Exam, everything seemed to be okay. We	1		Page 20 blood test, T4 level in six weeks. That was
		talked. I think we had a conversation at that	2		October of '97.
}	j	point about going off the Tapazole sometime in the	3	0	You next hear from him when?
-	2	summer of '97 if everything was okay. That we had	4	Ă	It was a schola if off nim when?
	2	a conversation then about maybe stopping the	5	~ •	It was a while. Actually August of 1999. He never
	Î	medicine and following him clinically. That was	6	~	uld the blood test. There was no follow-up
	1	March of '97.	1	Q	Other than the initial letter to Dr. Garcia in this
		So blood tests were done, his T4 was 9.4,	7		interval, up until 10 of '99, did you have any
	S	still normal. White count was okay. We continued	8		Kind
	h	aim on the same 20 milligrams of Tapazole.	9	A	'97.
		He had an appointment July 14th.	10	Q.	10 of '97.
	Å	Appointment confirmed with d	11		Did you have any further contact with
		Appointment confirmed with the mom. Kurtis didn't how up.	12		Dr. Garcia?
	c	**** T1 64124	13	Α	No.
	S		12		
	S	He called for a prescription renewal in	14		No letters, no phone calle?
	S	He called for a prescription renewal in eptember. Eventually got him back in in October	14	Q A	No letters, no phone calls? No.
	S	He called for a prescription renewal in eptember. Eventually got him back in in October or follow-up. We're at October 2nd.	14 15	Q A	No.
C	si S fc	He called for a prescription renewal in eptember. Eventually got him back in in October or follow-up. We're at October 2nd. This date is cut off, 10-2-97?	14 15 16	Q A Q	No. Fair enough. So you next saw him is it 8-5-99?
C A	S S f C J	He called for a prescription renewal in eptember. Eventually got him back in in October or follow-up. We're at October 2nd. This date is cut off, 10-2-97? Right. Kurtis had missed his appointment. He was	14 15 16 17	Q A	No. Fair enough. So you next saw him is it 8-5-99? Right. He had an appointment April 30th of 1998
	S S fc J a	He called for a prescription renewal in eptember. Eventually got him back in in October or follow-up. We're at October 2nd. This date is cut off, 10-2-97? Right. Kurtis had missed his appointment. He was senior at Bay. Feeling well, no complaints	14 15 16 17 18	Q A Q	No. Fair enough. So you next saw him is it 8-5-99? Right. He had an appointment April 30th of 1998, which he cancelled. He didn't do the blood test in
Ç	S S fc J a	He called for a prescription renewal in eptember. Eventually got him back in in October or follow-up. We're at October 2nd. This date is cut off, 10-2-97? Right. Kurtis had missed his appointment. He was senior at Bay. Feeling well, no complaints, ill claimed to be on the Tapazole.	14 15 16 17 18 19	Q A Q A	No. Fair enough. So you next saw him is it 8-5-99? Right. He had an appointment April 30th of 1998, which he cancelled. He didn't do the blood test in six weeks. Then he cancelled the '98 appointment
Ç	S S fc J a	He called for a prescription renewal in eptember. Eventually got him back in in October or follow-up. We're at October 2nd. This date is cut off, 10-2-97? Right. Kurtis had missed his appointment. He was senior at Bay. Feeling well, no complaints, ill claimed to be on the Tapazole.	14 15 16 17 18 19 20	Q A Q A	No. Fair enough. So you next saw him is it 8-5-99? Right. He had an appointment April 30th of 1998, which he cancelled. He didn't do the blood test in six weeks. Then he cancelled the '98 appointment. Came back August of 1999.
Ç	S fc] ' a st	He called for a prescription renewal in eptember. Eventually got him back in in October or follow-up. We're at October 2nd. This date is cut off, 10-2-97? Right. Kurtis had missed his appointment. He was senior at Bay. Feeling well, no complaints, ill claimed to be on the Tapazole. Physical exam, blood pressure okay, heart	14 15 16 17 18 19 20 21	Q A Q A	No. Fair enough. So you next saw him is it 8-5-99? Right. He had an appointment April 30th of 1998, which he cancelled. He didn't do the blood test in six weeks. Then he cancelled the '98 appointment. Came back August of 1999. How was he then?
Ç	S fc J a st	He called for a prescription renewal in eptember. Eventually got him back in in October or follow-up. We're at October 2nd. This date is cut off, 10-2-97? Right. Kurtis had missed his appointment. He was senior at Bay. Feeling well, no complaints, ill claimed to be on the Tapazole. Physical exam, blood pressure okay, heart te okay, thyroid slightly enlarged. At that time	14 15 16 17 18 19 20 21 22	Q Q A Q A	No. Fair enough. So you next saw him is it 8-5-99? Right. He had an appointment April 30th of 1998, which he cancelled. He didn't do the blood test in six weeks. Then he cancelled the '98 appointment. Came back August of 1999. How was he then? He seemed to be okay. Had no hyperthyroid
Ç	si S fc I a st ra w	He called for a prescription renewal in eptember. Eventually got him back in in October or follow-up. We're at October 2nd. This date is cut off, 10-2-97? Right. Kurtis had missed his appointment. He was senior at Bay. Feeling well, no complaints, ill claimed to be on the Tapazole. Physical exam, blood pressure okay, heart te okay, thyroid slightly enlarged. At that time e suggested blood work. We reviewed the length of	14 15 16 17 18 19 20 21 22 23	Q Q A Q A	No. Fair enough. So you next saw him is it 8-5-99? Right. He had an appointment April 30th of 1998, which he cancelled. He didn't do the blood test in six weeks. Then he cancelled the '98 appointment. Came back August of 1999. How was he then? He seemed to be okay. Had no hyperthyroid symptoms. Had been off the medication for two
	S fc I a st ra witir	He called for a prescription renewal in eptember. Eventually got him back in in October or follow-up. We're at October 2nd. This date is cut off, 10-2-97? Right. Kurtis had missed his appointment. He was senior at Bay. Feeling well, no complaints, ill claimed to be on the Tapazole. Physical exam, blood pressure okay, heart te okay, thyroid slightly enlarged. At that time e suggested blood work. We reviewed the length of ne he was on Tapazole, which was December of 295. Had a convergence of boots.	14 15 16 17 18 19 20 21 22	Q Q A Q A	No. Fair enough. So you next saw him is it 8-5-99? Right. He had an appointment April 30th of 1998, which he cancelled. He didn't do the blood test in six weeks. Then he cancelled the '98 appointment. Came back August of 1999. How was he then?

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	Page 21			Page 23
	Physical exam did not appear to be hyper,	1	A	Right.
		2		What is student
			-	At Bowling Green.
0				Meds none.
À	202.		-	
			~	Heart rate was about 100, eyes were okay. Slightly
À				enlarged thyroid, as before.
			0	Is that what small gland mean?
				Yes.
				That means enlarged?
	•			Normally you can't feel it. If you can feel it,
			**	it's enlarged. Small gland means it's slightly
				enlarged. That is my jargon there.
			0	What does it say under peripheral vascular
			×	arteries?
0			A	No edema, no swelling. Abdominal exam was okay.
			11	Was tremulous. He had a resting heart rate that
				was slightly high. He was a little bit tremulous.
А				It looked like he was hyperthyroid again.
				There is a typed note to Dr. Garcia in
	it m			response to the referral, which was January 22,
	Is that what you told Kurtis?			2002.
-			0	Okay.
				-
	• • •		<i>.</i>	So I wrote a note to Dr. Garcia, reviewed the history and reviewed the lab tests, reviewed the
		3 -3 -		interviewed the lab tests, reviewed the
	Page 22			Page 24
Q	When did you next hear from Kurtis?	1		exam, summarized that Kurtis had recurrent Grave's
A	The next time we heard from him was this is the	2		disease. Asked that he had some blood work done at
		3		this point in time, which was January of 2002. I
		4		gave him a prescription for Tapazore and Inderal
Q		5		again. Same treatment as Kurtis had before.
A		6	Q	It says Yapazole 10 milligrams, three times a day;
		. 7		is that how he was doing it before?
Q	Would that be unusual?	8	A	Yes.
А	To have a recurrence?	9	1	Now the Inderal is 20 milligrams, twice a day?
Q	At this date? It was two years in	10	٠A	Right.
А		11	Q	I have a little trouble with your handwriting.
Q		12	A	Sorry.
А	Two years '97 to 2002, yeah. It's not unusual.	.13	Q	No problem.
	It can happen at any time.	14	A	So we outlined that with Dr. Garcia. I sent Kurtis
Q	So you received a consult from Dr. Garcia?	15		for a blood test, which would have been the blood
А	Right.	16		test that was January 21, 2002. His T4 level was
Q	Go ahead. I didn't mean to interrupt.	17		28.1. That would be January 21st.
А	Kurtis had seen Dr. Garcia June 2001. Had	18	Q	What is the upper limit of normal?
	complained or mentioned weight loss, 25 pounds,	19	A	13.
	occurring over a few years period of time. Had his	20	Q	So at that point your recommendation let me stop
			-	you for a minute. I have these slips.
	same hyperthyroid symptoms again he had at the	21		you for a minute, y maye mese ships,
	same hyperthyroid symptoms again he had at the	21 22	А	
				That is Dr. Garcia's slip.
Q	same hyperthyroid symptoms again he had at the onset, shaky, weight loss. Dr. Garcia saw him, did	22	A Q A	
	Q A Q A Q A Q A Q A Q A Q A Q A Q A Q A	 thyroid slightly enlarged, no tremors. Clinically he appeared to be again euthyroid. Q Do you know what his weight was at that time? A 202. Q So you gave him a slip for a TSH? A Gave him a slip for TSH. Came back okay. I can get the number for you here. The TSH was .376. So it's in the normal range. He is clinically euthyroid, his TSH is still okay. So Kurtis, two years after stopping the medicine, was still okay. We had a discussion about recurrent symptoms, the need for follow-up, that sort of thing. Told him that if he had symptoms, that he needed to get back in to see us. Q So, in other words, at that point unless he had further symptoms, he didn't require further specific follow-up? A Lusually tell my patients if they are feeling allstight, I like to see them once a year to confirm. it.e. Q When did you next hear from Kurtis? A I told Kurtis that. Q If's not documented? A It's not documented? A It's not documented? A He was referred back by Dr. Garcia for his apparent recurrence of hyperthyroidism. Q Would that be unusual? A To have a recurrence? Q At this date? It was two years in A Right. No, it's not unusual. It can happen at any time. Q So you didn't mean to interrupt. 	Physical exam did not appear to be hyper, thyroid slightly enlarged, no tremors. Clinically he appeared to be again euthyroid.1QDo you know what his weight was at that time?3A202.5QSo you gave him a slip for a TSH?6AGave him a slip for TSH. Came back okay. I can get the number for you here. The TSH was .376. So it's in the normal range. He is clinically euthyroid, his TSH is still okay.10So Kurtis, two years after stopping the medicine, was still okay. We had a discussion about recurrent symptoms, the need for follow-up, that sort of thing. Told him that if he had symptoms, that he needed to get back in to see us.15QSo, in other words, at that point unless he had further symptoms, he didn't require further specific follow-up?19AI usually tell my patients if they are feeling all- right. I like to see them once a year to confirm. If a21QWhen did you next hear from Kurtis?1AIt's not documented?24AIt's not documented?5AHe was referred back by Dr. Garcia for his apparent recurrence of hyperthyroidism.7QWould that be unusual?8ATo have a recurrence?9QAt this date? It was two years in10AIkight. No, it's not unusual.11QHe's recurring at basically five years?12AIt's not unusual.11QHow did this visit come about?5AHe was referred back by Dr. Garcia?13A	Physical exam did not appear to be hyper, thyroid slightly enlarged, no tremors. Clinically he appeared to be again euthyroid.1AQDo you know what his weight was at that time? A 202.3AQSo you gave him a slip for a TSH? A Gave him a slip for TSH. Came back okay. I can get the number for you here. The TSH was .376. So it's in the normal range. He is clinically euthyroid, his TSH is still okay.9APage 20So Kurtis, two years after stopping the medicine, was still okay. We had a discussion about recurrent symptoms, the need for follow-up, that sort of thing. Told him that if he had symptoms, that he needed to get back in to see us.15QSo, in other words, at that point unless he had further symptoms, he didn't require further specific follow-up?18AI usually tell my patients if they are feeling all- right. I like to see them once a year to confirm. its.22QWhen did you next hear from Kurtis? A It's not documented?1AIt's not documented?24AIt's not documented?5AHe was referred back by Dr. Garcia for his apparent recurrence of hyperthyroidism.6QWould that be unusual?8ATo have a recurrence?9QHe's recurring at basically five years?1ATo have a recurrence?9QHe's recurring at basically five years?1ATo have a recurrence?9QHe's recurring at basically five years?1ATo have a recurrence?1 <td< td=""></td<>

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		Page 25			Page 27
1	~		1		spreading that out.
2		note?	2	Q	So was this a problem, this Inderal two at once?
3	A	Right. Those were June, I saw him in January, so	3	A	It's not a problem. It's still beneficial. It's a
4		we did the lab work in January. His T4 level was	4		quick acting drug. He was supposed to be taking it
5		20 in June, 28 in January. It's similar to where	5		twice a day, that is the way the prescription was
6		it was when I saw Kurtis initially, when he was 16	6		written.
7		years old. He was pretty much back where he was.	7	Q	Did you do something about this?
8		Clinically mildly hyperthyroid, with laboratory	8	A	Date you do something about this?
9		evidence of hyperthyroidism.	9	~ *	Reaffirmed he should have been taking it the way it was prescribed.
10	Q		10	0	
11	-	The plan was we had a discussion with Kurtis and	11	Q	Is there a once a day drug he could take other than
12		his mom at that point. At that point Kurtis was in	12		Inderal that would have the same affect?
13		college. We told the mom that the Tapazole was not		A	There are some long acting beta blockers. In
14		going to cure him. We needed to do radioactive	13		hyperthyroidism we like to use the short acting
15		iodine treatment.	14		drugs because as we did last time, we were able to
16			15		wean him off of it. It's easier to wean off a
1		We wanted to try to accomplish two things.	16		quick acting drug than a long acting drug. The
17		One, to get him under control with the Tapazole and	17		anticipation was we would be able to wean him off
18		Inderal, and try to get him through his school and	18		of it easier.
19		perhaps treat him when he was out of school in the	19	Q	If you knew someone was going to be on this drug
20	_	spring or summer of 2002.	20		until July or August, is there some once a day drug
21	Q	Was he having problems in school at this point?	21		he could have taken instead?
22	Α	At that point he didn't have any. There was no	22	А	I honestly didn't think this would be a problem for
23		mention that he was having trouble in school at	23		him to take it twice a day.
24		that point.	24	Q	I understand. I wonder if there was a drug?
25	Q	So, you ordered the Inderal and Tapazole and the	25	À	We talked about it, he said it wouldn't a problem.
					, prosion.
		Page 26			Page 28
1		plan was what, other than the medicines?	1	Q	Is there a once a day drug?
2	А	Well, ultimately wanted to treat him with	2	Ā	There are some once a day beta blockers.
3		radioactive iodine because the Tapazole wasn't	3	Q	Can you give me an example?
4		going to cure him.	4	Ă	Atenolol.
5	Q	Right.	5	Q	
6	À	He wanted and his mother wanted him to wait until	6	A	So Kurtis dropped out of school?
7		he was done with his semester of school. The plan	7	A	Dropped out of school, still living in Toledo. We
8	2	was to treat him until he was under control and out	8		talked at that point about taking the medication,
9		of school.			He still wanted to stay up at school for the
10	Q	You saw him	9		semester because he paid for the apartment, he
-11	Ā	February 20th. He gained about five pounds, was	10		wasn't going to be living at home.
12	**	less tremulous. No problems with medication.	11		The plan was as before, to try and get him
13		Actually his dad came in with him at that point in	12		under control with the medication. Then eventually
14		time Mentioned that Kustin dependent of the	13		treat him when he would back at home for the
15		time. Mentioned that Kurtis dropped out of school because he was having trouble concentrating.	14	~	summer.
16	\cap		15	Q	It says thyroid enlarged as before, eyes okay?
17	Y	Let me ask you about this note. It says Tapazole	16	A	Eyes okay.
18	A	10 milligrams, three at once?	.17	Q	Impression, Grave's questionably improved?
1		Right.	18	Á	Right.
19	Q	He's taking the medicine basically once a day?	19	Q	At this point do you have would you have
20	A	Which is okay.	20		expected the medicine to have helped him in that
		That was okay. Was that his idea?	21		month?
21	Q.			٨	
22	Q A	That was his idea. It's all right to take it all	22	А	Actually it did help him. His blood work
22 23	A	That was his idea. It's all right to take it all at once.	23	A	Actually it did help him. His blood work January – February 20th he was 19.2, so he was
22 23 24	A Q	That was his idea. It's all right to take it all at once. Same for the Inderal?		A	January – February 20th he was 19.2, so he was
22 23	A	That was his idea. It's all right to take it all at once.	23	A	January February 20th he was 19.2, so he was down from 28, which is not bad. He looked better, his lab tests were better.

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		Page 29			
1	Q	Did you feel it was reasonable at that point to	1		Page 31 after the comment was passed.
2	×	continue with medical therapy?	2	Q	You lost me. I'm sorry.
3	А	Yes. The plan was the same at that point. We had,	3	Q	
4	1 2	a discussion about taking the medication as	4		Tony wasn't sure if he told her on the way
5			5		out, or if he called her back to tell her that
6		prescribed. He seemed to be taking it because he was getting better.	ŀ		When did you learn she wasn't sure when she learned
7	0	Is there some reason why this note is handwritten,	6	*	this information?
8	Q	as opposed to all the other earlier ones which were	7	Α	She told me I think it was the next day. By the
9		typed?	8		way, the dad was concerned about Kurtis' coffee
10			9	0	intake and smoking.
11	A	At one point I had all my notes transcribed. My	10	Q	Is this the first you ever heard about Kurtis
12		transcriptionist left, so I started handwriting the notes.	11		smoking
13	0	When was that, roughly?	12	A	Yes
14	Q A	Probably somewhere around 2000 I would say.	13	Q	Does that have some relevance to his
15	Ō	So at this point, did you order additional lab	14		hyperthyroidism?
16	Ŷ		15	A	No. \mathbf{D}
17	٨	work?	16	Q	Does the coffee?
1	A	We just talked about it. His T4 was 19. What is the date of that test then, I'm sorry?	17	A	Excess coffee can stimulate you as an overactive
18 19	Q A	The test was February 20th and the lab T4 was 19.2,	18	~	thyroid can.
20	A	down from 28.	19	Q	Would that affect his thyroid levels?
20	0	You got that result on what date?	20	А	No, absolutely not. There is no direct relation to
1	Q		21	~	the blood levels of thyroid.
22	A	Actually he went the same day. So we had it either	22	Q	So, was this – I guess I'm asking you did you
23	0	faxed over the same day, or had it the next day.	23		recognize this to be a problem, or was this just an
24	Q	There is this handwritten note in a different color	24		interesting notation?
23		ink; is that your handwriting?	25	A	Well, she wrote it down. I asked her what did you
		Page 30			Page 32
1	A	No, that is my assistant.	1		say to dad. She said something like the dad is
2	Q		í -		
		Can you read that for me, it's cut off on my copy?	2		aware he shouldn't being do that. She reaffirmed
3	À	Can you read that for me, it's cut off on my copy? Father had talked to the assistant about Kurtis'	2		aware he shouldn't being do that. She reaffirmed that, I didn't think there was anything that had
3		Father had talked to the assistant about Kurtis'	2 3 4	-	that. I didn't think there was anything that had
1		Father had talked to the assistant about Kurtis' drinking a lot of black coffee and smoking	3	·	that. I didn't think there was anything that had to be done with it. I was comfortable with the
4	A	Father had talked to the assistant about Kurtis' drinking a lot of black coffee and smoking cigarettes. Father was concerned about that.	3 4 5	0	that. I didn't think there was anything that had to be done with it. I was comfortable with the conversation.
45		Father had talked to the assistant about Kurtis' drinking a lot of black coffee and smoking	3 4	Q	that. I didn't think there was anything that had to be done with it. I was comfortable with the conversation. Do you feel other than obvious risks, long-term
4 5 6	A Q	Father had talked to the assistant about Kurtis' drinking a lot of black coffee and smoking cigarettes. Father was concerned about that. What does it say? Said dad states Kurtis drinks a lot of black	3 4 5 6 7	Q	that. I didn't think there was anything that hadto be done with it. I was comfortable with theconversation.Do you feel other than obvious risks, long-termrisks of smoking, did you think this was putting
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4 5 6 7 8	A Q A	Father had talked to the assistant about Kurtis' drinking a lot of black coffee and smoking cigarettes. Father was concerned about that. What does it say? Said dad states Kurtis drinks a lot of black	3 4 5 6 7 8 9	Q A	that. I didn't think there was anything that hadto be done with it. I was comfortable with theconversation.Do you feel other than obvious risks, long-termrisks of smoking, did you think this was puttingKurtis at some increased risk of something?No. I was comfortable that the father was aware it
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<u>}</u> .		Page 33			Page 35
1	Q	You were aware of this issue anyway in February of	1		somebody perhaps at school that could help him, so
2		2002?	2		the girl gave him Community Outreach.
3	А	Right.	3		I guess there was also some concern about
4	Q	When did you next hear from Kurtis or his family?	4		prescription costs. I don't directly know what the
5	A	The next, after this visit Kurtis was supposed to	5		concerns were here. That is my take on it.
6		- the plan was to do some follow-up blood work,	6	Q	Does the fact that he had no medical insurance,
7		continue to see him back periodically. So, he was	7		that is what it says here, did that have any impact
8	1	staying in Toledo. So he wanted to do his blood	8		on his receiving care from you?
9		work periodically.	9	Α	No. I'm not even sure he didn't have insurance. I
10		So the next time we had any - March 23rd	10		honestly don't know. I assume he did have
11		he had come home to have blood work done. The	11		insurance. The morn was relating some concerns
12		blood level was 19.9, still elevated.	12		about maybe it was prescription costs. I'm not
13	Q	This is where I'm having some issue with these	13		sure.
-14		pages. This goes 2-20-02 is that note.	14	Q	Whose handwriting is this?
15	А	Right.	15	À	One of the office girls.
16	Q	I have a note 2-21; is that written by you?	16	Q	Do you know who?
17	Å	Written by me.	17	À	Therese.
18	Q	Refers to lab tests we already talked about?	18	Q	Is that TC?
19	A	The lab test that we just mentioned, March 23rd.	19	À	Right.
20		The thyroid level wasn't coming down. It went from	20	Q	Is she still working for you?
21		19.2 to 19.9, which it really should have been	21	À	Yes.
22		coming down at that point.	22	Q	What is Community Outreach?
23	Q	Then there is this other green sheet?	23	À	I guess it's some sort of a community health
24	A	That is a sheet that the office girls use to write	24	~ ~	organization. I'm not sure.
25		their notes on and record prescriptions, that sort	25	Q	Then there is a February 20th, 2002 note. Was
<u> </u>					, , ,
		Page 34			Page 36
1	_	of thing	1		there any conversation with you on February 13th
2	Q	of thing. Is that some other new thing that was instituted at	12		there any conversation with you on February 13th about these issues?
2 3		of thing. Is that some other new thing that was instituted at some point, because I don't see it before 2002?	1	A	there any conversation with you on February 13th
2 3 4	Q A	of thing. Is that some other new thing that was instituted at some point, because I don't see it before 2002? Yes, a sheet to keep the pharmaceuticals and girl's	2 3 4	A	there any conversation with you on February 13th about these issues? No, because he was coming in the next week, thought we could deal with it then.
2 3 4 5	A	of thing. Is that some other new thing that was instituted at some point, because I don't see it before 2002? Yes, a sheet to keep the pharmaceuticals and girl's notes separate from miners	2 3 4 5	A Q	there any conversation with you on February 13th about these issues? No, because he was coming in the next week, thought we could deal with it then. Did you deal with those issues on February 20th
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1.		Page 37			Page 39
1		level went up a little bit. We called, suggested	1		left.
2		that he increase the Tapazole to twice a day	2		At some point there was apparently a delay
3		Suggested that the pills didn't seem to be	3		getting Kurtis organized to have this done. The
4		controlling him. At some point he was going to	4		mother called back, said Kurtis is ready to go
5		need to have radioactive iodine treatment.	5		ahead and schedule it. The test was scheduled.
6	Q	This was 3-25-02. Is that your handwriting again?	6	Q	Explain this entry, June 18, 2002, what does it
7	Α	Yes.	7		says 6W
8	Q	At that point did you have any knowledge one way or	8	A	That was the date Kurtis was supposed to come in
9		the other whether he was actually taking the	9		for follow-up after the radioiodine treatment.
10		medicine?	10	Q	So June 18th was a scheduled appointment after
11	A.	No.	11	-	radioactive iodine?
12	Q	Did you have any suspicions one way or another?	12	A	Right.
13	Α	It was unusual that he wasn't taking it. We had	13	Q	There is an entry 5-1-02 on the green sheet, what
14		some conversation with the mother about that.	14	~	happened on
15	Q	I'm sorry, I didn't understand that answer. You	15	А	That is apparently when they called to schedule the
16		said it was unusual that he wasn't taking it?	16		follow-up, the radioiodine.
17	А	It was unusual that the medicine if he were	17	Q	When was the radioiodine supposed to happen?
18		taking the full dose, that the numbers weren't	18	À	The radioiodine, Kurtis had a thyroid scan done
19		coming down.	19		which determines the radioiodine treatment, that
20	Q	So go on, I'm sorry. You had some conversation	20		was April 30th.
21		with the mother?	21	Q	It determines the dose you mean?
22	А	At that point we suggested that we increase the	22	À	Right.
23		medicine, urged that he comply with taking the	23	Q	At Saint John West Shore?
24		medication, because the numbers weren't coming	24	À	Right. That precludes the thyroid treatment.
25		down. We had a conversation about taking the	25	. Q	Preciudes? Precedes?
		•			
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1		medication.	1	А	Right. We have to do the scan before we can treat
2	Q	At that point did you check with the pharmacy, or	2		him with the radioiodine.
3		do anything else?	3	Q	You do that first?
4	А	No	4	A	Right. He had the iodine uptake. The uptake was
5	Q	When did you next see Kurtis, or hear from him or	5		elevated. Then the treatment was scheduled,
6		his family?	6	Q	Let me stop you there. I just found this
7	А	As far as I knew, he was taking the pills, he was	7	-	February 20th note to the school.
8		going to have another blood test done. We didn't	8	Α	Right. When Kurtis was in for his February 20th
9		hear anything. We renewed the prescription for	9		appointment his dad said that Kurtis had dropped
10		Inderal March 29th.	10		out of school. He wanted me to write a letter to
11		April 8th Mrs. Kinzel called, she was	11		the college, a medical letter to perhaps get him
12		concerned that Kurtis wasn't taking his	12		out of remaining classes. He wanted a medical
13		medication. So they apparently had some	13		letter justifying him being out of school.
* 4		conversation, Kurtis wasn't taking the pill. She	14	Q	That is that letter?
14		was anxious to go ahead and do the radioiodine	15	A	Right.
15		was anxious to go aneau and do the radiologine	1 1 2		
15 16		treatment at that point in time.	16	Q	Did you have some kind of conversation with Kurtis
15 16 17	ହ	treatment at that point in time. So, at this point what is he supposed to be taking?	5	Q	Did you have some kind of conversation with Kurtis or his family about this radioactive iodine
15 16 17 18	Q A	treatment at that point in time. So, at this point what is he supposed to be taking? The Tapazole, 20 milligrams, twice a day; and	16	Q	
15 16 17		treatment at that point in time. So, at this point what is he supposed to be taking? The Tapazole, 20 milligrams, twice a day; and Inderal, 20 milligrams twice a day.	16 17	Q A	or his family about this radioactive iodine
15 16 17 18		treatment at that point in time. So, at this point what is he supposed to be taking? The Tapazole, 20 milligrams, twice a day; and Inderal, 20 milligrams twice a day. So, at that point did you set him up for the	16 17 18		or his family about this radioactive iodine procedure?
15 16 17 18 19 20 21	A	treatment at that point in time. So, at this point what is he supposed to be taking? The Tapazole, 20 milligrams, twice a day; and Inderal, 20 milligrams twice a day. So, at that point did you set him up for the radioactive iodine?	16 17 18 19		or his family about this radioactive iodine procedure? Yes. Through the course of his illness I think we had five or six conversations about it. Even on
15 16 17 18 19 20	A	treatment at that point in time. So, at this point what is he supposed to be taking? The Tapazole, 20 milligrams, twice a day; and Inderal, 20 milligrams twice a day. So, at that point did you set him up for the radioactive iodine? He talked to one of my office girls. They said	16 17 18 19 20		or his family about this radioactive iodine procedure? Yes. Through the course of his illness I think we had five or six conversations about it. Even on his first time he saw me, when I saw him back in
15 16 17 18 19 20 21 22 23	A. Q	treatment at that point in time. So, at this point what is he supposed to be taking? The Tapazole, 20 milligrams, twice a day; and Inderal, 20 milligrams twice a day. So, at that point did you set him up for the radioactive iodine?	16 17 18 19 20 21		or his family about this radioactive iodine procedure? Yes. Through the course of his illness I think we had five or six conversations about it. Even on
15 16 17 18 19 20 21 22	A. Q	treatment at that point in time. So, at this point what is he supposed to be taking? The Tapazole, 20 milligrams, twice a day; and Inderal, 20 milligrams twice a day. So, at that point did you set him up for the radioactive iodine? He talked to one of my office girls. They said	16 17 18 19 20 21 22		or his family about this radioactive iodine procedure? Yes. Through the course of his illness I think we had five or six conversations about it. Even on his first time he saw me, when I saw him back in consultation from Dr. Garcia, we said this is going

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1		point through this whole process that we were	1		issues. Basically, you would have to talk to the
2		dealing with him.	2		radiologist about specifics. Basically they tell
3	Q	That was a terrible question. I apologize.	3		him about the treatment, if you have any side
4	~	I mean about what he was supposed to do	4		effects contact your physician. If you have a
5		relative to the medicines he was supposed to be	5		rapid heartbeat rate, anything unusual. If you
6		taking in relation to this procedure?	6		notice feeling anymore hyper, then contact your
7	A	Yes.	7	·	physician. There is a standard little program that
8	Q	What did you tell Kurtis in terms of what he was	8		they go through with the patient.
9		supposed to do with his thyroid medication and his	9	Q.	The file consists of do you have anything I
10		Inderal?	10	Χ.	don't have?
11	A	If I recall, the conversation was we talked to the	11	A	What do you have?
12		mother about it. He was supposed to stay on the	12	Q	I have a single one page Saint John West Shore.
13		Inderal. Stop the Tapazole five days before the	13	Ă	No, that is what I have. The radiologist has a
14		radioiodine treatment.	14		conversation with the patient either the day of or
15	С	So the pian was stop the Tapazole five days before	15		day before the treatment. The radiologist actually
16	*	the radioactive iodine?	16		delivers the treatment.
17	А	You have to be off the Tapazole in order to do the	17	Q	What is your policy? As I understand it, you stop
18		jodine treatment.	18	×	the anti-thyroid medication five days before. You
19	Q	When would you have had that conversation with	19		continue the Inderal.
20	•	Mrs. Kinzel?	20		What did you tell Mrs. Kinzel in terms of
21	A	We would have had it on the 25th, March 25th, when	21		when she was to see you next with Kurtis?
22		we talked about radioiodine at that point in time.	22	A	They were supposed to see me I tell my patients
23		That was a phone call.	23	* *	four to six weeks after the radioiodine treatment.
24	Q	That phone call was with Mrs. Kinzel?	24	Q	Four to six weeks?
25	Ā	Right. Then when my office girl scheduled the	25	Ă	Right. That is the standard of care that we go
		-		~ ~	Tughe That is an standard of once that we go
		Page 42			Page 44
1					
		thyroid scan with Mrs. Kinzel, she was told through	1		by. That is based on the fact that we really don't
2		thyroid scan with Mrs. Kinzel, she was told through me the same thing we just talked about. He had to	1 2		by. That is based on the fact that we really don't see a whole lot of effect from the radioiodine for
			1 2 3		see a whole lot of effect from the radioiodine for
2		me the same thing we just talked about. He had to	2		see a whole lot of effect from the radioiodine for beyond four weeks. We told them to make an
2 3	Q	me the same thing we just talked about. He had to be off the Tapazole for five days before the	2 3	Q	see a whole lot of effect from the radioiodine for beyond four weeks. We told them to make an appointment in four to six weeks.
`2 3 4	Q A	me the same thing we just talked about. He had to be off the Tapazole for five days before the treatment and to continue on the Inderal.	2 3 4	Q	see a whole lot of effect from the radioiodine for beyond four weeks. We told them to make an
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2 3 4 5 6 7	A Q	me the same thing we just talked about. He had to be off the Tapazole for five days before the treatment and to continue on the Inderal. Which office girl would this be? Tony. So, the Inderal should just	2 3 4 5 6 7		see a whole lot of effect from the radioiodine for beyond four weeks. We told them to make an appointment in four to six weeks. The date of the radioactive iodine treatment is what? May 2nd. So four weeks would have been June 2nd?
2 3 4 5 6 7 8	A Q A	me the same thing we just talked about. He had to be off the Tapazole for five days before the treatment and to continue on the Inderal. Which office girl would this be? Tony. So, the Inderal should just Continue.	2 3 4 5 6 7 8	A Q A	see a whole lot of effect from the radioiodine for beyond four weeks. We told them to make an appointment in four to six weeks. The date of the radioactive iodine treatment is what? May 2nd. So four weeks would have been June 2nd? Right.
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1	A	He was not.	1		taking the Inderal. He had renewed it March 29th,
2	Q	When did you have any contact with Saint John West	2		but never refilled it. So based on the amount of
3		Shore after the treatment, or you got a notice	3		medication that was renewed, he was taking less
4		saying it was a successfully administered?	4		than he should have.
5	А	They send me the treatment record, which is what I	5	Q	Well, what you knew from that is what? That he was
6		have in the chart which you have.	6		taking less than he should have during the interval
7	Q	The typewritten sheet?	7		after the radioactive iodine, or during some period
8	Ā		8		of time between March?
9	Q	So then we had reflected in your chart you were to	9	A'	Between March 29th.
10	,	see him on June 18th?	10	Q	And his death?
11	A	That's correct.	11	A	And his death.
12	Q	Then what happened?	12	Q	
[3	Ā	Well, obviously he died on June 17th, so between	Į	Q	Did you ask the mother whether she was giving him
[4	1 2	his treatment and him dying we had no contact with	13		or whether he was taking his Inderal?
15		him.	14	A	No. She made mention here she said Kurtis was
.6	0		15		taking his beta blocker, was feeling well. That
	Q	You didn't receive you didn't make follow-up	16		was the conversation.
7		calls, you didn't receive any calls from them?	17		Then I checked the next day, to see how
8	A	No. The family was told to call if they had a	18		much he had taken.
9		problem. They were told that by Dr. Constan, the	19	Q	Was that because you disbelieved her?
0		radiologist. We had no discussion, no phone calls,	20	А	I was trying to sort out in my own mind what was
1		no conversation between the treatment and when	21		going on. Trying to put it all together.
2		Kurtis died.	22	Q	What were you thinking the Inderal, the taking or
3	Q	Can you read this 6-17-02 note to me? Is this your	23		not taking of Inderal might have to do with his
4		handwriting?	24		death?
25	А	Yes. Kurtis they called me, actually I think	25	Α'	I am assuming, I assumed based on the fact he had a
			1		
			[
		Page 46			Page
		they called me from the emergency room, actually	1		ventricular fibrillation arrest that he had a
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		Page 49	1	-	Page 51
1	Q	If he were taking it, it didn't, true; that is a	1		MR. GROEDEL: If you know.
2	×	fact?	2	A,	I don't know the details of the CPR.
3	A	That's possible.	3	Q	Before you determined that the death had nothing to
4	Q	If he were taking his Inderal every day, he died	4	Y	do with the hyperthyroid state, did you review the
5	×	from a ventricular fibrillation, it obviously	5		resuscitation or the ER record?
6		didn't protect him?	6	A	I'm just going by what the ER docs told me.
7	A	That's right.	7	Q	What did they tell you?
8	Q	So, are you saying there is no association in your	8	A	They told me he was picked up in the field, he was
9	×	mind between a hyperthyroid state and ventricular	9		in V fib. They were not able to resuscitate him.
10		fibrillation?	10	0	
11	А	That's right.		Q	Did you get any medical records at all from the
12	Q	What sort of arrhythmias do hyperthyroid patients	12	А	hospital? No.
13	Y	have?	1		
14	A	Atrial arrhythmias, atrial tachycardias, atrial	13	Q	Did you receive any correspondence or have any kind
15	л	fibrillation.	14		of a conversation with the coroner at any time?
16	Q	Do you know what sort of arrhythmias preceded this	15	A	Yes.
17	Q	ventricular fibrillation, if any?	16	Q	Can you tell me about that?
18	A	I'm not aware of any. When I was taking care of	17	A	Well, I got a copy of the autopsy at some point.
19	л	him he never had any arrhythmias. Mild	18		The autopsy suggested that Kurtis died of an
20		tachycardia.	19		overactive thyroid. We had a conversation. I had
20	0	•	20	0	a conversation with the coroner about that,
22	Q Â	Did you do an EKG at any time? No. I can tell clinically if someone is in sinus	21	Q	Can you tell me about that conversation?
22	A	•	22.		THE WITNESS: Is it all right to talk
24	0	rhythm.	23		about?
•	Q	You can tell clinically if someone is having	24		MR. GROEDEL: Absolutely,
25		intermittent atrial arrhythmias or ventricular	25	A	Well, I took objection to his conclusions, so I had
		Page 50	·····		Page 52
1		arrhythmias when they are not in your office?	1		a conversation with him. I asked him if there are
2	Α	No.	2		any findings in autopsy that were specific for
3	Q				
4		You never did an EKG or Holter monitor, any kind of			
1 7		You never did an EKG or Holter monitor, any kind of testing?	3		overactive thyroid. He said no. I said what did
5	A	testing?	3 4		overactive thyroid. He said no. I said what did you base it on. He said the fact his T4 level was
1	A	testing? It's not part of the normal thyroid workup, unless	3 4 5		overactive thyroid. He said no. I said what did you base it on. He said the fact his T4 level was 19, which is considered to be very high. I said
5	A	testing? It's not part of the normal thyroid workup, unless there is a clinical suspicion there is a problem.	3 4 5 6		overactive thyroid. He said no. I said what did you base it on. He said the fact his T4 level was 19, which is considered to be very high. I said his T4 level was 28 when I saw him in the office on
5 6	A	testing? It's not part of the normal thyroid workup, unless there is a clinical suspicion there is a problem. Kurtis never had any evidence of an arrhythmia,	3 4 5 6 7		overactive thyroid. He said no. I said what did you base it on. He said the fact his T4 level was 19, which is considered to be very high. I said his T4 level was 28 when I saw him in the office on several occasions, he was walking around, he was
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		Page 53			Page 55
1	A	Dr. Miller.	1	Q	Because I'm assuming that it's such a common
2	Q	So did you ask Dr. Miller to amend the autopsy?	2	~	medication out there, if you thought it put your
3	A	You know, I didn't know that was something that	3		patients at risk, you would tell them?
4		could be done.	4	A	I tell you what normally happens in my patients,
5	Q	So, are you telling me Dr. Miller's conclusion	5		they pick compatibing you what horizon at the share of the
6	×	after talking to you was something other than what			they pick something up at the drug store, they call
7		the autopsy reflects?	6		me. The label says if you have an overactive
8	А	After we had a discussion his conclusion was he	7		thyroid, don't take it. Then they ask me if they
9	л		8	~	should take it, because it's on the label.
1		said what he should have said, I'm not directly	9	Q	I guess that is not a reasonable assumption on my
10		quoting him, was that Kurtis died with	10		part, if you thought Sudafed was a problem you
11	~	hyperthyroidism, not of it.	11		would tell your patients not to take it?
12	Q	Do you have a list of things that you tell your	12	A	I have never seen it be a problem before. If it's
13		hyperthyroid patients they are not allowed to do?	13		on the label, the patient reads it, normally they
14	Α	I don't have a direct list that I give them. We	14		call me, ask if they can take it.
15		have a conversation about it.	15	Q	Do you know who prescribed it?
16	Q	Can you tell me what the things you tell these	16	A	It's over-the-counter.
17		patients they should not do are?	17	Q	It may be or it's in things like many
18	А	Actually there is not things they shouldn't do	18	-	prescription drugs as well, right?
19		other than take their medication. Mostly what they	19	Α	I didn't prescribe it.
20		should do	20	Q	Would it be below the standard of care for a doctor
21	Q	As long as they are following the regimen you	21		to prescribe a drug containing Sudafed to a patient
22	``	prescribe for them, they don't have to engage in	22		who is known to be hyperthyroid?
23		any specific limitations?	23		MS. McGURK: Objection.
24	Ą	No	24		2
25	Q	Are there over-the-counter medications you tell	25		
	×		· • • • • • •		answer.
1					
		Page 54			Poge 55
1	19	Page 54]		Page 56
t i	A	them not to take?	1	A	If the doctor knew the patient were hyperthyroid, I
2		them not to take?	2	A	If the doctor knew the patient were hyperthyroid, I think they would need to be careful with
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James Myers, M.D. Naomi Kinzel, et al. v. James Myers, M.D., et al.

1	Page 57 I have read the foregoing transcript from page 1	
2	through 56 and note the following corrections:	
3	PAGE LINE REQUESTED CHANGE	
5		· ·
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20	Y X X X X X X X X X X X X X X X X X X X	
20	James Myers, M.D. Subscribed and sworn to before me this day	
	of day	
23		
24	Notary Public	
25	My commission expires:	
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	Page 58	
1	State of Ohio,)	
) SS: CERTIFICATE	
2 3	County of Cuyahoga.) I, Constance Versagi, Court Reporter and Notary	
	Public in and for the State of Ohio, duly commissioned and	
5	qualified, do hereby certify that the within named	
6	witness, James Myers, M.D., was by me first duly sworn to	
7 8	testify the truth, the whole truth, and nothing but the	
9	truth in the cause aforesaid; that the testimony then given by him was by me reduced to stenotypy/computer in	
10	the presence of said witness, afterward transcribed, and	
11	that the foregoing is a true and correct transcript of the	
12	testimony so given by him as aforesaid.	
13 14	I do further certify that this deposition was	
15	taken at the time and place in the foregoing caption specified, and was completed without adjournment.	,
16	I do further certify that I am not a relative,	
17	counsel, or attorney of either party, or otherwise	
_ 18	interested in the event of this action.	
19 20 i	IN WITNESS WHEREOF, I have hereunto set my hand	
21 1	and affixed my seal of office at Cleveland, Ohio, on his 14th day of April, 2003.	
22	and then duy of April, 2005.	
23		
0.4		
24	Constance Versagi, Court Reporter and	
25	Notary Public in and for the State of Ohio. My Commission expires January 14, 2008.	
	and commission capites ranualy 14, 2008.	

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