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January 24, 2012

Amy L Fair RN
Simmons, Browder, Gianaris, Angelides & Barnerd LLC
One Court Street
Alton, IL 62002

Re: Roy Wayne Duncan
DOB: 6-29-34

Dear Ms. Fair:

At your request I have reviewed and considered the documents forwarded by your office for the purpose of rendering an opinion in regard to the possible presence and/or cause of any asbestos-related disease suffered by Roy Duncan. The documents I reviewed include medical records and depositions (10-12-11, 10-13-11) of Roy Duncan, all pertaining to Mr. Duncan. In addition I have drawn upon my general knowledge of the medical and scientific literature pertaining to asbestos related disease as well as my experience as a practicing specialist in occupational medicine and industrial toxicology for over 30 years.

Roy Wayne Duncan was a 76 year old male in November 2010 when he developed lower back pain. An abdominal CT scan done then showed a right adrenal mass thought to be a benign adenoma. There was no pleural effusion. A repeat abdominal CT scan was done on 5-16-11 for evaluation of abdominal pain; it showed a left pleural effusion and no change in the right sided adrenal mass. On May 18 a CT scan of the chest confirmed the left pleural effusion and also showed pleural calcification and atelectasis. On 5-19-11, a thoracentesis was performed. The pleural fluid cytology was reported as consistent with mesothelioma.

In June 2011 care was transferred to the Mayo clinic where video assisted thoracoscopy and pleural biopsy were performed on 6-14-11; the pathology examination reported pleural epithelioid mesothelioma. As of August, 2011, chemotherapy was not considered a useful option.

Past medical history includes diabetes, hyperlipidemia, hypertension, enlarged prostate, osteoarthritis, chronic rhinitis, seborrheic keratosis and hiatal hernia. He smoked 1 pack per day for 40 years and quit in 2003. Smoking does not cause or contribute to the cause of mesothelioma. He consumed alcohol rarely. His medications as of 6-14-11 included Lipitor, aspirin, lisinopril, and metformin. He cannot tolerate propoxyphene.

His family history includes breast and prostate cancer, hyperlipidemia, and arthritis.

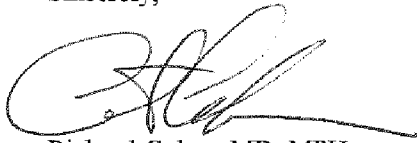
Mr. Duncan's occupational history includes significant asbestos exposure. He worked as a fireman in the engine and boiler rooms of several ships while serving in the Navy, 1953-1956. He removed and installed friable asbestos thermal pipe insulation, gaskets and packing by hand which created airborne asbestos dust. He was around others who also disturbed asbestos pipe insulation, exposing him to airborne asbestos.

From 1956 to 1966 and 1970 to 1990 he worked for Square D at Cedar Rapids, Iowa and Columbia, Missouri respectively. At Square D he worked with asbestos containing molding compounds that he handled and worked around others who handled the molding compounds in powder form during the molding process. From 1963 to 1965 he dumped 50 pound bags of the molding compound powder into hoppers or barrels, often handling 3 to 4 tons a week. He indicated in his deposition that asbestos containing molding compounds were used at Square D until 1987.

Based on the information available to me, it is my opinion to a reasonable degree of medical certainty that Roy Wayne Duncan had a malignant mesothelioma that will prove fatal. His mesothelioma was caused by the cumulative asbestos exposure that resulted from his engine and boiler room exposure in the Navy and molding compound exposure at Square D. His cumulative asbestos exposure was the direct and sole cause of his mesothelioma.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard Cohen', with a stylized, flowing script.

Richard Cohen, MD, MPH