DOC. 348

THE STATE OF OHIO,)
) SS: KEVIN CALLAHAN, 3.
COUNTY OF CUYAHOGA.)

IN THE COURT OF COMMON PLEAS

SUZANNE BOYD, etc., et al.,)
)
Plaintiffs,)
)
v.) Case No. 233783
)
BERT M. BROWN, M.D., etc., et al.,)
)
Defendants.)

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Deposition of RICHARD L. PARSANKO, D.D.S., taken by the Plaintiffs as if upon cross-examination before James M. Mizanin, a Registered Professional Reporter and Notary Public within and for the State of Ohio, at the offices of Jacobson, Maynard, Tuschman & Kalur Co., L.P.A., 1001 Lakeside Avenue, Suite 1600, Cleveland, Ohio, on Wednesday, the 4th day of August, 1993, commencing at 2:00 p.m., pursuant to notice and agreement of counsel.

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APPEARANCES:

Sindell, Lowe & Guidubaldi,
By: Charles M. Young, Esq.,

On behalf of the Plaintiffs.

Jacobson, Maynard, Tuschman & Kalur Co., L.P.A.,
By: Joseph A. Farchione, Jr., Esq.,

On behalf of Defendant Richard L. Parsanko, D.D.S.

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STIPULATIONS

It is stipulated by and between counsel for the respective parties that this deposition may be taken in stenotypy by James M. Mizanin; that his stenotype notes may be subsequently transcribed in the absence of the witness; and that all requirements of the Ohio Rules of Civil Procedure with regard to notice of time and place of taking this deposition are waived.

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OBJECTIONS:

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RICHARD L. PARSANKO, D.D.S.,

a Defendant herein, called by the Plaintiffs for the purpose of cross-examination, as provided by the Ohio Rules of Civil Procedure, being by me first duly sworn, as hereinafter certified, deposes and says as follows:

CROSS-EXAMINATION

BY MR. YOUNG:

Q. Doctor, would you state your name and spell your last name for the record, please.

A. Richard L. Parsanko, P-a-r-s-a-n-k-o, D.D.S.

Q. Doctor, what is your business address?

A. 6132 West Creek Road, Independence, Ohio.

Q. And you are a dentist?

A. Correct.

Q. You received your undergraduate degree where?

A. At Harvard University.

Q. Graduated when'?

A. 1971.

Q. And your dental degree you got where?

A. University of Michigan.

Q. In what year?

A. 1975.

Q. What did you do professionally after 1975?

A. I opened my own practice of general dentistry,

Q. And did you purchase another dentist's practice or did you simply open the doors to your own practice?

A. I opened the doors to my own practice, yes.

Q. And in what community was that?

A. Independence, Ohio.

Q. And for what period of time? Are you still in Independence?

A. Yes, sir,

Q. And always at the same address?

A. No, I changed addresses within the same city.

Q. Okay. Is it a cole practice?

A. It's a --

Q. You are a ';ole ;~rafttioner?

A. No, I'm in a group.

Q. Was there a group when you opened the doors to your own practice)

A. No, there was nor. 1 was a sole proprietor.

Q. Started on your own!'

A. Yes.

Q. And are you incorporated?

A. Yes, I am.

Q. When were you incorporated?

A. I'm not exactly sure. I think it was around 1976.

Q. Okay. And who are the principals involved in that practice or who were they in 1990?

A. I was the only shareholder in that corporation.
Q. And what was the name under which you did business?
A. Richard L. Parsanko, D.D.S., Tnc., also known as Rockside Family Dental Care.
Q. How many dentists would have been working at Rockside Family Dental Care in 1990?
A. Two.
Q. And who is the other dentist'!
A. His name is Dean Carmichael, C-a-r-m-i-c-h-a-e-l.
Q. And Dr. Carmichael would have graduated from dental school when!
A. Approximately 1982.
Q. All right. Had lie been practicing in the community prior to your coming to Independence? Does that make sense? You started practicing in Independence when?
A. In 1975.
Q. I'm sorry.
A. So he joined my practice right from dental school.
Q. All right. Had you been from the Independence area?
A. Yes.
Q. Can you tell me the nature of your practice of dentistry? Is it general practice?
A. It's genera? practice.
Q. And it is a family practice. You do not specialize

in any certain age group?

A. No, 1 do not.

Q. Do you extend your practice into nny rpecialty in any way?

A. I'm not sure I understand. Do you mean --

Q. By that I mean, do you do orthodontics'? Do you do --

A. Yes, I do.

Q. 4ny other areas, periodontics?

A. I think it's usual that dentists will occasionally do some periodontics, do some minor oral surgery, do some minor orthodontics, and still call themselves general dentists

Q. Right. There is no area in which you spend perhaps 50 percent of vour time other than the general practice of dentistry?

A. No.

Q. In terms of your general practice of dentistry, are you involved in anv way in the diagnosis and/or treatment of oral cancer?

A. Yes, I am.

Q. Can you describe how your practice would involve you in that area!

4. On a regular basis as patients come for routine checkup, cleaning, examination, we do a thorough

examination of every patient on every visit.

Q. And in terms of diagnosis or treatment of oral cancer, rhere are occasions when you are called upon to diagnose or become involved in the diagnosis of oral cancer!

A. If I find suspicious things, I might suspect oral cancer, I would then refer them to the appropriate specialist.

Q All right. Let me back up if I may then and ask you if you have received any formal training in the diagnosis of oral cancer?

A. I would say in dental school and in continuing education courses.

Q. Okay,

A. We learn to identify those things.

Q. In dental school, when you were lhere prior to 1975, had there been some portion of the curriculum devoted to the identification of oral cancer?

A Yes.

Q. All right. Can you tell me how it would have been presented to tha students at that point in time?

A. 1 think it would have been introduced through textbooks and then through slides and then through histology, oral pathology courses, and study of cadavers, those kina of things.

Q. All right. In terms of your formal education while in dental school, would the education have dealt with primarily the identification of suspicious lesions as opposed to diagnosis and treatment of them?

A. I think so, yes.

Q. And by that in attempting to be fair, what I mean is in general in dental school, you are alerted to conditions that you have to he aware of, but the general practice of dentistry doesn't involve the dentist in the treatment of those conditions, is that fair?

A. Correct.

Q. All right. Now, since you graduated from dental school, have you been involved in any way in continuing education in the diagnosis or treatment of oral cancer?

A. I've taken several courses that have dealt with that, yes.

Q. All right. And I'm unaware of how these courses are presented. Are they presented generally through the dental association locally?

A. The one in particular you are talking about or the ones I've taken?

Q. The one you have taken or the ones you have taken.

A. I took one at University of Michigan. I've taken one -- took one in St. Thomas that dealt strictly with tongue lesions, and the one in St. Thomas obviously was not associated with a university.

Q. Who was it associated with?

A. Trident. Trident chewing gum sponsors it.

MR. FARCHIONE: So they really do ask dentists their opinion?

A. Yes, but only four out of five agree with them.

Q. (BY MR. YOUNG) tee me back up then and talk about the continuing education course that you took at the University of Michigan.

A. Okay.

Q. Can you tell me the nature of that course?

a. I think it was oral diagnosis.

Q. Oral diagnosis"

A. Yes.

Q. That would have been approximately when?

A. Oh gee, that one has probably been ten years ago.

Q. And was that through the dental school?

A. Yes.

Q. Was it more than a one-day course'?

A. No, one day.

Q. One day.

Do you recall who taught it?

A. Nathanial Rowe, R-o-w-e.

Q. And did Dr. Rowe teach the entire course, if you recall?

A. I think he did, yes. I believe he was the sole speaker.

Q. Is Dr. Rowe on the staff of a teaching facility'?

A. Yes.

Q. Where, at the University of Michigan?

A. Yes.

Q. And you took one at St. Thomas. Do you recall approximately when'?

A. Approximately 1986.

Q. Was that a one-day seminar?

A. Yes, it was.

Q. What person offered that seminar or what person, what authority spoke?

A. His name was Bottomly and I don't remember his first name.

Q. And was he also a professor at a dental school'?

A. Yes, he was.

Q. And what school'?

A. I'm not sure. Perhaps Maryland. That's a guess. I'm not exactly sure.

Q. I assume that there were materials and other things that were handed out to the participants in both of

those seminars!

A. I imagine there were. I'm not sure. I can't remember.

Q. Do you know if you have retained those over the years! If you are like me --

A. I don't think I have, no.

Q. Do you have a place where you keep all of those materials for future reference?

A. Some that I feel are pertinent and I want to retain.

Q. In addition to having received or taken these two courses, have you had the occasion to read periodical articles over the years concerning the diagnosis or treatment of oral cancer?

A. Yes.

Q. As you sit here today, do you recall any of those articles upon which you have relied in any way?

MR. FARCH1ONE: Objection.

A. I can't quote one in particular.

Q. (BY MR. YOUNG) Nothing comes to mind?

A. Nothing comes to mind.

Q. Is there any aurhoritative source that you consult in your practice of dentistry concerning the diagnosis of ora1 cancer?

MR. **FARCHIONE:** Objection.

A. I refer to many oral pathology books but I don't

consider any of them lo be authoritative.

Q. (BY MR. YOUNG) You don't consider any of them to be authoritative?

A. The ones that I have, I refer to them for reference but I don't rely on them for. being the sole determination of what the pathology is and what is not.

Q. What specific text do you refer to'?

A. I have several pictorial and textbooks on oral pathology that help me to recognize lesions.

Q. Do you recall the names or publishers of any of them?

A. They are on my shelf at my office but I don't recall the authors.

Q. Okay. Doctor, do you yourself teach any dentistry'?

A. No, I do not.

Q. Wave you in the past'!

A. No, I have not.

Q. From the time that you graduated from dental school,, have you been involved in teaching others in any way dentistry?

A. Yes, I have.

Q. Where?

A. Cuyahoga Valley Vocational School.

Q. When was that?

A. hpproximately 1976, 1977.

Q. And what was the nature of the course that you offered there?

A. reaching patient management *to* dental assistants.

Q. And you taught tor one school year?

A. I think it may have been two. I don't recall exactly.

Q. Have you taught iny other courses of any nature since graduation trom school?

A. No, I have nor.

Q. Have you wriFten any articles concerning the practice of dentistry in any way?

A. No, I haven't.

Q. Doctor, I assume that in your practice you have had the occasion to observe lesions which you suspected could have been cancerous?

A. Yes.

Q. And as I understand your testimony, essentially what you do is observe or examine patients, try to identify those conditions which might be indicative of oral cancer, and you then refer those patients to other people:'

A. Correct.

Q. Is that correct?

A. Yes.

Q. In other words, you look for the warning signs that might indicate to a dentist that the person might he suffering from some oral cancerous condition?

A. Yes.

Q. All right. And you said that essentially you examine these people for those suspicious lesions, correct?

A. Yes, I do.

Q. Can you describe for me your general practice then in your practice! of dentistry concerning examination for conditions that might indicate oral cancer'?

MR. **FARCHIONE:** Objection. You may answer.

A. Patients are examined extraorally, and that means checking lymph glands and nodes, the larynx, the thyroid, the TMJ, facial skin, cursory examination, an intraoral soft tissue examination is done, that includes the throat, palate, cheeks, lips, the dorsal and ventral surfaces of the tongue and the floor of the mouth. Examination is done of the gingiva or the periodontia, examination is done of the teeth, existing fillings, occlusion and such, and then presented to the patient.

Q. All right. So that it's not simply the condition of the teeth or of the gums and the bone structure, but

also those things within the oral cavity or the head and neck that might indicate some oral cancer which are examined by you, correct?

A. I'm sorry. I also, in reference to your last question, forgot to ray that x-ray examinations and diagnoses also are made as necessary.

Q. Now, you have just described the type of examination that *you* perform. On what occasions would that type of examination be performed?

A. It's absolutely done on every recall or prevention visit that we do, such as our routine checkup and cleaning, or if someone comes in with a specific problem.

Q. Now, if I can understand your testimony, I assume that then that type of examination is done when a patient first presents to your office, correct?

A. **Absolutely.**

Q. And it is done periodically thereafter, as you have described?

A. Yes, it is.

Q. 'The total examination would not be done on each occasion that the person would present to your office, would it'?

A. **On** each of **the** recall or prevention visits, it is done.

Q. 411 right. Mow --

h. And in general that's about every six months.

Q. Now, when we talk about recall or prevention visit, is that a visit which we distinguish from an ongoing course of specific treatment?

A. Yes.

Q. Where a person would follow up more often?

A. Yes.

Q. All right. In terms of a recall or prevention visit, you have described that that would be every six months. Is that the period of time when you would recommend prevention or recall visits?

A. For the majority of people. Other people require more frequent. recall or prevention visits or sometimes even less frequent.

Q. Certainly not every person comes in every six months or annually as you would recommend, but I assume that that is the periodic follow-up visit for observation tor any problems that might have developed since the last recall visit'?

A. Correct.

Q. Or conclusion of any course of active treatment, correct?

A. Yes.

Q. Now, you correct me if I'm wrong, but I'm going to

try to underrtand how it is that you practice. And I assume rhat when a person comes in for a general office visit, that person is examined, problems are observed, recommendations are made, and then an ongoing active course of treatment might be recommended, correct?

A. Correct.

Q. And that course of treatment might take one, might take more visits, but we would hope that it would be concluded and the person would then be put on a period of continuing observation, correct?

A. Correct,

MR. FARCHIONE: Objection.

Q. (BY MR. YOUNG) And your recommendation for that would be perhaps every six months or perhaps more often as necessary?

A. Correct.

Q. But whatever that period of periodic visit might be, that person would then be examined as you have described for all conditions, including an examination for oral cancer, is that correct?

A. Correct.

Q. Now, without getting into the question at this time of what is a suspicious condition, let me ask when you observe what might be a suspicious condition,

that being something that you believe could possibly be cancerous, what is it that you do with regard to diagnosis or treatment of the patient?

A. Anything unusual is noted in the record, it's brought to the attention of the patient, and a course of action determined by what kind of lesion it is is discussed and discussed with the patient.

Q. All right. I assume that you do not become involved in the active treatment or diagnosis of what could be a cancerous condition, is that correct?

A. Correct.

Q. And you make referrals to other professionals who specialize in the treatment of' that type of suspected condition'?

A. Yes, I do.

Q. To whom do you make such referrals or to whom did you make such referrals in 1990?

A. Dr. Don Blair, B-l-a-i-r, oral surgeon, and Dr. Anthony Forde, F-o-r-d-e, oral surgeon.

Q. F-o-r-d, as in dog, -e'?

A. Yes.

Q. And are they both still in practice?

a. Yes. they are.

Q. Where?

A. Dr. Forde has an office in Parma, at Parmatown,

Parmatown Medical Building North, and Independence, on Xockside Road. Dr. Don Blair has an office at Parma Medical Building South.

Q. And I'm sorry, I didn't ask you where your office was in 1990. Can you tell me?

A. It was in the same location I'm in now on West Creek Road.

Q. And at that time you had only one office?

A. Yes.

Q. And you still have one office today?

A. Yes.

Q. When you would make referrals *to* Dr. Blair or to Dr. Fnrde, was there a particular procedure that you followed in making the referrals'?

A. Yes. If there was a suspicious lesion that I felt should be looked at by a specialist, we would walk the patient to the private office, get on the phone, and help them make the appointment.

Q. To the private office meaning within your suite?

A. Yes.

Q. And you would essentially make sure that that patient made an appointment doing so from your office?

A. Yes.

Q. And was there any follow-up thereafter?

A. To make sure the patient went to the office or kept the appointment'?

Q. Or in any other way.

A. Generally what would happen is that when the patient was seen by the specialist, .the specialist would call me and discuss what had occurred or what his thoughts were.

Q. And would a record of that call be placed in your file, in your patient file'?

A. It may or it may not. If it was -- if they were referred out, it generally would be and in most cases we would get a written report of what was seen by the oral surgeon.

Q. Okay. And would that be in rhe form of a letter rhat would be sent to you by the oral surgeon?

A. Yes.

Q. You described for me a type of examination that was performed during each recall or periodic exam of a patient which would examine for oral cancer. Was that done in 1990 as well as today?

A. Yes, it was.

Q. In terms of your examination, what was it inside of the mouth that you were looking for?

A. We do a visual as well as a palpation of soft tissues looking for changes in color, consistency,

texture, lumps, bumps, or uncomfortable areas during palpation.

Q. And what would be your criteria for determining what would be a suspicious lesion?

MR. FARCHIONE: Are we limiting it to the tongue or --

MR. YOUNG: No, we're talking about --

MR. FARCHIONE: You are still keeping it --

MR. YOUNG: Talking about inside the oral cavity.

A. I would be suspicious of anything that did not look normal.

Q. (BY MR. YOUNG) Okay.

A. I don't mean to be ambiguous --

Q. That's fine. I ran accept that. Anything that appears other than normal is something which you would be concerned about and consider suspicious, is that fair?

A. Yes.

Q. Now, are rhere conditions which would not be normal but which you could dismiss as not holding the potential for oral cancer?

A. There are many, yes.

Q. But there are conditions which would alert you to

the possibility that the person could be suffering from oral cancer? There are suspicious lesions7

A. Yes.

Q. And it is those suspicious lesions which you would refer for examination by the oral surgeons that you have described?

A. Correct.

Q. Can you describe for me what suspicious lesions, oral lesions, would cause you to make a referral of a patient?

MR. FARCHIONE: Objection. You may answer.

A. You know, there are obvious lesions that would just jump out at you such as ulcerative bleeding, huge lumps, hard, palpable lesions that were not supposed to be in the position they are in, or any extreme discomfort that may also include ulcerations or bleeding.

Q. (BY MR. YOUNG) All right. Well, we are here today concerning an oral lesion of tho tongue, a while plaque-type of lesion, would you agree?

MR. FARCHIONE: Objection.

A. I'm not sure --

MR. FARCHIONE: He hasn't seen any subrequent records so if you are referring

to --

A. i didn't see a while plaque lesion, no.

Q. Okay. Then I'll back up.

Let me skip over to the point when Allan Boyd came under your care. Can you tell me from your records when he first came under your care'?

A. Yes. I first saw Mr. Boyd in, I guess it was September ot 1982.

Q. And you are looking at what I've marked for identification purposes as Dr. Parsanko Deposition Exhibit 2, is that correct?

A. Correct.

Q. Your attornev has provided me with a copy of what you have there. Can you describe what that form is?

A. This is a record of each patient's visits and notation of treatment that we make when they come to our office.

Q. All right. And this contains all notations of treatment that would be made in your office?

A. Yes.

Q. Are there any other records of treatment, and by that I mean dentist's notes, that would be made within your office?

A. No, there are none.

Q. You would also have billing records, you would have

x-rays and things of that nature. Bur all notations of any treatment would be made on a record similar to this, correct?

A. Yes.

Q. This is opened when the patient first comes to your office?

A. Yes.

Q. And from this you are able to conclude that Mr. Boyd first came to you in 1982 from the date --

A. On the first notation.

Q. Okay. And in addition to hllan Boyd, did you trear any other members of his immediate family, *to* your know1edge?

A. I'm not sure.

Q. Do you have any recollection, independent recollection, of Allan Boyd as you sit here today?

A. Yes, I do.

Q. You treated him for a period of perhaps eight years off and on?

A. Yes.

Q. To your knowledge did you treat Suzanne Boyd in any way?

A. I can't remember the name.

Q. All right. Do you recall treating Mr. Boyd's mother-in-law in any way? It's not a test. I'm

just looking for your degree of familiarity.

A. I don't remember -- Is the name Boyd, too?

Q. ?lo.

A. I can't remember that.

Q. I want you to describe far me essentially his examinations and treatment prior to 1990, if you would, from your record.

MR. FARCHIONE: On each visit or generalize what he --

MR. YOUNG: Generalize if you would. I'm unable io read his writing totally.

A. This is an outline of things that 1 try to examine, and we do -- I described our extraoral examination, our intraoral examination, check the occlusion, any habits, the periodontia, the radiographs or any unusual remarks, and we do that with every visit trying to keep the same, so any examination that we did follows that outline.

When we do an examination --

Q. (BY MR. YOUNG) I'm sorry. That was not on my copy.

A. Okay.

Q. And perhaps because it's simply light. But can you describe for me what you mean by that? Is this a procedure which you follow with a specific patient each time they present in your office?

A. Yes.

Q. And rhat may differ from patient to patient?

A. No. I do exactly the same rxamination for every preventive visit.

a. All right. 1 see a notation of three dates here, 9-2-82, 9-13-83, and 5-9-84. Were there other visits on which that type of examination would have been done prior to 1990?

A. Yes. On 12-11-87, on 7-19-88, and that's all.

Q. All right. And I didn't mean to exclude that but I didn't understand the relevance between notes here to the left lower corner of what has been marked as the second page ot the Deposition Exhibit 2, and the general chronological visits that are noted on the right side of this form. Is there any special difference between --

A. Yes, we just changed office policy. We still do exactly the same office examination but we don't make the little notes, we just write exam and that assumes that we do this outline of examination.

Q. Okay, And that examination is the examination that you have described for us also including the examination for potential suspicious lesions or oral cancer, correct?

A. Correct.

Q. Now, that would have occurred on 9-2-82, 9-13-83, 5-9-84 --

A. Exam.

Q. July of '87?

A. Correct, and July of '88.

Q. And then we ran out of room on this side of the form and we go to the opposite side, do we not?

A. And then on 1-23 of '89, and then we come to the visit of 1-30-90.

Q. 1-38-90. All right. Now, can you describe for me his general dental condition and how you treated him prior to 1990?

A. Allan would come in on a periodic basis, not on a six month. We had recommended for Allan a six-month return to the office because of his tobacco and periodontal condition, and he would not usually follow that recommendation, so when he would schedule an appointment, we would do routine examination, as I have described, x-rays, as necessary, or as we felt were important, and then a cleaning, and then notes in green which don't show up on your copy, are hygienist's notes, in black and blue are my notes.

Q. Is all of the handwriting in either pencil, black or blue, written in your handwriting on both sides

of what's been marked for identification purposes as Deposition Exhibit 2?

A. This is not my writing.

Q. Indicating the pencil at the lower left-hand corner of this form?

A. Yes.

Q. Anything else?

A. Anything in green or in yellow.

Q. And you have yellow being highlighted'?

A. Yes.

Q. All right. And do you place that in green or highlighted in yellow lo alert the dentist as to what the hygienist is doing?

A. It just identifies who has written the notes.

Q. All right. I assume that from your description of the recall or periodic exam that is done, a dentist performs that examination in your office, is that correct?

A. Yes.

Q. All right. And I see concerning some of those visits that notations of those exams have been written by the hygienist. Is that general practice in your office?

A. Yes, it is. I might, during the examination, because I have gloves on, dictate my findings or

dictate certain notes that I want to record.

Q. Concerning Allan Boyd, would you have been the dentist who rendered his treatment in each case that he came to your office?

A. I think I'm the only dentist that seen Allan, yes.

Q. You described that you recommended that you see him every six months is a result of his use of tobacco and for what other reason?

A. He had periodontal inflammation or gum bleeding.

Q. Was that the primary condition for which he was being treated during the period of time that he was tinder your care'

A. Yes.

Q. All right, And by that I mean, there were no special bite adjustments or special problems with which you were dealing prior to 1990?

A. Nothing more than a few routine fillings.

Q. Other than cleaning, was there any active treatment that he was receiving prior to 1990 for the periodontal condition?

A. One of the problems that Allan had was he accumulated heavy tobacco stains on his teeth, which are irritating to the gums, and our treatment, one of our treatments to address that was to remove that heavy accumulation and that's part of the cleaning

procedure. 'That's one of the reasons we wanted him to return every six months.

Q. Was there any course of treatment that you had ever recommended to him which he did not accept'?

A. We had discussed a missing tooth, which was allowing his bite to shift on the lower left ride, and the notation will tell you that we discussed our recommendation for replacing the missing tooth on his lower left several times.

Q. Which tooth was missing?

A. Tooth No. 19.

Q. Prior to 1990 had you ever observed anything of a suspicious nature in the examination of Allan Boyd whicn would cause you to be concerned about oral cancer?

A. No, there was not.

Q. Doctor, as you sit here today do you have any independent recollection of any of the visits with Allan Boyd?

A. Do I remember seeing Allan or talking to him?

Q. Yes, right.

A. Yes.

Q. You are able to recall who he was?

A. Yes.

Q. How he was visually and actually seeing him there in

your chair!

A. Yes.

Q. Let's go to the visit of January 30, 1990. If you would take a look at your record. This was a periodic examination, a recall examination'?

A. Correct.

Q. It was one of those examinations which you recommended every cix months but it had been a year since he had seen you?

A. Yes.

Q. There had been a recall examination in January of 1989 as well?

A. Correct.

Q. When he came in in January of 1990, did you have the occasion to examine him?

A. Yes, I did.

Q. What was the reason that he came into the office, if you know?

A. Simply routine examination and cleaning.

Q. Okay. I'm unable to read your notations under that January 30th, 1990 visit, and as I understand your testimony, that is written on the original record in green, correct?

A. Yes.

Q. And that means that your hygienist was writing it,

but that it would have been written as a result of your dictation or instruction to her, correct?

A. Yes.

Q. All right. Now, I see some handwriting above an area that is crossed out here?

A. Yes.

Q. Can you tell me what was crossed out?

A. Yes. He should have -- he was scheduled and never showed up for a visit on 7-20-89, and the hygienist had just prior to his appointment time, written in what she was going to do and then subsequently crossed it out.

Q. Okay. Now, how do you know that there had been an appointment for 7-20-89 and that he had failed to appear?

A. If you will check the billing record.

Q. Showing you what has been marked for identification purposes as Dr. Parsanko Deposition Exhibit 1, is that your billing record?

A. Yes, it is.

Q. And essentially it is a two-page record as it has been presented to me?

A. Yes.

Q. And the notation under 7-20-89 shows a no show, correct?

A. Correct.

Q. Now, do you have any independent recollection that the hygienist started to write something under there and crossed it out'?

A. I went back to her and she did remember writing examination, pro the normal things that she had planned to do that day for Allan.

Q. And we see that it was written and crossed out in green indicating that she herself did that, correct?

A. You can see her initials under '89 -- well, you might be able to discern LK, which are her initials.

Q. Who is that?

A. Linda Knapik, K-n-a-p-i-k.

Q. Doctor, the handwriting which is above the area that has been crossed out, does that pertain to the January 30, 1990 visit'?

A. Yes.

Q. Would you read for me, if you can, Linda Knapik's natation under the January 30, 1998 visit?

A. We did an examination, pro --

Q. And let me interrupt you as we go. You did the examination which you have previously described as generally done on a recall exam, right?

A. Yes.

Q. And pro indicates what?

A. Prophylaxis.
Q. And that indicates what, means what'?
A. Cleaning.
Q. Following that?
A. Two BW, stands for two bite-wing x-rays. Pano is panoramic x-ray.
Q. Let me stop you there and ask you why those x-rays were performed?
A. It's general policy in our office to take a panoramic x-ray every five years of a patient that shows lesions or problems that don't show up in any other x-ray, and an a regular basis, every five years we take that €or general examination purposes.
Q. Do you take it to demonstrate soft-tissue lesions?
A. It won't show soft-tissue lesions.
Q. When you say it will show lesions, what do you mean'?
A. If you have an intrabony lesion or you have a tooth-related abnormality, it will show in a bigger picture than the small bite-wing x-rays. It's a larger scope picture.
Q. All right. You rook -- or you had those x-rays taken, and they would have been read while he was there?
A. Yes.
Q. What is the next notation then'?

A. Tobacco stains.
Q. Is there an ET, is that what I read, prior to tobacco?
A. I see that, and I'm not sure what that is.
Q. Following the pano, which indicates a panoramic x-ray, there is a mark and what appears to be an ET, does it not?
MR. FAHCHIONE: Or LT?
A. Oh, light tobacco. 'That's what it is, yes. Thank you.
Q. (BY MR. YOUNG) Light tobacco means light tobacco stain?
A. Yes.
Q. Okay.
A. And then tight, and I'm not sure what the IP notation is. I will have to ask Linda. And that is calc, c-a-l-c, calculus. It's interproximal, I'm sorry. Interproximal.
Q. Light interproximal calculus?
A. On the lower anteriors.
Q. What does that mean?
A. The lower anterior teeth.
Q. And the calculus is the --
A" It's a hard calcified secretion that builds up an the teeth.

Q. Does that indicate that you had been unable to remove it with cleaning?

A. These are actually pre --

Q. I see. Pre-cleaning observations?

A. Right.

Q. All right. Continuing then.

A. And upper right quadrant, the gums were swollen. No. 22 and No. 23 gum areas are -- they bleed easily. And what we did is we reviewed the importance and techniques of flossing, that's REV, flossing, and then she also notes between No. 2 and No. 3, the gum was swollen, and then in parentheses, which indicates a restorative need that's unfulfilled and we are trying to schedule -- she writes No. 7, we need to patch the facial aspect of the tooth. And then after that, we will do it at the next six-month visit.

Q. Were his teeth cleaned at this visit?

A. Yes. The pro indicates that was a procedure that was completed.

Q. Doctor, as you sit here today, do you have any independent recollection of this occasion of January 30th, 1990 when Allan Boyd was examined?

A. I don't specifically remember anything about that visit that stands out as unusual or abnormal or

notes would have been written concerning any unusual or abnormal situation or observance.

Q. All right. I take it then that in general you have a certain procedure or practice in your office which you believe that you would have followed on this occasion. One of your practices is that any relevant findings would have been indicated on your record, correct?

A. I think you can see that the abnormalities in the gums were noted and anything that we see that's out of the ordinary or abnormal is always noted.

Q. Okay. That is your practice, anything that is relevant is noted on your chart?

A. Yes.

Q. Prior to your deposition today have you reviewed anything other than your records concerning this case?

A. I have no other information about this case.

Q. All right. You haven't had the occasion to review any records concerning any medical treatment of Allan Boyd?

a. No, I haven't seen those.

Q. And that is true at any point in time from January 38th of 1990 until today?

A. Correct.

Q. Have you had the occasion to discuss this case with anyone since January of 1990?
A. Only with Mr. Farchione.
Q. Have you discussed it with Mr. Farchione with any other people present?
A. Yes. You had an associate with you one day.
MR. FARCHIONE: One of our new attorneys, Dirk Riemenschneider, was with us on the initial visit.
Q. (BY MR. YOUNG) Have you ever discussed the matter with Mr. Farchione with Mr. Murphy present, Pat Murphy, red-headed gentleman?
A. No.
MR. FARCHIONE: Likes to golf.
A. I'm sure I would have remembered if he was there.
Q. (BY MR. YOUNG) Have you ever discussed it with Attorney John Jackson present?
A. No.
Q. Wave you discussed the matter, Allan Boyd, in any way with Dr. Bert Brown?
A. No.
Q. Have you discussed Allan Boyd or any of his treatment with Dr. Alonso?
A. No, I haven't.
Q. Have you discussed this case with any other dentists

or physicians?

A. No, I haven't.

Q. So the only information you have is information which you obtained from your attorney or from your records, correct'?

A. Correct.

Q. As you sit here today, do you now know that Dr. Brown performed a biopsy on Allan Boyd's tongue in November of 1989?

A. Yes, I do know that.

Q. Essentially your attorney has told you that?

A. Yes.

MR. FARCHIONE: I also object because it says it in his chart, too.

Q. (BY MR. YOUNG) I don't believe it says that, but essentially, as you sit here today, you know that biopsy was taken in November of 1989, correct?

A. Yes.

Q. Have you had the occasion to review any depositions in this case of anyone?

A. No, I haven't,

Q. No other materials other than your records?

A. Correct.

Q. When you examined Allan Boyd in January of 1990, did you examine -- do you believe that you examined his

tongue'?

A. I always do the examination the same way. I'm sure I did.

Q. All right. You have no specific recollection of having done that, however, is that fair?

A. I can't remember much about that other than what I -- it's just my general policy.

Q. It is your general policy to do this. You don't specifically recall what you would have recalled on that day other than the fact had you observed something which you felt would have been relevant, you would have wrote it down?

A. Correct.

Q. All right. On January 30th of 1990 if you examined the tongue of Allan Boyd, did you observe any lesions of any sort?

A. I just said I don't remember any particulars of that specific visit but if I would have observed a lesion, I certainly would have written it down.

Q. All right. You don't recall any specific conversation with Allan Boyd in January of 1990, do you?

A. I'm sorry. On what date?

Q. In January of 1990.

A. I don't recall any specific conversation. Normally

if a patient has anything relevant or uncomfortable that they relate to me, those notes are made in the chart and specific attention is paid to areas that are brought to my attention by a patient.

Q. Knowing now that Dr. Brown performed a biopsy on Allan Boyd's tongue in November of 1989 and that you examined him on January 38th of 1990, are you able to draw any conclusions concerning Allan's tongue in any way from the notations in your record?

A. From the record of 1-30-90?

Q. From your records in any way.

I'm asking what conclusions you are able to draw from the records before you, knowing there was a biopsy in 1989?

A. I've never seen a biopsy report. I'm not familiar with what was done or what was specifically the finding of that biopsy.

Q. All right. As we look at your records concerning the January 1990 visit, you have no reason to believe that there was anything suspicious or which would have concerned you on that date, is that correct?

A. Correct.

Q. I see from your record that there is a visit on May 7th, 1990. Can you tell me how he came to be in

your office on that date'?

A. Mr. Boyd scheduled an appointment with me to finally talk about making a bridge, and his main complaint was, "My tongue has been getting sore from rubbing across that single tooth that remains back there,'" and so we discussed what kind of problems he was having and my notes are on there on that visit.

Q. Mow, as you sit here today do you have any independent recollection of your conversation with Allan Boyd on that day separate and apart from what you have written in your record?

A. I have some recollection of that visit, yes.

Q. All right. Would you read for me the notations of May 7th, 1990.

A. Allan saw the oral surgeon fox a sore on his tongue, on the left side, and it was Dr. Brown, and Dr. Brown took a biopsy. The patient said everything was all okay, looks to me like inflamed lingual tonsil. Told him that replacing missing No. 19 will probably not help much, and then a notation, I remember him still asking, well, let's finally do this bridge, and I quoted him $1,300 for the bridge that spans 18 through No. 20.

Q. Did you treat him in any way on that day?

A' No. I examined him.

Q. Did you in any way smooth any rough surfaces of any teeth on that day?

A. I don't recall doing that, no.

Q. Is it possible that you did that?

A. I probably -- I would say I would have written that down if I had smoothened a tooth or aligned a tooth or replaced a filling or done some actual treatment on a tooth.

Q. Do you recall any conversation with Allan Boyd on May 7th, 1990 other than what is written on the record which you have just read for us?

A. I do remember him telling me that he called Dr. Brown an oral surgeon. I think I found out now that he is an ENT, is that right? And my first thought was to get a biopsy, but he said he had just had it biopsied and that Dr. Brown had told him that everything was okay. And it's after looking at a slight redness on the side of the tongue, I was not very alarmed by it, especially knowing that it had been biopsied and okayed, and told him to keep me informed and to call after several weeks if it had not resolved itself.

Q. You recall telling him that?

A. That's general policy that we make in the office too, if there is an unresolved problem that someone

comes to see me about, that we always ask them to call and let us know the status of the problem, if it hasn't resolved itself.

Q. All right. Do you recall telling him that on that date?

A. Yes, I do.

Q. Is there any other conversation that you recall having occurred on May 7th?

A. Just an elaboration about the bridge that maybe is not clear through the notes, and that is that he really came in and was insistent upon having the bridge made and I at that point said if his tongue was a little sore, I did not see anything concerning the missing bridge which may contribute to the redness on the tongue, and he did then request a pre-estimation be sent to his insurance company for determination of benefits.

Q. I think you testified that your first impression upon observing the condition was that a biopsy should be done but he advised you that one had been done?

A. Any kind of a red or inflamed area is always cause for concern and obviously there are many kinds of red lesions, some which are innocuous and some which are more serious, and I was unsure of this one and

when he said that he had just had it biopsied and seen a specialist, I was not immediately going to send him back for another biopsy.

Q. All right. in any event, you would not have done the biopsy, would you?

A. No, I would not Rave.

Q. You would have referred him for a biopsy?

a. Correct.

Q. And that would be your general practice upon observing this suspicious lesion, to make a referral, and the biopsy and additional diagnostic work would have been done by the specialist to whom you referred him?

A. Correct.

Q. You have described to us the appearance of the lesion as being red or inflamed?

A. Yes.

Q. Can you tell us where that inflammation was located?

A. Posterior left lateral border of the tongue.

Q. Posterior left --

A. Lateral border.

Q. And was it adjacent to the area of the missing tooth 19?

A. Actually, the last -- adjacent to the last remaining tooth, tooth No. 18.

Q. How do you recall that?

A. My notes about lingual tonsils being inflamed, the location of the lingual tonsils are opposite tooth No. 18.

Q. Does the inflammation of the lingual tonsil indicate anything to you in general?

A. It shows inflammation. I can't describe an etiology simply from an observation, but he was a smoker, he had a sore throat at the time, he said that it just wasn't -- he had had it for several weeks he said. I guess it was just something I thought I would observe for several weeks and see if it resolved itself because of a cold or upper-respiratory infection.

Q. You indicated that he was a smoker. How was that relevant?

A. Smokers are at risk for upper-respiratory infections or irritation or inflammations of oral mucosa.

Q. When you observed this condition, did you observe the size of the inflammation?

A. I don't recall exactly.

Q. When you first observed this condition, he was complaining of pain and the possibility that the condition might have arisen from the missing tooth, is that correct?

A' Correct.

Q. And he was concerned with having a bridge made in an attempt to correct the soreness or the pain that he was feeling, correct?

A. Yes.

Q. Did he tell you how long he had been experiencing this condition?

A. I don't recall. This is the first time I remember him complaining about it.

Q. Did you inquire?

A. I don't remember.

Q. When the question of the biopsy arose, was it a question which arose as a result of your suggestion that perhaps there should be a biopsy of the area?

A. I think it just arose when I said has anyone ever looked at this before, and he said Dr. Brown, he called him an oral surgeon, has just recently done a biopsy of it.

Q. When he said just recently, did he tell you when that biopsy had been performed?

A. I don't recall. I don't have a date written down if he did.

Q. Did you inquire *io* your knowledge concerning when the biopsy had been performed?

A. I'm sure I did. I didn't write anything down

though.

Q. Did it occur to you as you examined him in May of 1990 that the inflammation could indicate a suspicious lesion or could indicate the possibility of oral cancer'?

A. Again, I think I would have felt more strongly about getting another biopsy if E had felt that it was that suspicious.

Q. We have qualified that by indicating "that suspicious." Did it indicate to you that it could be a suspicious lesion, that it could indicate possibly oral cancer in May of 1990?

MR. **FARCHIONE:** Objection.

A. I don't have any notes that suggest that it looked like cancer. I have notes that said it looked like an inflamed lingual tonsil to me.

Q. (BY MR. YOUNG) And when you say it looked like an inflamed lingual tonsil *to* you, that inflamed lingual tonsil could be indicative of many conditions, could it not?

A. It could be, *yes,*

Q. Some of which would be benign, or not threatening, some of which could be cancerous or life threatening, correct?

A. Yes.

Q. Do I understand from your note that you concluded on May 7th, 1990 that you had no reason to fear oral cancer as a result of your examination on that date?

A. Correct.

Q. What was your basis for concluding that?

A. No. 1, my observation, and No. 2, that there had been recent biopsy of exactly that area and the results were negative.

Q. And when you say there are two parts to that answer, the first is your observation. What is it about your observation that would have supported a conclusion that this area presented nothing to fear?

MR. FARCHIONE: Objection to the phraseology of nothing to fear.

A. En my opinion it looked like something less serious. It looked like an inflamed lingual tonsil.

Q. (BY MR. YOUNG) But your testimony is that an inflamed lingual tonsil is consistent with both a benign condition and a cancerous condition, correct?

A. An inflamed lingual tonsil is not a cancerous condition.

Q. Is it benign by definition?

A. Yes.

Q. All right.

A. If I thought it looked like a squamous cell carcinoma or something like that, my notes and diagnosis on the notes would have indicated that thought, but it just didn't look like that to me.

Q. Are you able to differentiate between squamous cell carcinoma and an inflamed lingual tonsil by clinical examination?

A. I don't think you can definitively diagnose it that way.

Q. All right. The only definitive diagnosis is by biopsy?

A. By biopsy.

Q. So there was nothing about your observation on May 7th, 1990 which would have permitted you to definitively rule out oral cancer, correct?

A. Correct.

Q. The only way in which you can clearly rule out oral cancer would be by biopsy, correct?

A. Correct.

Q. Which brings us to the second element of the reason for your conclusion, and that is that there had been a biopsy of this area, correct?

A. Yes.

Q. And Allan Boyd told you that Dr. Brown had performed that biopsy?

A. Yes.
Q. You don't recall him telling you when, and you don't recall inquiring as to the period of time that had transpired between the biopsy and your examination, correct?
A. I just don't remember that.
Q. You don't recall asking him how long it had been present, correct?
A. The lesion'?
Q. Yes.
A. I don't remember.
Q. Do you recall whether you asked him whether there had been any change in the lesion from the time it had first presented?
A. I can't remember.
Q. You did not ever talk with Dr. Brown about this condition, did you?
A. No, I didn't,
Q. You didn't call him?
A. No, I didn't.
Q. You didn't receive a copy of the pathology report?
A. No, I didn't.
Q. Never talked to Dr. Alonso?
A. No, I didn't.
Q. You never reported your findings to Dr. Brown, did

you?

A. No, I didn't.

Q. Do you recall giving any special instructions to Allan Boyd on May 7th. 19901

A. Yes, I do. I recommended him to stop smoking, as I always did, and I asked him to please call in two weeks if this problem has not resolved itself.

Q. Did you make any indication on any record in your office indicating that you had advised him of that in that manner?

A. No, but that's standard policy, that with any visit or someone who is complaining about something, we always ask them *to* call in two weeks if the problen is not better for further investigation.

Q. That is your standard practice?

A. Yes, it is.

Q. Is it your practice to follow up in any manner from your office, to initiate a call?

A. Not normally.

Q. Did you have any further contact with Allan Boyd after May 7th. 1990?

A. No, I did not.

Q. Have you ever had the occasion to talk with anyone in his family about him?

A, No, I have not.

Q. Do I understand your testimony to be that there was simply an inflammation of the tongue on May 7th of 1.990 and that you observed no white plaque condition?

MR. FARCHIONE; Objection.

A. No, I don't recall any white plaque lesion of any kind.

Q. (BY MR. YOUNG) All right. And as you sit here today, you don't recall the size of the inflammation that you observed in May of 1990, correct?

A. No, I don't.

Q. You do recall talking with Allan Boyd and his indication that the area from which we was feeling pain was the same area that had been biopsied by Dr. Brown?

A. Yes.

Q. Since January of 1990 have you discussed with any dentist or physician at any time the responsibility of a dentist to examine a patient for oral cancer?

A. The responsibility, I don't think I have.

Q. All right. By that I mean, you have not discussed this case with any potential expert witnesses?

A. No, I have not.

Q. Any other physicians or dentists concerning the responsibility of a dentist to examine for oral

cancer?

A. No, I haven't.

Q. Had you ever observed a white plaque condition of the tongue with regard to Allan Boyd?

A. No, I don't remember seeing anything like that.

Q. If you had observed white plaque on the tongue of Allan Boyd, would you have made a notation of that?

A. Yes, I would have.

Q. Why would you make such a notation?

A. I think if it was, as I discussed with you, any abnormal tissue or lesion, I would have made a note under routine examination notes.

Q. What I'm trying to understand, Doctor, is whether in the examination of a patient, you become involved in the elimination of certain conditions as suspicious lesions, and by that I mean, if you observe an inflammation or you observe a white plaque lesion or a lesion of the mouth, do you simply make a referral and let someone else become involved in the diagnosis of the condition, the elimination of the possibility that it would be malignant?

MR. FARCHIONE: Objection. Go ahead, Doctor.

A. Occasionally I see lesions that I do not send for biopsy. Certain things such as abrasions, burns,

aphthous ulcers, that may have to do with a change in the bacterial floor or fauna of the mouth that may resolve itself' within a period of days or weeks with the elimination of the original causation.

If you scratch yourself, it's going to heal within two or three days, in that area, and the inflammation or injury will naturally heal. If you have an aphthous ulcer, they resolve themselves in five to seven days. If you have a sore throat or a cold, many times you will have pustules on the tonsils or on the roof of the mouth that resolve themselves when the cold goes away, so normal things that may not be -- abnormal things that may not be serious, we will sometimes watch.

It's not normal practice to biopsy things that you suspect are normal lesions that will go away within several days or weeks.

Q. All right. Over what period of time will you observe the condition to determine whether you believe it is a suspicious lesion?

A. Probably anywhere from two to four weeks.

Q. You now know that hllan Boyd had been biopsied by Dr. Brown in November of 1989, do you not?

A. Yes.

Q. And it had been six months between the period of

time of the biopsy and your examination of this inflamed condition, correct?

A. Yes.

MR. FARCHIONE: Objection. Because there were two -- Okay. I'm sorry. I withdraw that objection.

Q. (BY MR. YOUNG) I'm talking about the May examination, not the January.

A. I know that now, yes.

Q. Had you known that in May of 1990, would you have made a referral of Allan Boyd for further investigation of the condition by a specialist?

A. I think I would have, yes.

Q. Had you known that, would you have advised him to go back and see Dr. Brown at that point in time?

A. I probably would have.

Q. All right.

MR. FARCHIONE: Could we go back to that original question that started this? I may have missed something on that.

(Question read by reporter.)

MR. YOUNG: We lose the clarity of our original question with the record.

MR. FARCHIONE: Do you understand the

question? He said if you would have known in May of 1990 the biopsy was taken in November of 1989, would you have referred him off at that visit in May of 19907 That's where I got confused. That's what I think he is asking in that question.

A. It's sort of a hypothetical thing. Now that I know --

Q. (BY MR. YOUNG) Let me make it clear for the written record because it's become somewhat confusing.

As we sit here today, you know that the biopsy taken by Dr. Hrown was taken in November of 1989, correct?

A. Yes.

Q. Had you known on May 7th. 1990 that the biopsy of this lesion of the tongue had been done some six months earlier, would you have referred him for further diagnostic work on the area?

A. Again, I sort of stick to my original notes and that was that I thought it was just a lingual tonsil and if it was indeed that, it probably would have resolved itself in two weeks, and if it had not, I probably would have referred him back to Dr. Brown.

Q. Well, we know that the area that you observed was

the area which had been biopsied by Dr. Brown in November of 1989, correct?

A. At that point I wasn't sure when the biopsy was done. He said a recent biopsy, and he said the results were negative, that everything was okay from that area.

Q. I want you to listen to the question now. We know as we sit here today that the biopsy of the area that you were observing on May 7th, 1890 had actually been performed by Dr. Brown in November of 1989, correct'?

A. Yes.

Q. And we know that the area had continued to bother Allan Boyd during that period of time?

MR. FARCHIONE: Objection.

Q. (BY MR. YOUNG) Do we not?

A. I'm not sure we do know that.

Q. Then I won't use that as an element for my question.

Had you known on May 7th, 1990 that the biopsy had actually been performed in November of 1889, would you have referred Allan Boyd for further diagnostic treatment?

A. I don't think I really have enough information from watching the lesion long enough. I saw it one time. It was the only complaint he's ever had about it.

He assured me that biopsies and other specialists had okayed it. I think I would have followed it a little longer before I referred him back to Dr. Brown, just to make sure it wasn't something fairly innocuous.

Q. You keep making the point that Allan Boyd had told you that he had had a recent biopsy.

A. Right.

Q. But the note in the record does not say recent, does it?

A. Uhn-uhn.

Q. Is that correct?

A. Correct.

Q. And we know today that that biopsy had actually occurred some six months prior, had it not?

A. Yes.

Q. In your opinion, is six months prior sufficiently recent for you to discount malignancy in the! area that you observed?

MR. FARCHIONE: Objection. He's already answered that question a couple times.

MR. YOUNG: E don't think he's answered that.

MR. **FARCHIONE?** I think he has. He's

repeated that he would have followed the same course and followed up in a couple weeks,

MR. YOUNG: No.

Q. (BY MR. YOUNG) Do you understand the question'?

A. I do, and I don't understand malignancy enough. It's not my specialty to determine if he had a malignancy or not.

Q. And I'm not trying to be unfair to you. What I'm saying is you have said several times in your testimony that Allan Boyd had indicated to you that he had a recent biopsy, correct?

A. Correct.

Q. In May of 1990 would you have considered a biopsy six months prior a recent biopsy'?

MR. FARCHIONE: Objection.

A, I'm not -- I don't think I was aware of exactly how long ago the biopsy was taken. It was taken even prior to my routine examination appointment on which no notes were made about any complaints or any abnormalities, so I'm not sure I remember him telling me exactly how long ago his biopsy had been.

Q. (BY MR. YOUNG) That's not my question. You have made the point that it was a recent biopsy, that he told you he had had a recent biopsy.

A. Right.

Q. And my question is, as we sit here today, does recent mean to you as a dentist involved in the practice of general dentistry, mean six months?

A. I think I would have considered recent being shorter than that, less time than that, yes.

Q. All right. Does a continued presence of a painful condition of the tongue, an inflammation for a period of six months, present you with a warning sign?

A. Yes.

Q. All right. Had you known on May 7th, 1990 that the biopsy had actually been done in November of 1989, what would have been your course of treatment?

MR. FARCHIONE: Objection. Asked and answered. Answer it again, Doctor.

A. Again, I'm not -- I'm just not sure what -- As far as the question goes, is this a hypothetical question, like if I knew then what I know now, would I have made a different judgment?

Q. (BY MR. YOUNG) No. Let me ask the question to make it clear if it is not. In your testimony you have indicated that two things enabled you to conclude that this was an inflamed lingual tonsil and not a condition which would cause alarm; those two things being your observation of the

inflammation, and the fact that there had been a recent biopsy which had indicated that that condition was okay.

A. Correct.

Q. Your testimony has been that from your observation, your clinical observation alone, you cannot eliminate a potential cancerous lesion, correct?

A. Correct.

Q. And so you were able to conclude that the condition presented no cause for alarm as a result of a recent biopsy.

A. Yes.

MR. FARCHIONE: Objection.

Q. (BY MR. YOUNG) All right. Now. I'm asking whether had you known that that recent biopsy had actually been a biopsy some six months prior to your examination, you would have come to the same conclusion and that was that there was no cause for alarm or referral at that point in time?

MR. FARCHIONE: Objection.

A. I'm just not sure what I would have done at that point.

Q. (BY MR. YOUNG) All right. Thank you. I have nothing further.

MR. FARCHIONE: He'll read it.

I have read the foregoing transcript of my deposition taken on Wednesday, August 4, 1993 from page 1 to page 63 and note the following corrections:

PAGE:	LINE:	CORRECTION:	REASON:

_____

RICHARD L. PARSANKO, DDS

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

I, fames M. Mizanin, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that RICHARD L. PARSANKO, DDS was by me, before the giving of his deposition, first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the deposition as above set forth was reduced to writing by me by means of Stenotype and was subsequently transcribed by means of computer-aided transcription under my direction; that said deposition was taken at the time and place aforesaid pursuant to notice and agreement of counsel; and that I am not a relative or attorney of either party or otherwise interested in the event of this action.

IN WITNESS WHEREOF, I hereunto set my hand and seal of office at Cleveland, Ohio, this 12th day of August, 1993.

James M. Mizanin, RPR, CM, Notary Public
Within and for the State of Ohio
444 Terminal Tower
Cleveland, Ohio 44113

My Commission Expires: January 25, 1998.