FILE NAME: RT Vanderbilt (RTV)

DATE: 1968-1995

DOC#: RTV054

DOCUMENT DESCRIPTION: Medical Records of Patients with Mesothelioma with Doctor Cover Letters

SENT BY:Xerox Telecopier 7021 ; 2- 6-95 ;11:53AM ; 2028874108→ 35:# 2

W.K.C. MORGAN, M.D.
FRCP(Ed)., FRCP(C), FACP
CHEST DISEASES UNIT
Tel (519) 663-3606
Fax (519) 663-3232

University Hospital

P.O. Box 5339
339 Windermere Road
London, Ontario
N6A 5A5

February 1, 1995

RE: [redacted]

I have had forwarded to me a number of medical and other records pertaining to the above subject. I shall review them in their order of presentation.

The first item for comment is a Work History and some background information aggregated by Charmaine Hauff, Claims Examiner. It seems that [redacted] worked for RT Vanderbilt from August 1954 until March 1994. During this time he was a miller operator crushing talc from 08/54 until 09/54, a labourer from 09/54 until 10/54, and from 10/54 until 01/55 as a second miller operator on the machines that separate the ore. From 1955 until 1970 [redacted] worked in quality control testing measuring material, i.e. in this case talc. While working in this capacity, 85 per cent of his time was spent in the laboratory which was separated from the mill and the other five per cent of the time was spent in mill. From 1970 until 1994 [redacted] was supervisor of quality control and during this time he spent 75 per cent of his time in a laboratory and the other 25 per cent in the mill. The latter was often dusty. [redacted] was assigned a respirator in 1974 and was required to wear it while in dusty areas of the mill.

[redacted] is stated to have smoked 20 cigarettes a day since the age of 16.

The chest x-rays taken on 02/29/88 are said to reveal lung scarring either in the parenchyma or the pleura of both lower lobes.

The next item for comment is a report of a chest x-ray taken on 03/06/86. There is said to be scarring either in the parenchyma or pleura of both lower lobes involving the diaphragms. The x-ray was said to be unchanged from prior examinations.

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February 1, 1995

RE: [redacted]

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[redacted] is stated to have smoked 20 cigarettes a day since the age of 16.

The chest x-rays taken on 02/29/88 are said to reveal lung scarring either in the parenchyma or the pleura of both lower lobes.

On the next page there is a letter from Kenneth S. Goldman addressed to State Insurance Fund, Liverpool, New York and dated December 1, 1994. Here it indicates that Dr. Ashraf diagnosed cancer of the lung as well as a pleural effusion. There is some discussion in the report about an alleged mesothelioma. This letter indicates that prior medical records should be obtained and evaluated. Mention is also made of the fact that [redacted] has carcinoma of the prostate.

The next item for comment is a report of a chest x-ray taken on 03/06/86. There is said to be scarring either in the parenchyma or pleura of both lower lobes involving the diaphragms. The x-ray was said to be unchanged from prior examinations.

Next there are some Progress Notes which are dated 04/28/92. There appears to be no signature on these notes, or if there is, it is illegible. It is noted that in 1992 [redacted] was still smoking and he was given Nicoderm patches to help him stop. In October 1992 Mr. [redacted] went to Gouverneur Hospital complaining of right sided chest pain. A stress test was performed at that time and this showed no ST segment depression. He was, however, noted to have hypertension. On 03/22/94 he was seen complaining of tiredness, fatigue, and shortness of breath. Decreased breath sounds at the right base were noted at that time. The chest x-ray was said to show a right sided pleural effusion. On 02/29/94 it is noted that the patient's PSA was high and that the prostate was said to be nodular. The comment was made that the patient may have primary cancer of the prostate, metastatic to the lung, or possibly a mesothelioma of the lung. [redacted] was to be referred to a lung specialist. From what I can gather, [redacted] was seen by Dr. El Bayadi, Syracuse, New York, for a right thoracentesis. He considered mesothelioma to be a possibility. [redacted] refused chemotherapy and further treatment from the Cancer Center in Watertown.

There is then an History and Physical Examination from Dr. El Bayadi which is dated 06/03/94. [redacted] was smoking one package of cigarettes a day when seen, an habit that he had had for 45 years. Here it indicates that he worked with various substances in manufacturing "pelk". I presume this should read "talc". Silicates and trisilicates are also mentioned, however, it was uncertain whether any asbestos was involved. A pleural tap was carried out and this showed mononuclear cells in the fluid for the most part. The pleural fluid cytology was said to be suspicious but not diagnostic of adenocarcinoma. The effusion was noted to be large and almost 3/4 of the way up the right hemithorax. The PSA was 9.7. Mr. [redacted] had a work up carried out and he was found to have an adenocarcinoma of the prostate.

[redacted] was subsequently admitted to hospital on 06/03/94 for multiple wedge excisions and a pleurectomy. The pleura was noted to be thickened, there were multiple nodularities, and multiple calcified pleural plaques. The appearances of the lungs at operation were said to be compatible with a mesothelioma. The preliminary pathology reports indicate mostly an inflammatory process. This is followed by a Discharge Summary relating to the admission to St. Joseph's Health Center on 06/03/94. The biopsy was reported as showing a malignant mesothelioma with calcified pleural plaques and pulmonary ferruginous bodies. The latter bodies can be assumed to be composed of talc. [redacted] was also noted to have aortic valve disease with mild tricuspid regurgitation. He was subsequently seen by Dr. El Bayadi on June 30, 1994 as an out patient. Mention is made that the slides were looked at by Dr. Anna Louise Katzenstein who felt that there was a mesothelioma present.

We next move on to a letter from Dr. Romano of Watertown, New York dated July 28, 1994 and addressed to Dr. Ashraf. Here it indicates the [redacted] had had a pleurodesis and that he was feeling much better. It is also noted that he was being recommended for radiation therapy to his prostate. Dr. Romano did not feel that chemotherapy or radiation was indicated which, as far as I can say, constituted sensible advice.

Additional outpatient notes follow dated 1992 and 1993.

Lawrence Malbeuf - 4

A chest x-ray taken on 06/04/84 is reported as showing a slight increase in pulmonary markings in the lower half of both lungs fields. There are then numerous x-ray reports from Dr. Rivellini indicating that both lungs are clear, etc. I can only conclude that Dr. Rivellini did not see the shadows that others have alluded to. The earliest chest x-ray read by Dr. Rivellini goes back to 1971 and at that time it was said to be normal. Chest x-rays taken in the 1960s at Edward John Noble Hospital are likewise reported as normal.

There are then some notes indicating that [redacted] had other jobs as a moulder at Carthage Machine in the 1940s and 1950s, possibly at a foundry, and also in construction. He seems to have worked at these jobs very early in his life, and before he started working for RT Vanderbilt Company.

Numerous other medical records and other notes follow. All indicate that [redacted] had no significant radiographic abnormalities in the late 1970s and this probably goes for the early 1980s.

Summary and Conclusions

[redacted] obviously has significant calcified pleural plaques affecting both sides of the thorax. These can be attributed to his exposure to talc dust while working for RT Vanderbilt. It is apparent that they did not become evident on the chest x-ray until well into the mid or late 1980s.

[redacted] developed a large right pleural effusion in early 1994. Its onset was relatively sudden and without doubt is malignant. The question arises as to its cause, namely, is it a consequence of extension of a carcinoma of the lung, is it related to a carcinoma somewhere else in the body, i.e. the prostate or gut, or is it a mesothelioma? Based on the evidence available so far it is not possible to say. The sudden onset of a large pleural effusion is somewhat against a mesothelioma which usually presents more slowly with chest pain and a small or moderate effusion. In favour of this being related to lung cancer which has spread from the lungs to the pleura is the fact that [redacted] has a nodule in the right middle lobe. This was not biopsied at the time he had his thoracotomy.

The description indicating that there were ferruginous bodies present in the lungs goes along with exposure to talc. The presence of ferruginous bodies indicates that the exposure has been fairly high, but not necessarily enough to produce parenchymal fibrosis. Before reaching a diagnosis, it is essential to have further studies of the pathological specimens obtained, including an analysis of those available portions of the lungs to see whether there is any asbestos present. In this connexion, it is essential to know for whom [redacted] worked before RT Vanderbilt. He did not start working for the latter company until he was aged 22 and he may have had exposure to asbestos prior to starting work for RT Vanderbilt. As mentioned earlier, there is some suggestion that he worked in construction and in a foundry.

As to whether [redacted] has parenchymal involvement and fibrosis, i.e. talcosis, this is uncertain. There is, however, no doubt that his lung function deteriorated fairly rapidly between the late 1980s and the early 1990s (vide supra). The one set of pulmonary function tests

that was accompanied by tracings clearly indicated that [redacted] had restrictive impairment. That was at a time before he was known to have developed his pleural effusion. The early lung function tests are around the lower limit of normal, however, the fact that they were in the normal range indicates that even if they were not maximal, [redacted] was still capable of achieving sufficient airflow to put them into the normal range. The subsequent tests are well below the normal range. Thus there is strong evidence that some change took place in his lung function in the late 1980s and/or early 1990s. This change in lung function is compatible with pulmonary fibrosis. Moreover, when one looks at the operative report of the surgery that took place on 06/08/94, mention is made of wedge biopsies being performed of the abnormal looking lung tissue, but unfortunately no microscopic description of the lungs is given. Finally, there is no better explanation than pulmonary fibrosis, i.e. pneumoconiosis, for the reduction in lung function than that noted above.

W. K. C. Morgan, M.D.

WKCM:k

"CONFIDENTIAL"

W.K.C. MORGAN, M.D.
FRCP(Ed)., FRCP(C), FACP
CHEST DISEASES UNIT
Tel (519) 663-3608
Fax (519) 663-3232

University Hospital

P.O. Box 5339
339 Windermere Road
London, Ontario
N6A 5A5

April 23, 1995

RE: [redacted]
SS# [redacted]

I have had forward to me a Discharge Summary relating to an admission on 03/22/94. It seems that [redacted] had been in Florida in the early part of 1994 and while coming back he developed crackles and fever. He also complained of tiredness and fatigue and shortness of breath on minimal exertion. He had stopped smoking four weeks prior to being seen but prior to that had smoked a package of cigarettes a day. His right lung was found to be dull to percussion with absent breath sounds. The chest x-ray taken at that time showed a large right pleural effusion. A thoracentesis was carried out and he was noted to have a calcified pleural plaque associated with soft tissue pleural thickening on the right diaphragm surrounding the right posterior base. It seems that [redacted] had several thoracenteses carried out while in hospital with approximately two litres or more of fluid being removed. The pleural fluid was admitted for cell block and was felt to be suspicious for adenocarcinoma.

The other medical data have already been seen by me and I have nothing further to add.

In this case we need a complete occupational history going back to the time [redacted] left school. I also believe it is essential to have tissue that has been removed examined by a thoroughly competent pathologist.

W. K. C. Morgan, M.D.

WKCM:k

"CONFIDENTIAL"

W.K.C. MORGAN, M.D.
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University Hospital

P.O. Box 5339
339 Windermere Road
London, Ontario
N6A 5A5

May 10, 1995

RE: [redacted]
SS# [redacted]

I have had some additional medical records forwarded to me on [redacted] These originate from St. Joseph's Hospital Health Centre, Syracuse, New York. These are somewhat more information in that they mention that [redacted] has an history of asbestos exposure, having previously been exposed to silicates and silicone powder. More important is the fact that the biopsies were reported as showing pulmonary ferruginous bodies. This report is signed by Dr. Kalish and is dated 06/15/94 and describes a biopsy of the right lung and pleura. A diagnosis of malignant mesothelioma was made and pulmonary ferruginous bodies were noted. These can be further examined to show whether they consist of asbestos - in one form or another, whether they are fibres derived from talc, or whether they are asbestiform tremolite or nonasbestiform tremolite. These would have to be examined probably by TEM to decide. I note that we still have not got them but they obviously do exist.

W. K. C. Morgan, M.D.

WKCM:k

"CONFIDENTIAL"

BERTHA M. GARCIA
MD, FRCP(C), FCAP, MIAC
Associate Professor of Pathology
Director of Cytology
Surgical Pathologist

University Hospital

July 6, 1995

Dr. K. Morgan
Chest Medicine
University Hospital
339 Windermere Road
London, Ontario
N6A 5A5

Dear Dr. Morgan:

Please find enclosed review report on [redacted]. As you can see from my report the material we received were two cell blocks which have cytology highly suggestive of adenocarcinoma. Unfortunately the quality of the specimen is less than optimal and I wonder what type of processing or fixation they have done with the specimen because apparently it interferred with our immunohistochemical stains. So my diagnosis is purely based on morphology and in my experience, such cellularity and the high degree of cellular atypia is more consistent with adenocarcinoma. It is unfortunate that the specimen is less than optimal in quality.

I hope you find this satisfactory and thanking you for allowing me to review this case.

Sincerely yours,

Dr. B. Garcia,
Pathologist

lw

University Hospital, London, Ontario — PAGE 1
RUN ON 06/07/95-1502 — DEPARTMENT OF PATHOLOGY — RUN FOR 06/07/95

CYTOLOGY CONSULTATION:
****

95:CY0001411S

D.O.B.: [redacted]

[redacted]E

Age: [redacted]

S000069280

Sex: M

REFERRED OTHER

26/06/95

SPECIMEN SUBMITTED:
JUNE 26, 1995

SUBMITTING PHYSICIAN(S):
Dr. W.K.C. Morgan, U.H.

cc: Lewis County General Hospital
Department of Laboratories
Lowville, NY, 13367

CLINICAL INFORMATION:
Referred from Lewis County General Hospital, Lowville, NY, #C94-377.
Mucicarmine and Immuno stains ordered.

SPECIMEN:
1: PLEURAL FLUID

** DIAGNOSES **

PLEURAL FLUID: SUSPICIOUS FOR ADENOCARCINOMA.

COMMENT:
ATYPICAL REACTIVE MESOTHELIAL CELLS AND SOME HIGHLY ATYPICAL CELLS WITH MORE IRREGULAR AND HYPERCHROMATIC NUCLEI ARE FOUND IN COLLECTIONS WITHIN THE CELL BLOCK SPECIMEN. THE MUCICARMINE STAIN IS NEGATIVE. IMMUNOHISTOCHEMICAL STAINS ARE EQUIVOCAL. DS/BG/lw

SIGN-OUT: PATHOLOGIST,DR.B.GARCIA _____ 06/07/95

CYTOLOGY CONSULTATION:
****

95:CY0001412S

D.O.B.: [redacted]

Age: [redacted]

S000069280

Sex: M

REFERRED OTHER

26/06/95

SPECIMEN SUBMITTED:
JUNE 26, 1995

SUBMITTING PHYSICIAN(S):
Dr. W.K.C. Morgan, U.H.

cc: Lewis County General Hospital
Department of Laboratories
Lowville, NY, 13367

CLINICAL INFORMATION:
Referred from Lewis County General Hospital, Lowville, NY, #C94-378.
Mucicarmine and Immuno stains ordered.

SPECIMEN:
1: PLEURAL FLUID

** DIAGNOSES **

PLEURAL FLUID: MARKED ATYPIA.

COMMENT:
ATYPICAL CELLS SHOW ENLARGED AND HYPERCHROMATIC NUCLEI. THE MUCICARMINE STAIN IS NEGATIVE. IMMUNOHISTOCHEMICAL STAINS ARE EQUIVOCAL. DS/BG/lw

SIGN-OUT: PATHOLOGIST,DR.B.GARCIA 06/07/95

"CONFIDENTIAL"

THE UNIVERSITY OF NORTH CAROLINA
AT
CHAPEL HILL

School of Medicine
Department of Medicine
Division of Pulmonary Diseases
& Critical Care Medicine

The University of North Carolina at Chapel Hill
CB# 7020, 724 Burnett-Womack Building
Chapel Hill, NC 27599-7020
Tel: (919) 966-2533
FAX: (919) 966-7013

January 17, 1996

John Kelse
Manager, Occupational Health & Safety
R.T. Vanderbilt Company, Inc.
30 Winfield Street
Norwalk, CT 06855

Dear John:

I reviewed the chest radiographs from June 1994 on [redacted] and showed them to our chest radiologist as well. After a large right pleural effusion was drained there was some residual pleural thickening along the right lateral chest wall but no definite pleural mass. I see nothing which specifically suggests a mesothelioma but there does appear to be a linear density along the right hemidiaphragm consistent with a calcified pleural plaque. I don't see any other plaques or calcifications. The chest radiograph is not very specific for ruling out a mesothelioma but I would say there is nothing other than the possible pleural plaque which raises that suspicion.

I hope this is helpful. Also, I would like to start planning for the trip to Gouveneur so let me know about the time frame. I hope you had a good holiday.

Sincerely yours,

Brian Boehlecke

Brian Boehlecke, M.D.
Associate Professor of Medicine

RTV002373

"CONFIDENTIAL"

R.T. Vanderbilt Company, Inc.
INDUSTRIAL MINERALS AND CHEMICALS

30 WINFIELD STREET, P.O. BOX 5150, NORWALK, CONNECTICUT 06856-5150 • (203) 853-1400
FAX (203) 853-1452 • CABLE "BRTVAN", NORWALK, CONNECTICUT • TWX 710-468-2940

June 27, 1995

Medical Records Department
St. Joseph's Hospital Health Center
301 Prospect Avenue
Syracuse, NY 13203-1898

Re: [redacted] - SS#[redacted]
Patient: 6/3/94 to 6/18/94
Outpatient: 5/17/94 and 5/5/94

Gentlemen:

As per the attached request (6/14/95) we have obtained an updated authorization from [redacted] in response to our request of 6/6/95 (attached). Specifically, we seek all chest radiographs and interpretative reports as well as all biopsy tissue specimens (of the right lung and pleura) and interpretative reports.

Please forward these materials to W.K.C. Morgan, M.D. at the address below. Please contact Dr. Morgan's office if you are unable to satisfy this request. Radiographs and all unused tissue samples shall be returned.

Very truly yours,

R. T. VANDERBILT COMPANY, INC.

John W. Kelse
Corporate Industrial Hygienist
Manager, Occupational Health & Safety

JWK/sk
attachment
cc: W.K.C. Morgan, M.D. - Chest Diseases Unit
University Hospital
339 Winderemere Road
London, Ontario N6A 5A5

Ms. Rose O'Connor - Pathology - St. Joseph's Hospital
St. Joseph's Hospital - Radiology Department

MEDICAL RELEASE AUTHORIZATION

TO: _____

I hereby authorize my primary care physician, all other persons who have medically evaluated or attended me (to include hospital facilities) to permit examination and reproduction of all or any portion of the following by the R. T. Vanderbilt Company, Inc. or its authorized representatives:

- All medical records, pulmonary evaluations (to include x-rays, x-ray interpretation reports), laboratory records and reports, tissue samples and all tests of any type and character pertaining to my current pulmonary condition, treatment, diagnosis, prognosis or etiology.

A photostatted copy of this authorization shall have the same effect as the original.

The undersigned authorizes the R. T. Vanderbilt Company, Inc. to redisclose any and all records obtained pursuant to this authorization to its counsel or individuals or organizations retained as medical experts to act on its behalf.

[redacted]

Social Security # [redacted]

WITNESSED:

On the 23rd day of June, 1995, before me personally appeared Mr. [redacted] known to be the individual described in and who executed the foregoing instrument.

Witness

DONALD E. VINCENT, SR.
Notary Public in the State of New York
Qualified in St. Lawrence County
#4101290
My Commission Expires January 31, 19 96

NOTE: This authorization shall be considered invalid after 90 days of the above date signed. If presented after that time, obtain a new authorization.

We have records from 6-3-94 to 6-18 also outpatient 5-17-94 + 5-5-94 for films + slides Contact Radiology + Path

John W. Kelse

ST. JOSEPH'S
Hospital Health Center

TO: L. T. Vanderbelt

FROM: Barbara

DATE: 6-14-95

Patient Name: [redacted]

SSA [redacted]

RE: Recent Request for Medical Records

We are in receipt of your request for medical record information regarding the above named individual, however, we cannot process your request at the present time due to the following reason(s):

_____ We have no record of treatment for this patient.

_____ We have no record of treatment for dates of service indicated.

_____ Insufficient patient identifying information. Please include date of birth & or social security number.

_____ Authorization must be signed by parent or legal guardian if patient is under 18 years of age & not an emancipated minor.

_____ Please indicate date(s) of service for visits.

_____ A patient's authorization was not received with the request. Please submit a patient authorization so we can process the request.

__✓__ Authorization is out-dated. Our policy requires the authorization to be signed and dated within 90 days for receipt. Our Authorization form is enclosed.

_____ Signature on Authorization does not match signature in the medical record.

_____ The Authorization does not give St. Joseph's Hospital the authority to release information. Our Authorization form is enclosed.

_____ Requested medical records were sent on_____.

Please forward your reply to the attention of:
MEDICAL RECORD DEPARTMENT
CORRESPONDENCE SECTION

By: Barbara
Correspondence Section
(315) 448-5857

Please send updated Authorization - see enclosed.

St. Joseph's Hospital Health Center • 301 Prospect Avenue • Syracuse, New York 13203-1898 • (315) 448-5111

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INDUSTRIAL MINERALS AND CHEMICALS

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FAX (203) 853-1452 • CABLE "BILTVAN", NORWALK, CONNECTICUT • TWX 710-468-2940

June 6, 1995

St. Joseph's Hospital Health Center
Medical Records Department
301 Prospect Avenue
Syracuse, NY 13202

Re: [redacted] SS# [redacted] Patient 6/3/94 - 6/18/94

Gentlemen:

I have been informed by our medical consultant, W.K.C. Morgan, M.D. that he received additional records regarding the captioned patient (per our request - see attached). Dr. Morgan reports that biopsies of the right lung and pleura were performed on this patient at St. Joseph's Hospital and the additional records did include a biopsy report signed by Dr. Kalish and dated 6/15/94.

We ask now that you forward to Dr. Morgan the actual specimens (slides or tissue) referenced in this report if at all possible. As pulmonary ferruginous bodies were noted in the report, we would like to perform a thorough mineralogical analysis on the core of these bodies. Information gleaned from this exercise shall be shared with appropriate parties.

Please contact Dr. Morgan's office if you are unable to satisfy this request (address and phone attached). All unused samples shall be returned.

Very truly yours,

R. T. VANDERBILT COMPANY, INC.

John W. Kelse/sk

John W. Kelse
Corporate Industrial Hygienist
Manager, Occupational Health & Safety

JWK/sk
attachment
cc: W.K.C. Morgan, M.D.
S. G. El Bayadi, M.D.

R.T. Vanderbilt Company, Inc.
INDUSTRIAL MINERALS AND CHEMICALS

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May 31, 1995

Joven G. Kuan, MD, F.C.A.P.
Chief Pathologist
Lewis County General Hospital
Dept. of Laboratories
Lowville, NY 13367

Re: [redacted] SS#: [redacted]

Dear Dr. Kuan:

I have been informed by our medical consultant, W.K.C. Morgan, that he received a Discharge Summary (Dr. Hoyat) relating to admission on 3/22/94 to Carthage Area Hospital of the captioned patient (as per our request - see attached). It appears [redacted] had several thoracenteses carried out while in the hospital with approximately two liters or more of fluid being removed. This pleural fluid was then admitted for cell block.

As our medical release and correspondence reflects, we hope to obtain the actual tissue samples reflected in the hospital reports for additional pathologic and possible mineralogic analysis. We believe this to be key to our review. We believe the specimens were submitted for cell block to Lewis County General Hospital and the report read by you.

Please contact Dr. Morgan's office if you are unable to provide him with these block(s) (address and phone number attached). Unused samples shall be returned to you and additional information (if any) shared.

Very truly yours,

R. T. VANDERBILT COMPANY, INC.

John W. Kelse/sk

John W. Kelse
Corporate Industrial Hygienist
Manager, Occupational Health & Safety

JWK/sk
attachment
cc: W.K.C. Morgan, MD
Carthage Area Hospital, Medical Records

R.T. Vanderbilt Company, Inc.
INDUSTRIAL MINERALS AND CHEMICALS

30 WINFIELD STREET, P.O. BOX 5150 NORWALK, CONNECTICUT 06856-5150 • (203) 853-1400
FAX (203) 853-1452 • CABLE "BILTMAN", NORWALK, CONNECTICUT • TWX 710-468-2940

April 3, 1995

Carthage Area Hospital
Medical Records Department
1001 West Street
Carthage, NY 13619

Re: [redacted] SS# [redacted]
Patient 3/22/94 - 3/26/94

Dear Medical Provider:

Attached please find our original correspondence to you and a medical release authorization concerning [redacted]. In response to this request you did forward assorted medical summaries and reports we are most grateful to have received. Unfortunately we have not yet received some detailed laboratory reports and all radiographs and tissue specimens referenced in some of these documents.

As a follow-up to our original request, we are again requesting these materials. If you do not have such records and specimens, we would appreciate any advice you might provide as to where such material might be found. Clearly, it is not possible for our medical consultants to properly complete their review without access to such key diagnostic records and specimens.

In addition to Dr. Boehlecke (mentioned in our earlier correspondence), we have retained another pulmonary specialist, Dr. Keith Morgan. We would like the detailed laboratory reports, pertinent chest radiographs and tissue specimens associated with Mr. Malbeuf's pulmonary condition sent to Dr. Morgan (see address and phone below).

We would be happy to formally assure the security and return of these records and specimens to you after our review. If you have reservations in this regard, please contact me or Dr. Morgan directly. We would like to complete our review of this case as soon as possible and appreciate your cooperation on this matter.

Very truly yours,

R. T. VANDERBILT COMPANY, INC.

John W. Kelse
Corporate Industrial Hygienist
Manager, Occupational Health & Safety

Please forward additional records and specimens to:

W.K.C. Morgan, M.D.
FRCP (Ed)., FRCP (c), FACP
University Hospital, Chest Diseases Unit
338 Windermere Road
London, Ontario N6A 5A5 Canada
Phone: 519-663-3806 Fax: 519-663-3232

MEDICAL RELEASE AUTHORIZATION

TO:_____

I hereby authorize my primary care physician, all other persons who have medically evaluated or attended me (to include hospital facilities) to permit examination and reproduction of all or any portion of the following by the R.T. Vanderbilt Company, Inc., or its authorized representatives:

> All medical records, pulmonary evaluations (to include x-rays, x-ray interpretation reports), laboratory records and reports, tissue samples and all tests of any type and character pertaining to my current pulmonary condition treatment, diagnosis, prognosis or etiology.

A photostatted copy of this authorization shall have the same effect as the original.

The undersigned authorizes the R.T. Vanderbilt Company, Inc., to redisclose any and all records obtained pursuant to this authorization to its counsel or individuals or organizations retained as medical experts to act on its behalf.

[redacted]

Social Security# [redacted]

WITNESSED:

On the 3rd day of October 1994, before me personally appeared [redacted] known to be the individual described in and who executed the foregoing instrument.

Witness

NOTE: This authorization shall be considered invalid after 90 days of the above date signed. If presented after that time, obtain a new authorization.

[redacted]

TOTAL P.02

"CONF

R.T. Vanderbilt Company, Inc.
INDUSTRIAL MINERALS AND CHEMICALS

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FAX (203) 853-1452 • CABLE "BILTVAN" NORWALK, CONNECTICUT • TWX 710-468-2940

April 3, 1995

Sherif G. El Bayadi, M.D.
Pulmonary Health Physicians, P.C.
101 Union Avenue, Suite 701
Syracuse, NY 13202

Re: [redacted] SS# [redacted]
Patient at St. Joseph's - 6/3/94 - 6/18/94

Dear Dr. Bayadi:

Attached please find our original correspondence to you and a medical release authorization concerning [redacted]. In response to this request you did forward assorted medical summaries and reports we are most grateful to have received. Unfortunately we have not yet received some detailed laboratory reports and all radiographs and tissue specimens referenced in some of these documents.

As a follow-up to our original request, we are again requesting these materials. If you do not have such records and specimens, we would appreciate any advice you might provide as to where such material might be found. Clearly, it is not possible for our medical consultants to properly complete their review without access to such key diagnostic records and specimens.

In addition to Dr. Boehlecke (mentioned in our earlier correspondence), we have retained another pulmonary specialist, Dr. Keith Morgan. We would like the detailed laboratory reports, pertinent chest radiographs and tissue specimens associated with Mr. Malbeuf's pulmonary condition sent to Dr. Morgan (see address and phone below).

We would be happy to formally assure the security and return of these records and specimens to you after our review. If you have reservations in this regard, please contact me or Dr. Morgan directly. We would like to complete our review of this case as soon as possible and appreciate your cooperation on this matter.

Very truly yours,

R. T. VANDERBILT COMPANY, INC.

John W. Kelse
Corporate Industrial Hygienist
Manager, Occupational Health & Safety

Please forward additional records and specimens to:

W.K.C. Morgan, M.D.
FRCP (Ed)., FRCP (c), FACP
University Hospital, Chest Diseases Unit
338 Windermere Road
London, Ontario N6A 5A5 Canada
Phone: 519-663-3806 Fax: 519-663-3232

MEDICAL RELEASE AUTHORIZATION

TO:_____

I hereby authorize my primary care physician, all other persons who have medically evaluated or attended me (to include hospital facilities) to permit examination and reproduction of all or any portion of the following by the R.T. Vanderbilt Company, Inc., or its authorized representatives:

> All medical records, pulmonary evaluations (to include x-rays, x-ray interpretation reports), laboratory records and reports, tissue samples and all tests of any type and character pertaining to my current pulmonary condition treatment, diagnosis, prognosis or etiology.

A photostatted copy of this authorization shall have the same effect as the original.

The undersigned authorizes the R.T. Vanderbilt Company, Inc., to redisclose any and all records obtained pursuant to this authorization to its counsel or individuals or organizations retained as medical experts to act on its behalf.

[redacted]

Social Security# [redacted]

WITNESSED:

On the 3rd day of October 1994, before me personally appeared Mr. [redacted], known to be the individual described in and who executed the foregoing instrument.

Witness

NOTE: This authorization shall be considered invalid after 90 days of the above date signed. If presented after that time, obtain a new authorization.

[redacted]

TOTAL P.02

R.T. Vanderbilt Company, Inc.
INDUSTRIAL MINERALS AND CHEMICALS

30 WINFIELD STREET, P O BOX 5150, NORWALK, CONNECTICUT 06856-5150 • (203) 853-1400
FAX (203) 853-1452 • CABLE "BILTVAN", NORWALK, CONNECTICUT • TWX 710-468-2940

April 3, 1995

Mirza M. Ashraf, M.D.
1001 West Street
Carthage, NY 13619

Re: [redacted] SS# [redacted]

Dear Dr. Ashraf:

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"CONFIDENTIAL"

R.T. Vanderbilt Company, Inc.
INDUSTRIAL MINERALS AND CHEMICALS

30 WINFIELD STREET, P.O. BOX 5150, NORWALK, CONNECTICUT 06856-5150 • (203) 853-1400
FAX (203) 853-1452 • CABLE "BILTMAN", NORWALK, CONNECTICUT • TWX 710-468-2240

October 4, 1994

Carthage Area Hospital
Medical Records Department
1001 West Street
Carthage, NY 13619

Re: [redacted] SS# [redacted]

Dear Sir or Madam:

As his former employer we have contacted [redacted] and received his permission to access his medical records. A copy of the records release is attached. For many years the Gouverneur Talc Company has maintained an active medical surveillance program. Over the last ten years we have coordinated this program through a pulmonary specialist at The University of North Carolina at Chapel Hill.

The company is aware that overexposure to its talc dust - indeed any mineral dust - can result in adverse pulmonary effects. We are therefore concerned about reports we have received about [redacted]'s pulmonary condition, wish to be informed on this condition and to assist in any way we can. On behalf of all our talc miners and millers we feel we have a commitment to do so.

It is our hope to obtain a copy of [redacted]'s medical record along with available tissue samples for review by Brian Boehlecke, M.D. (our pulmonary medical advisor) and a pathologist familiar with histology possibly associated with this case. Whatever is learned from this review will certainly be shared with you, [redacted] or any additional parties [redacted] if might later designate. [redacted] was a patient at the hospital from 3/22/94 to 3/26/94.

If you could provide a copy of [redacted]'s medical record pertaining to his pulmonary status and any related tissue samples available, we would be most grateful. Please forward this material to my attention. Please feel free to contact Dr. Boehlecke at 919-966-2532 or me at 203-853-1400 if we can clarify this request or help in any other way.

Very truly yours,

R. T. VANDERBILT COMPANY, INC.

John W. Kelse
Corporate Industrial Hygienist
Manager, Occupational Health & Safety

JWK/sk
attachment
cc: [redacted]
Brian Boehlecke, M.D.
Mr. Dana Putman

B. Smart 10/24/94 46

CONFIDENTIAL

10/12/94

R.T. Vanderbilt Company, Inc.
INDUSTRIAL MINERALS AND CHEMICALS

30 WINFIELD STREET, P.O. BOX 5150, NORWALK, CONNECTICUT 06856-5150 • (203) 853-1400
FAX (203) 853-1452 • CABLE "BRTVAN", NORWALK, CONNECTICUT • TWX 710-468-2840

October 4, 1994

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1001 West Street
Carthage, NY 13619

Re: [redacted] SS# [redacted]

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John W. Kelse
Corporate Industrial Hygienist
Manager, Occupational Health & Safety

JWK/sk
attachment
cc: [redacted]
Brian Boehlecke, M.D.
Mr. Dana Putman

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[redacted]

Social Security#: [redacted]

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Witness

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[redacted]

TOTAL P.02

10/12/94

R.T. Vanderbilt Company, Inc.
INDUSTRIAL MINERALS AND CHEMICALS

30 WINFIELD STREET, P.O. BOX 5150, NORWALK, CONNECTICUT 06856-5150 • (203) 853-1400
FAX (203) 853-1452 • CABLE "BILTVAN" NORWALK, CONNECTICUT • TWX 710-468-2940

October 4, 1994

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1001 West Street
Carthage, NY 13619

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John W. Kelse
Corporate Industrial Hygienist
Manager, Occupational Health & Safety

JWK/sk
attachment
cc: [redacted]
Brian Boehlecke, M.D.
Mr. Dana Putman

The recommendations for use of our materials are based upon tests believed to be reliable. However, we do not guarantee the results to be obtained

CARDIOLOGY — PROGRESS NOTES

NAME | S M W D | DATE OF BIRTH | AGE

DATE	HISTORY & PHYSICAL
4-27-92	wt 178 B/P 12 80

[redacted] 4/27/92 Patinet has known history of hyptension. The is no dizziness, syncope. No chest pain. HEENT is normal. Heart is RSF lungs are clear. No pitting edema leg. Patient wants to stop smoking. Nicoderm 21 mg. od is being given. Will see him back in one month for a smaller patch.

10

5/27/92	wt - 177 B/P

[redacted] 5/27/92 This patient has known history of hypertensic There is no dizziness or syncope. There is no chest pain. HEENT is norma Heart is RSR. Lungs are clear. Abdomen is soft. No pitting edema of leg. The patient has been advised to take Dyazide, od and Tenormin 50 mg. od. He is trying to stop smoking. Nicorderm Patch will be given. He is advis not to smoke.

6-8-92	Nicoderm patch 21mg OD (14) Inf. 11 yrs old ps. wt/BP - he stated not smoke nicot patch
6/29/92	wt - 174 B/P

[redacted] 6/29/92 This patient complains of tiredness and fatigue There is no dizziness or syncope. There is no chest pain. HEENT is normal Heart is RSR. Lungs are clear. Abdomen is soft. No pitting edema of leg. Th patient is not smoking. BP is stable. The patient is quite nervous an anxious. He has panic disorder.

9-9-92	Tenormin 50mg OD (30), - Buspar 10mg OD (60) Bx Zantac 150 bid (60) - 2 refills Dooleys
10/20/92	wt-176 B/P

[redacted] 10/20/92 This patient had right sided chest pa yesterday and went to Gouverneur Hospital. The pain was brief. There is dizziness or syncope. There is no dyspnea. HEENT is normal. Heart is RS Lungs are clear. Abdomen is soft.No pitting edema of leg. The patient wi get an EKG for further evaluation. He will be scheduled for a stress test EKG was regular sinus rhythm.

HISTORY & PHYSICAL

11/16/92 Stress Test wt-174 B/P 140/80

[redacted] 11/16/92 This patient has chest pain. A stress test was done. The patient was able to walk for a few minutes. There was no ST segment depression.

1/18/93 wt- 181# B/P 134/62

[redacted] 1/18/93 This patient has known history of hypertension. There is no dizziness or syncope. There is no chest pain. HEENT is normal. Heart is RSR. Lungs are clear. Abdomen is soft. No pitting edema of leg. The patient has been advised to continue Tenormin. We will see him back in two months for follow up for hypertension.

4/16/93 Buspar 10mg OD (21), Zantac 150mg BID (60), Tenormin 50mg OD (2) -5 refills (mailed to pt)

4/26/93 wt 175 B/P 136/80

[redacted] 4/26/93 This patient has known history of hypertension. There is no dizziness or syncope. There is no chest pain. HEENT is normal. Heart is RSR. Lungs are clear. Abdomen is soft. No pitting edema of leg. The patient has been advised to continue the Tenormin 50 mg. od. He is quite nervous and apprehensive. He is taking BuSpar for anxiety.

7/26/93 wt 173 B/P 138/80

[redacted] 7/26/93 This patient has known history of hypertension. There is no dizziness or syncope. There is no chest pain. HEENT is normal.Heart is RSR. Lungs are clear. Abdomen soft. No pitting edema of leg. He is quite nervous and anxious. He is taking Tenormin 50 mg. od. and Zantac 150 mg. bid. We will see him back in three months for follow up.

10/25/93 wt 176# B/P- 136/80

[redacted] 10/25/93 This patient has known history of hypertension. There is no dizziness or syncope. There is no chest pain. HEENT is normal. Heart is RSR. Lungs are clear. Abdomen soft. No pitting edema of leg. She will continue the Tenormin 50 mg. od., Zantac 150 mg. bid. and BuSpar 10 mg. od. We will see him back in two months for follow up. He is going to Florida.

INTERNAL MEDICINE — PROGRESS NOTES

NAME [redacted] S or W D DATE OF BIRTH AGE

DATE	HISTORY & PHYSICAL
12/20/93	RCO for 12/27/93
12/27/93	Physical + Stress a Bruce — Wt 173# B/P 140/80

[redacted] 12/27/93 This patient has known history of hypertension. There is no dizziness or syncope. There is no chest pain. HEENT is normal. Heart is RSR. Lungs are clear. Abdomen soft. No pitting edema of leg. The patient is advised to continue Tenormin 50 mg. od. The patient wants a complete physical. He will be scheduled for a complete physical and stress test in 3 mos.

2-28-94 Bisoprolol 10mg OD (30) Tenormin 50 mg OD (30)
Zantac 150 mg b.i.d (60) 3 refills mailed to pt.

3/22/94 Wt - 172# B/P 160/8
not feeling well
for last 10 days
Shortness of breath
before last
(over) Sputum tab.
(referred to ER
Columbia Med.)
Chest x-ray showing right effusion
Pulmonary edema
Right ventricular hypertrophy & dilatation

[redacted] 3/22/94
CHIEF COMPLAINT: This patient c/o tiredness, fatigue and dyspnea. He canno walk only a few steps. He has dyspnea with minimal exertion for the last on week.
PHYSICAL EXAM: Heart is RSR. Lungs reveal diminished air entry right base Abdomen soft.
ASSESSMENT: Rule out CHF, Rule Out Pleural Effusion
PLAN: Chest x-ray and EKG will be done.
Continuation: This patient will be admitted for pleural effusion, right.

3-25-94 Dr. Flinthope Study April 1st 10 am

HISTORY & PHYSICAL

Formedic

PT

3/29/94 Chief ASH Sherman
r/ [illegible]

BP 110/80
4-13-94 9:10AM
Dr. Sherman CA H-AND
Lab Scott KA.

[redacted] 3/29/94 Patient's PSA level was high. Rectal examination is being done. Patient does have a slightly enlarged prostate on the right side of the prostate with nodularity. On examination, patient does have diminished air entry right lung. Heart RSR. He will be referred to Dr. Sherman and Dr. Plumpton.

4/4/94 Wt- 168 B/P 120/60

[redacted] 4/4/94 Zagzebski
This patient saw Dr. _____ the pulmonary specialist in Syracuse. He has been scheduled for a bronchoscopy on the 14th of this month. His PPD is positive. Mantoux skin test was positive. Lungs reveal diminished air entry in the right lung. Heart is RSR. Abdomen is soft. The patient still has right sided pleural effusion. There is a question of whether the patient has primary CA of the prostate metastatic to the lung or possibly a mesothelioma of the lung. The lung specialist will do all of the work-up.

5/13/94 WA 170# BP 104/70

[redacted] 5/13/94
CHIEF COMPLAINT: This patient has known history of hypertension. There is no dizziness or syncope. There is no chest pain. He went to a lung specialist, Dr._____ to discuss possible laser treatment for right pleural effusion. He has known history of CA of the prostate.
PHYSICAL EXAM: HEENT is normal. Heart is RSR. Abdomen soft.
PLAN: He will be rescheduled to see Dr. Sherman for bone scan. He has an appointment with Dr. Bayadi in Syracuse for right thoracentesis.

[redacted] 6/14/94 NURSES NOTE His wife stopped by the office and said he is still an inpatient at St. Joes Hospital. She said she will reschedule when he gets home.

CONFIDENTIAL

CARDIOLOGY — OFFICE VISITS

NAME | MARITAL STATUS S M W D SEP | DATE OF BIRTH

ADDRESS | PHONES (H) (O)

OCCUPATION / EMPLOYER | INS. # | REFERRED BY

MEDICATIONS | DRUG ALLERGIES

DATE / DIAGNOSIS / CPT CODE	HISTORY & PHYSICAL	HT	WT	BP	P	T
6/22/94			wt - 162	B/P - 140/8		

[redacted] 6/22/94

CHIEF COMPLAINT: This patient recently had recent thora coscopy. He is waiting for the reports from the doctor is Syracuse. He c/o tiredness and fatigue. He has right sided chest pain.
PHYSICAL EXAM: HEENT is normal. Heart is RSR. Lungs reveal diminished air entry, right base. Abdomen soft.
ASSESSMENT: Possible Mesothelioma.
PLAN: Await results of reports. Pt. might need pain medication.

7-5-94 | July 19th 1pm Dr poggi

[redacted] 7/7/94 NURSES NOTE Dr. Elbayadi's office called and s. that is fine that the appt. has been set up for Larry with Dr. Poggi J. 19th. They will be sending Dr. Poggi reports and also they will contact office to see if they want films from Syracuse. Larry will be taking films from CAH.

7/26/94 | wt 166 B/P 1.

[redacted] 7/26/94

CHIEF COMPLAINT: This patient has diminished air entry, right lung. He tiredness and fatigue. There is no dizziness or syncope. The patient also known history of CA of the prostate. He does not want any chemo or radia therapy.
PHYSICAL EXAM: HEENT is normal. Heart is RSR. Lungs reveal diminished entry, right lung. Abdomen soft. No pitting edema of leg.

8/22/94

WT-170 B/P 120/60

[redacted] 8/30/94

CHIEF COMPLAINT: This patient has known history of diminished air entry, right lung. There is no dizziness or syncope. There is no chest pain.

PHYSICAL EXAM: HEENT is normal. Heart is RSR. Lung examination reveals diminished air entry, right base. Abdomen soft. No pitting edema of leg.

PLAN: The patient does not want anything done. He has refused the chemotherapy and further treatment at the CA center in Watertown. His BP is stable.

10

10/4/94

R, rest

WT-171 B/P 140/80

[redacted] 10/4/94

CHIEF COMPLAINT: This patient has diminished air entry, right lung. He c/o tiredness and fatigue. He has dyspnea with exertion. There is no dizziness or syncope.

PHYSICAL EXAM: HEENT is normal. Heart is RSR. Lungs exam reveals diminished air entry, right base. Abdomen soft.

PLAN: The patient _____. He will continue the current medication.

ST. JOSEPH'S HOSPITAL HEALTH CENTER
301 PROSPECT AVENUE - SYRACUSE, NEW YORK

HISTORY & PHYSICAL

PATIENT NAME: [redacted] M.R.#: [redacted]

ROOM #: 1502 D ADM DATE: 06/03/94 PT. TYPE: I I MED
ACCT #: 00024254989

ATTENDING PHYSICIAN: SHERIF G ELBAYADI, MD

CHIEF COMPLAINT: Shortness of breath.

HISTORY OF PRESENT ILLNESS: This is a 63-year-old white male with a 45 year history of 1 pack per day smoking, who continues to smoke. He has worked with various substances in manufacturing pelk with silicates and trisilicates, and is not certain whether there was asbestos involved in the material he worked with, but he does not think the material was pure, and has worked there for over 39 years with dust from shavings from the material. He was evaluated by Dr. Mirza Ashraf, and had an admission for pleural effusion, and had two pleural taps.

Fluid analysis from the discharge summary showed 1,778 white cells, 99% mononuclear cells. The LDH was 207 and his protein 5.5. The pH was 7.27, I'm not sure of the exact handling of the specimen.

He was evaluated by me and had a very small pleural effusion, and I performed a bronchoscopy to rule out endobronchial lesions due to the recurrent pleural effusion, and a suspicious, but not diagnostic pleural fluid cytology for possible adenocarcinoma. Bronchoscopy was negative. There was no evidence of tuberculosis, no evidence of malignancy, and no endobronchial lesions. He again, was brought for another tap to obtain more fluid for analysis and cytology. The cytology was read by Dr. Riccio, as negative for malignancy initially. On reevaluation, consultants in the pathology department felt the fluid to be suspicious for malignancy, and felt that it was not completely benign-appearing cells. The patient has had progressive increasing shortness of breath without wheezing, fevers, or chills. He was evaluated in my office and he had increased pleural effusion that was almost three-quarters of the way up the right hemithorax. Due to the recurrent rapidly reforming pleural effusion, he is being hospitalized for chest tube drainage, pleural biopsy, and workup of this problems.

He has not had any vomiting, loss of consciousness, fevers, chills, abdominal fever, visual changes, or bone pains.

He has had an elevated prostate specific antigen that was 9.7, and had a workup by urology and found to have adenocarcinoma of the prostate. This was done in the interval between my initial evaluation April 1, and his first tap.

- continued -

PAST MEDICAL HISTORY: That mentioned above. He does have a history of hypertension and anxiety.

FAMILY HISTORY: Father died of a tumor of the tongue, and his mother passed away from bone cancer.

REVIEW OF SYSTEMS: Unremarkable.

CURRENT MEDICATIONS: Atenolol 50 mg a day.
Zantac 150 mg b.i.d.
Buspar 10 a day.
Ventolin inhaler 2 puffs prn q.i.d.

PHYSICAL EXAMINATION

TEMPERATURE: PULSE: RESP: BP: WEIGHT:

HEENT: Pupils equal and reactive to direct and consensual light. Extraocular movements intact.

NECK: Supple. No jugular venous distention or adenopathy.

LUNGS: Decreased breath sounds over the right base with dullness to percussion. PMI was not shifted.

ABDOMEN: Soft, non-tender. Bowel sounds were normal active.

EXTREMITIES: No edema, clubbing, or cyanosis.

NEUROLOGICAL: Grossly intact.

GENERAL IMPRESSION: Recurrent large pleural effusion in a patient with a history of newly diagnosed prostate cancer with history of asbestos exposure that is likely to have been present and mixed with pelk and silicon powder.

DIFFERENTIAL DIAGNOSES:
1. Bronchogenic carcinoma.
2. Metastatic carcinoma.
3. Benign asbestos pleural effusion (BAPE).
4. Mesothelioma.
5. Hypertension.

- continued -

The likelihood that this is a benign effusion is low, especially with the rapid reaccumulation. The suspicious cytology also suggests that this is a malignant effusion.

PLAN:

1. [redacted] will be admitted to the hospital for chest tube drainage of the large symptomatic pleural effusion. A pleural biopsy will be performed at the same time. If the fluid is drained sufficiently, he'll undergo a CT scan to look for pleural changes. If the biopsy and CT scan are not helpful, further evaluation with a pleural examination under direct vision with fluoroscopy may be needed.
2. He has had an episode of loss of consciousness with his taps done at the outside hospital, and I have pretreated him with Atropine for his thoracentesis and he did well. We will give him Atropine prior to the chest tube placement if agreeable with Dr. Barreto.
3. His medications will be continued.
4. Dr. Riccio will be notified of tissue and fluid samples being obtained today for analysis.

SHERIF ELBAYADI, M.D.

jd
D: 06/03/94 @ 12:25
T: 06/03/94 @ 13:28

cc: SHERIF G ELBAYADI, MD
MIRZA ASHRAF, MD-Carthage, NY
WILLIAM SHERMAN, MD-Carthage, NY

ST. JOSEPH'S HOSPITAL HEALTH CENTER
301 PROSPECT AVENUE - SYRACUSE, NEW YORK

OPERATIVE REPORT

PATIENT NAME: [redacted] M.R.#: [redacted]

ROOM #: 1502 D DATE: 06/08/94 PT. TYPE: I I MED
ACCT #: 00024254989

SURGEON: A. BARRETO, M.D. ASSISTANT: B. PHILLIPS, P.A.

PREOPERATIVE DX: Rule out malignant right pleural effusion. Rule out mesothelioma.

POSTOPERATIVE DX: Same, pending pathology reports.

PROCEDURE: Multiple pulmonary wedge excisions and pleurectomy with video assistance.

ANESTHESIA: General endotracheal.

Anesthesiologist: Dr. Regan, Dr. Catania.

Findings: The entire pleura was abnormal. It was very thickened, inflamed with multiple nodularities throughout the entire parietal pleura. There were multiple calcified plaques. There were several nodules on the visceral pleura of the lung and the whole picture was compatible with a mesothelioma. The pathologist could not make a certain diagnosis of malignancy on frozen section. They felt that what they were seeing was mostly an inflammatory process. There was a blood loss of approximately 150-200 ccs.

DESCRIPTION OF THE PROCEDURE: The patient was placed under the effect of adequate general endotracheal anesthesia. Attempts to place a double lumen tube were ineffective as the tube could not be passed into the larynx. Then, a uni-vent endotracheal tube with a bronchial blocker was utilized to obtain one-lung anesthesia. This took quite a bit of time before it could be accomplished. The position of the blocker was confirmed by bronchial examination with the fiberoptic pediatric bronchoscope. The patient was then placed in the left lateral decubitus position. The right hemithorax was prepared using Betadine and draped in a sterile manner so as to expose the same. The chest tube having been placed preoperatively was removed before the preparation of the skin. Four small openings were made into the right pleural cavity, one anteriorly, one posteriorly, and two lateral and inferior. These allowed manipulation of the videoscope and operating instruments. Exploration of the pleural cavity was performed and then several wedge biopsies of the abnormal looking lung tissue were performed. The endo-GIA stapling device was utilized, both the 30 and 16 mms. The majority of the parietal pleura was then excised. Multiple frozen sections were obtained and the pathologist could not give us a diagnosis of malignancy. After most of the pleura had been removed, the pleural cavity was drained with two #28 French Argyle chest tubes. The two most inferior incisions were utilized for that purpose. The small incision where the

- continued -

previous chest tube had been in place was left open and covered with a dressing and allowed to heal by second intention. The most two posterior incisions were then closed with 3-0 Dexon and subcuticular closure of 4-0 Dexon. Sterile dressings were applied over the smaller two incisions and over the one that was left open. The two chest tubes were secured to a Pleurovac unit.

The patient was then transferred to the Recovery Room in stable condition.

AMILCAR BARRETO, M.D.

mdc
D: 06/08/94 @
T: 06/14/94 @ 12:43

cc: AMILCAR BARRETO, M.D.
SHERIF EL BAYADI, M.D.
MIRZA ASHRAF, M.D.

ST. JOSEPH'S HOSPITAL HEALTH CENTER

Type of Report: DISCHARGE SUMMARY

Patient Name: [redacted] Hospital Number: 91-26-43

ADM: 06-03-94

DIS: 06-18-94

Attending Physician: Sherif El-Bayadi, M.D.

DISCHARGE DIAGNOSES:
1. Pleural effusion.
2. Malignant mesothelioma vs. benign asbestosis pleural disease.
3. Prostate cancer.
4. Hypertension.
5. Anxiety.

HISTORY OF PRESENT ILLNESS: The patient is a 63 year old white male with a 45 year history of one pack per day smoking who continues to smoke until admission. He had worked with various substances and manufacturing with silicates and tri-silicates and is not certain whether there was any asbestos involved in the materials he worked with, but he does not think the material was pure, and had worked there for over 39 years with dust from shavings from the material. He was evaluated by Dr. M. Ashraf and had an admission for pleural effusion and had two pleural taps.

Fluid analysis from Discharge Summary showed 1,778 white cells, 99% mononuclear cells. The LDH was 207, protein 5.5. pH was 7.27, not sure of the exact handling of the pH specimen.

He was seen for evaluation and had a small pleural effusion. Bronchoscopy was undertaken to rule out endobronchial lesion due to recurrent pleural effusion, and a suspicious, but not diagnostic pleural fluid cytology for possible adenocarcinoma. Bronchoscopy was negative. There was no evidence of tuberculosis, no evidence of malignancy and no endobronchial lesions were noted. He, again, was brought for another thoracentesis to obtain more fluid for analysis and cytology. The cytology was read by Dr. Riccio as negative for malignancy initially. On reevaluation, consultants in the Pathology Department felt the fluid to be suspicious for malignancy and felt that it was not completely benign-appearing cells. The patient has had progressive increasing shortness of breath without wheezing, fever or chills. He was evaluated in the office and had increased pleural effusion that was almost three-quarters up the right hemithorax. Due to the recurrent rapidly recurrent pleural effusion, it was felt that hospitalization would be required for chest tube drainage, pleural biopsy and work-up of the problem.

He had no had any vomiting, loss of consciousness, fever, chills, abdominal pain, visual changes, or bone pain.

He had had an elevated prostatic specific antigen that was 9.7 and had a work-up by Urology and found to have adenocarcinoma of the prostate. This was done in the interval between initial evaluation of 4-1-94 and his first thoracentesis.

PAST MEDICAL HISTORY: As mentioned previously. He does have a history of hypertension and anxiety.

FAMILY HISTORY: His father died of tumor of the tongue, and his mother passed away from bone cancer.

REVIEW OF SYSTEMS: Unremarkable.

CURRENT MEDICATIONS: Atenolol, 50 mg. a day. Zantac, 150 mg. b.i.d., Buspar, 10 mg. a day, Ventolin Inhaler, 2 puffs q.i.d.

PHYSICAL EXAMINATION: Temperature was 99.2, pulse 62. Respiratory rate 12. Blood pressure 154/72. Head, eyes, ears, nose and throat: The pupils are equal and reactive to direct and consenusal light. The extraocular movements are intact. Neck is supple. No jugular venous distention or adenopathy. The lungs had decreased breath sounds over the right base with dullness to percussion. The abdomen was soft, montender. Bowel sounds were normal-active. Extremities: No edema, clubbing or cyanosis. Neurologic exam is grossly intact.

HOSPITAL COURSE: The patient was admitted with the impression of recurrent large pleural effusion in patient with history of newly diagnosed prostate cancer with history of asbestos exposure that is likely to have been present and mixed with _____ and silicone powder. The plan was for further diagnostic studies to rule out bronchogenic carcinoma, metastatic carcinoma, benign asbestos pleural effusions, mesothelioma and hypertension.

It is felt that with the rapid reaccumulation of the fluid that is unlikely that this would be a benign effusion. Also with a suspicious cytology, also pointed to a malignant effusion.

The patient was admitted to the hospital. Thoracic Surgery consultation was requested, and on the day of admission was seen by Dr. Barreto who placed a chest tube. Pleural biopsies were taken at that time. Pathology reports were waited upon, and although suspicious, were not confirmatory. Because of this he underwent thoracoscopy with wedge biopsies on 6-8-94 without complications. Results of these biopsies returned as malignant mesothelioma with calcified pleural plaques and pulmonary ferruginous bodies. This was a preliminary diagnosis. Slides were sent out for further evaluation, and final diagnosis is pending at the time of this dictation.

The patient did have an echo obtained during his stay which revealed fibrocalcific aortic valve disease with normal left ventricular size and function and mild tricuspid regurgitation. The remainder of his hospital course from the time of his wedge biopsies on 6-8-94 until the time of his discharge on 6-18-94 was relatively uneventful. Fluid from his effusion gradually decreased, and air leak from chest tube also resolved. He was taken off of suction. Chest x-rays were followed without increase in pneumothorax.

On 6-17-94, he was left off of suction. There was no air leak present. Chest x-ray was obtained on the morning of 6-18-94 and prior to review of film, after removal of chest tube, the patient was discharged. The films were reviewed after the patient had been discharged, and these revealed a small increase in the size of a right pneumothorax which appeared to be loculated in the right costophrenic angle. The patient is to be contacted for a follow-up chest x-ray to be obtained as an outpatient, and if this showed increase in his pneumothorax, he will be instructed for further treatment. Room air oximetry obtained on 6-13-94 prior to discharge was 95%. All cultures obtained from the thoracentesis fluid were negative. CBC from 6-13-94 showed WBC's of 11,000 with 58 segs, 5 bands, 24 lymphs and 10 monocytes. Hemoglobin and hematocrit were 13.7 and 40.1. Electrolytes from 6-13-94 showed a sodium of 135,

potassium of 4.7, chloride 95, carbon dioxide 35, glucose 121, BUN 11, creatinine 1.1. Results from pleural fluid showed there were 2,333 WBCs with 99% mononuclear cells. The glucose was less than 29, protein was 5.5. Amylase was 55. LDH was 1,908. Specific gravity was 1.033. He had an ANA obtained which was negative, and a rheumatoid factor which was less than 30.

As previously mentioned, the patient was discharged on 6-18-94. Results of follow-up chest x-ray as an outpatient are unknown at the time of this dictation.

DISCHARGE DIET: Regular.

DISCHARGE MEDICATIONS:
1. Zantac, 150 mg. p.o.b.i.d.
2. Atenolol, 50 mg. one time a day.
3. Buspar, 10 mg. two times a day.
4. Atrovent metered dose inhaler, two puffs four times a day.
5. Tylenol, 10 grains p.o.q. 4 prn for pain.

ACTIVITIES/LIMITATIONS: As tolerated.

FOLLOW-UP: He is to call for follow-up appointments with Dr. Barreto, Dr. El-Bayadi and Dr. Sherman. He is to call Dr. Barreto's office for any increased shortness of breath.

kc ID#5189 Robert Kosinski, N.P., dictating for:

D: 6-22-94
T: 6-29-94 Sherif El-Bayadi, M.D.

cc: S. El-Bayadi, M.D.
A. Barreto, M.D.
M. Ashraf, M.D. - Carthage, NY
W. Sherman, M.D. - Carthage, NY
R. Kosinski, N.P. - Respiratory Care Dept.

"CONFIDENTIAL"

PULMONARY HEALTH PHYSICIANS, P.C.

Diplomates, American Board of Internal Medicine and Pulmonary Diseases

Dr. Thomas R. Aiello - 1
Dr. Edward T. Downing - 1, 2, 3
Dr. Sherif G. El Bayadi - 1
Dr. Michael J. Flintrop

Pulmonary Disease including Rehabilitation
Allergy/Immunology
Cardiopulmonary Exercise Testing
Sleep-Related Breathing Disorders

June 30, 1994

Mirza Ashraf, M.D.
West Street Road
Carthage, New York 13619

RE: [redacted]

Dear Dr. Ashraf:

[redacted] returned to my office today for follow-up. He has no symptoms after being discharged from the hospital and had a follow-up by Dr. Burke to evaluate a residual pneumothorax after removing a chest tube and was found to have resolved apparently and was discharged. He on examination appears to be alert, oriented, cooperative. His pupils are equal and reactive. Lung examination reveals inspiratory rales over the right base. There is no hyper-resonance to percussion and there is no tracheal shift. His heart is regular with a normal S1, S2. His abdomen is soft and nontender.

His pathology was very difficult to finally obtain and, as you know, he did have to have a thoracoscopic procedure with partial pleurectomy and biopsies. The initial reading was malignant mesothelioma, calcified pleural plaques, and pulmonary ferruginous bodies. That was also sent out for consultation to Dr. Anna Louise Katzenstein who agreed with the diagnosis of malignant mesothelioma.

I have discussed this diagnosis with [redacted] and his wife and have suggested, if okay with you and with Dr. Sherman, to have an oncologist evaluate the situation at this point. Multi-modality therapy for malignant mesothelioma is an option, but in conjunction with a prostate tumor, there may be variations or certain considerations that should be kept in mind. I will be happy to see [redacted] in follow-up if needed and will have a chest x-ray done today to follow-up his changes after being discharged from the hospital.

Again, thank you for letting me participate in caring for this very pleasant man with an unfortunate medical problem.

Sincerely,

Sherif G. El Bayadi, M.D., F.C.C.P.

SGE:ACCU\Med:cdm

cc: William Sherman, M.D.

1. Fellow, American College of Chest Physicians
2. Diplomate, American Board of Sleep Medicine
3. Diplomate, American Board of Allergy and Immunology

101 Union Avenue, Suite 701
Syracuse, New York 13202
(315) 475-8401

5100 West Taft Road, Suite 3D
Liverpool, New York 13088
(315) 452-2300

"CONFIDENTIAL"

SAMARITAN MEDICAL CENTER
ONCOLOGY UNIT
830 WASHINGTON STREET
WATERTOWN, N.Y. 13601

July 28, 1994

Dr. Ashraf
West St. Rd.
Carthage, NY 13619

Dear Dr. Ashraf:

Thank you for asking me to see [redacted] who was seen in our office July 19th. He is a pleasant 63 year old man who was diagnosed in Syracuse as having a right sided malignant mesothelioma status post thoracoscopy and chest tube drainage with sclerosis. He presented by virtue of shortness of breath over a 2-3 week period and had had a thoracentesis X 2 in June of this year. Currently there is no significant shortness of breath. He notes marked improvement in his sense of well being since the pleurodesis. In addition, there is no chest pain or hemoptysis. He denies fevers, chills or night sweats. No abdominal discomfort, focal weakness, numbness, paresthesias or bone pain. He denies significant weight loss, loss in appetite or energy. There are no urinary symptoms.

In addition, he was recently diagnosed April of 1994 with prostate cancer, I believe stage B. Radiation therapy being recommended by Dr. Plumpton. PSA level was 9.7.

He has a 45 one pack year history of smoking. He does not abuse alcohol. He has no known allergies. Medications are Zantac, Atenolol and Buspar.

Past medical history includes hypertension in the past, midepigastric pain for which he has taken Zantac. He's been admitted to St. Joe's in Carthage this year, related to his mesothelioma. There has been no other significant hospitalizations or surgery other than appendectomy or medical problems. There is no other prior history of cancer.

Social history and family history includes four children. He is accompanied today by his wife. He is retired. He has had exposure to industrial dusts. He has a "border line positive PPD".

Exam revealed an alert, healthy appearing man weighing 167 lbs. Pulse is 84 and regular. HEENT exam showed no icterus. Extraocular muscles are intact. Pupils are equal. Disks are not examined. There is no pain on percussion over the spine, no adenopathy, no palpable thyroid. No skin nodules, joint swelling or clubbing. Chest shows a few rales at the right base. The left lung is clear. There is a regular rate and rhythm without murmur, gallop, rub or pedal edema. There is a healed right chest tube scar. The abdomen is soft, nontender without organomegaly or masses. Prostate and testicles were not examined. Gait is of normal cadence.

Laboratories include thoracoscopy performed at St. Joseph's 6/8/94 showed that the entire pleura was abnormal, thickened and inflamed with multiple nodularities. There was also involvement of the visceral pleura of the lung. Chest x-ray reviewed originally showed a right pleural effusion 3/4 up the hemithorax.

IMPRESSION:

1. Malignant mesothelioma by biopsy, right chest, asymptomatic, status post chest tube drainage and pleurodesis.
2. Well differentiated prostatic carcinoma, at least stage B.

A discussion was held regarding the natural history of mesothelioma. I offered the patient a range of options from very aggressive therapy for which he might have to be seen at a center such as Memorial to chemotherapy to observation. The pros and cons of each approach, in light of the natural history of this disease was explained. For the time being, since he is asymptomatic and since there is no good chemotherapy nor has radiation or surgery shown to impact positively the natural history of this disease, only observation is warranted. In my opinion he has had the main treatment that is drainage and sclerosis to improve his sense of well being and performance status.

Regarding the prostate, given the history of mesothelioma I do not think radiation or surgery would be indicated. If he start to have difficulty from the prostate then treatment with hormones or antagonists can be used. He has a return visit in 2 months.

Thank you for asking me to see [redacted] and I will be keeping you and Dr. Sherman informed of his situation.

Sincerely,

Charles F. Romano, M.D.
Department of Oncology

D 7/28/94
T 7/29/94 VA
cc: Dr. Sherman

"CONFIDENTIAL"

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

ATTENDING DOCTOR'S REPORT

(CHECK ONE): [XX] INITIAL [XX] PROGRESS [ ] FINAL

CHECK TYPE OF DOCTOR: [XX] PHYSICIAN [ ] PODIATRIST [ ] CHIROPRACTOR

PLEASE TYPE OR PRINT

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED (City, Town or Village)	INJURED PERSON'S SOC. SEC. NO.
		3-94	GOUVERNEUR, NY	[redacted]

	(First Name) (Middle Initial) (Last Name)	AGE	ADDRESS (Include Apt. No.)	TELEPHONE NO.
INJURED PERSON	[redacted]		[redacted]	
EMPLOYER*	GOUVERNEUR TALC		GOUVERNEUR, NY 13642	
INSURANCE CARRIER	STATE INSURANCE FUND		1045 7TH NORTH ST LIVERPOOL, NY 13088	
SUPERVISING PHYSICIAN (If any)				

* If treatment was rendered under the VFBL or VAWBL, show as EMPLOYER the state political subdivision and enter "X" here: [ ]

1. HAVE YOU FILED A PREVIOUS REPORT SETTING FORTH A HISTORY OF THE INJURY? [ ] YES [XX] NO — IF "YES" ENTER DATE OF SUCH REPORT: _____ AND COMPLETE ITEMS 3-11 BELOW. IF "NO" COMPLETE ALL ITEMS BELOW.

HISTORY

A. STATE HOW INJURY OCCURRED AND GIVE SOURCE OF THIS INFORMATION. (IF CLAIM IS FOR OCCUPATIONAL DISEASE, INCLUDE OCCUPATIONAL HISTORY AND DATE OF ONSET OF RELATED SYMPTOMS.)
PT HAS WORKED IN TALC MILL FOR 20 TO 30 YEARS WITH EXPOSURE TO TALC DUST.

B. WAS PATIENT PREVIOUSLY UNDER THE CARE OF ANOTHER DOCTOR FOR THIS INJURY? [ ] YES [ ] NO — IF "YES" ENTER HIS/HER NAME AND ADDRESS, AND REASON FOR TRANSFER IN ITEM 11.

C. WERE X-RAYS TAKEN? [ ] YES [ ] NO

2. IF THERE IS ANY HISTORY OR EVIDENCE OF PRE-EXISTING INJURY, DISEASE OR PHYSICAL IMPAIRMENT, DESCRIBE SPECIFICALLY:

DIAGNOSIS

3. DESCRIBE NATURE AND EXTENT OF KNOWN OR REPORTED INJURY OR DISEASE WHEN EXAMINED AND IF APPLICABLE, ANY CHANGE OF CONDITION SINCE LAST REPORT.
CARCINOMA LUNG, PLEURAL EFFUSION

SEP 1 2 1994

TREATMENT

4. DATE(S) OF EXAMINATION ON WHICH THIS REPORT IS BASED: 7-22, 8-30 — 3-22-94 TO 3-26-94, 4-4, 6-22 — 3-22-94 — ARE YOU CONTINUING TREATMENT? YES — IF "YES" WHEN WILL PATIENT BE SEEN AGAIN? 2MTHS

5. DESCRIBE TREATMENT RENDERED AND PLANNED FUTURE TREATMENT. IF PATIENT WAS HOSPITALIZED, SO STATE AND GIVE NAME AND LOCATION OF HOSPITAL AND DATES OF HOSPITALIZATION.
HOSPITAL CARE AND OFFICE EXAMS, PT WAS ADMITTED TO CARTHAGE AREA HOSPITAL ON 3-22-94 TO 3-26-94

DISABILITY

6. MAY THE INJURY RESULT IN PERMANENT RESTRICTION, TOTAL OR PARTIAL LOSS OF FUNCTION OF A PART OR MEMBER, OR PERMANENT FACIAL, HEAD OR NECK DISFIGUREMENT? [ ] YES [ ] NO — IF "YES" DESCRIBE

7. FIRST DAY OF DISABILITY IF KNOWN | 8. IS PATIENT WORKING? [ ] YES [X] NO | IF "YES" ON WHAT DATE(S) DID PATIENT... RESUME LIMITED WORK OF ANY KIND. DATE: | RESUME REGULAR WORK. DATE: | IS PATIENT DISABLED? [X] YES [ ] NO | IF "YES" CHECK ONE [ ] PARTIAL DISABILITY [X] TOTAL DISABILITY

CAUSAL RELATION

9. WAS THE OCCURRENCE DESCRIBED ABOVE (OR IN YOUR PREVIOUS REPORT WHICH GAVE THIS INFORMATION) THE COMPETENT PRODUCING CAUSE OF THE INJURY AND DISABILITY (IF ANY) SUSTAINED? [X] YES [ ] NO

REMARKS

10. (a) ANY FACTORS DELAYING RECOVERY? IF "YES" DESCRIBE [ ] YES [ ] NO

(b) IS MEDICAL AND/OR VOCATIONAL REHABILITATION INDICATED? IF "YES" GIVE REFERRAL DETAILS [ ] YES [ ] NO

11. ENTER HERE ADDITIONAL PERTINENT INFORMATION, WORK LIMITATIONS, IF ANY, ETC.

If your testimony should be necessary in this case, please indicate the days of the week and time of day (AM or PM) most convenient to you for this purpose:

* IF AUTHORIZATION FOR SPECIAL SERVICES IS REQUIRED, SEE ITEMS 4 AND 5 ON REVERSE.

Dated	Typed or Printed Name of Attending Doctor	Address
9-9-94	MIRZA M. ASHRAF, MD	1001 HRST ST RD CARTHAGE, NY 13619

WCB Rating Code	WCB Authorization No.	Telephone No.	Written Signature of Attending Doctor (Facsimile Not Accepted)
SJM4	218695	315-493-1450	

A CHIROPRACTOR OR PODIATRIST FILING THIS REPORT CERTIFIES THAT THE INJURY DESCRIBED CONSISTS SOLELY OF A CONDITION(S) WHICH MAY LAWFULLY BE TREATED AS DEFINED IN THE EDUCATION LAW AND, WHERE IT DOES NOT, HAS ADVISED THE INJURED PERSON TO CONSULT A PHYSICIAN OF HIS/HER CHOICE.

Revised C-4 / C-45 (12-91) SEE REVERSE SIDE FOR IMPORTANT INSTRUCTIONS

RTV002405

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

ATTENDING DOCTOR'S REPORT

(CHECK ONE): [ ] INITIAL [XX] PROGRESS [ ] FINAL

CHECK TYPE OF DOCTOR: [XX] PHYSICIAN [ ] PODIATRIST [ ] CHIROPRACTOR

PLEASE TYPE ALL ITEMS

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY (DAY AND TIME)	ADDRESS WHERE INJURY OCCURRED (City, Town or Village)	INJURED PERSON'S SOC. SEC. NO.
		3-94	GOUVERNEUR, NY	[redacted]

INJURED PERSON	(First Name) (Middle Initial) (Last Name) [redacted]	AGE:	ADDRESS (Include Apt. No.) [redacted]
EMPLOYER	GOUVERNEUR TALC		[redacted]
INSURANCE CARRIER	STATE INSURANCE FUND		1045 7TH NORTH ST LIVERPOOL, NY 13088
SUPERVISING PHYSICIAN (If any)			

If treatment was rendered under the WCSL or VAWCL, show as EMPLOYER the liable political subdivision and enter X here: [ ]

HISTORY

1. HAVE YOU FILED A PREVIOUS REPORT SETTING FORTH A HISTORY OF THE INJURY? [XX] YES [ ] NO — IF "YES" ENTER DATE OF SUCH REPORT: [ ] — IF "NO" COMPLETE ALL ITEMS BELOW.

A. STATE HOW INJURY OCCURRED AND GIVE SOURCE OF THIS INFORMATION. (IF CLAIM IS FOR OCCUPATIONAL DISEASE, INCLUDE OCCUPATIONAL HISTORY AND DATE OF ONSET OR INITIAL SYMPTOMS.)

B. WAS PATIENT PREVIOUSLY UNDER THE CARE OF ANOTHER DOCTOR FOR THIS INJURY? [ ] YES [ ] NO — IF "YES" ENTER HIS/HER NAME AND ADDRESS, AND REASON FOR TRANSFER IN ITEM 11. — C. WERE X-RAYS TAKEN? [ ] YES [ ] NO

2. IF THERE IS ANY HISTORY OR EVIDENCE OF PRE-EXISTING INJURY, DISEASE OR PHYSICAL IMPAIRMENT, DESCRIBE SPECIFICALLY.

DIAGNOSIS

3. DESCRIBE NATURE AND EXTENT OF KNOWN OR REPORTED INJURY OR DISEASE WHEN EXAMINED, AND IF APPLICABLE, ANY CHANGE OF CONDITION SINCE LAST REPORT.

CARCINOMA LUNG, PLEURAL EFFUSION

TREATMENT

4. DATE(S) OF EXAMINATION ON WHICH THIS REPORT IS BASED: 10-04-94 — DATE OF YOUR FIRST TREATMENT: 3-22-94 — ARE YOU CONTINUING TREATMENT? YES — IF "YES", WHEN WILL PATIENT BE SEEN AGAIN? MONTH

5. DESCRIBE TREATMENT RENDERED AND PLANNED FUTURE TREATMENT. IF PATIENT WAS HOSPITALIZED, SO STATE AND GIVE NAME AND LOCATION OF HOSPITAL AND DATES OF HOSPITALIZATION.

OFFICE EXAM

DISABILITY

[redacted]

CAUSAL RELATION

6. WAS THE OCCURRENCE DESCRIBED ABOVE (OR IN YOUR PREVIOUS REPORT WHICH GAVE THIS INFORMATION) THE COMPETENT PRODUCING CAUSE OF THE INJURY AND DISABILITY (IF ANY) SUSTAINED? [X] YES [ ] NO

PROGNOSIS

10. (a) ANY FACTORS DELAYING RECOVERY? IF "YES", DESCRIBE: [ ] YES [ ] NO

(b) IS MEDICAL AND/OR VOCATIONAL REHABILITATION INDICATED? IF "YES" GIVE REFERRAL DETAILS [ ] YES [ ] NO

REMARKS

11. ENTER HERE ADDITIONAL PERTINENT INFORMATION, WORK LIMITATIONS, (IF ANY) ETC.

If your testimony should be necessary in this case, please indicate the days of the week and time of day (AM or PM) which is most convenient to you for this purpose:

IF AUTHORIZATION FOR SPECIAL SERVICES IS REQUIRED, SEE ITEMS 4 AND 5 ON REVERSE.

Dated	Typed or Printed Name of Attending Doctor	Address
10-18-94	MIRZA M. ASHRAF, MD	1001 WEST ST RD CARTHAGE, NY 13619

WCB Rating Code	WCB Authorization No.	Telephone No.	Written Signature of Attending Doctor (Facsimile Not Accepted)
BJM4	218499	315-493-1450	[signature]

A CHIROPRACTOR OR PODIATRIST FILING THIS REPORT CERTIFIES THAT THE INJURY DESCRIBED CONSISTS SOLELY OF A CONDITION(S) WHICH MAY LAWFULLY BE TREATED AS DEFINED IN THE EDUCATION LAW, AND, WHERE IT DOES NOT, HAS ADVISED THE INJURED PERSON TO CONSULT A PHYSICIAN OF HIS/HER CHOICE.

RTV002406

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

ATTENDING DOCTOR'S REPORT

(CHECK ONE): XX INITIAL | XX PROGRESS | FINAL

CHECK TYPE OF DOCTOR: XX PHYSICIAN | PODIATRIST | CHIROPRACTOR

PLEASE TYPE ALL ITEMS

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED (City, Town or Village)	INJURED PERSON'S SOC. SEC. NO.
		3-94	GOUVERNEUR, NY	[redacted]

	(First Name) (Middle Initial) (Last Name)	AGE	ADDRESS (Include Apt. No.)	TELEPHONE NO.
INJURED PERSON	[redacted]		[redacted]	[redacted]
EMPLOYER	GOUVERNEUR TALC		[redacted]	
INSURANCE CARRIER	STATE INSURANCE FUND		1045 7TH NORTH ST LIVERPOOL, NY 13088	
SUPERVISING PHYSICIAN (If any)				

* If treatment was rendered under the VFBL or VAWBL show as EMPLOYER the liable political subdivision and enter "X" here: ☐

HISTORY

1. HAVE YOU FILED A PREVIOUS REPORT SETTING FORTH A HISTORY OF THE INJURY? ☐ YES XX NO — IF "YES" ENTER DATE OF SUCH REPORT: _____ AND COMPLETE ITEMS 3-11 BELOW. IF "NO" COMPLETE ALL ITEMS BELOW.

A. STATE HOW INJURY OCCURRED AND GIVE SOURCE OF THIS INFORMATION. (IF CLAIM IS FOR OCCUPATIONAL DISEASE, INCLUDE OCCUPATIONAL HISTORY AND DATE OF ONSET OF RELATED SYMPTOMS.)
PT HAS WORKED IN TALC MILL FOR 20 TO 30 YEARS WITH EXPOSURE TO TALC DUST.

B. WAS PATIENT PREVIOUSLY UNDER THE CARE OF ANOTHER DOCTOR FOR THIS INJURY? ☐ YES ☐ NO — IF "YES" ENTER HIS/HER NAME AND ADDRESS, AND REASON FOR TREATMENT IN ITEM 11.

C. WERE X-RAYS TAKEN? ☐ YES ☐ NO

2. IF THERE IS ANY HISTORY OR EVIDENCE OF PRE-EXISTING INJURY, DISEASE OR PHYSICAL IMPAIRMENT, DESCRIBE SPECIFICALLY:

DIAGNOSIS

3. DESCRIBE NATURE AND EXTENT OF KNOWN OR REPORTED INJURY OR DISEASE WHEN EXAMINED AND IF ASCERTAINABLE. ANY CHANGE OF CONDITION SINCE LAST REPORT.
CARCINOMA LUNG, PLEURAL EFFUSION

SEP 12 1994

TREATMENT

4. DATE(S) OF EXAMINATION ON WHICH THIS REPORT IS BASED: 7-22, 8-30 / 3-22-94 TO 3-26-94, 4-4, 6-22 - 3-22-94 — ARE YOU CONTINUING TREATMENT? YES — IF "YES" WHEN WILL PATIENT BE SEEN AGAIN? 2MTHS

5. DESCRIBE TREATMENT RENDERED AND PLANNED FUTURE TREATMENT. IF PATIENT WAS HOSPITALIZED, SO STATE AND GIVE NAME AND LOCATION OF HOSPITAL AND DATES OF HOSPITALIZATION.
HOSPITAL CARE AND OFFICE EXAMS, PT WAS ADMITTED TO CARTHAGE AREA HOSPITAL ON 3-22-94 TO 3-26-94

DISABILITY

6. MAY THE INJURY RESULT IN PERMANENT RESTRICTION, TOTAL OR PARTIAL LOSS OF FUNCTION OF A PART OR MEMBER, OR PERMANENT FACIAL, HEAD OR NECK DISFIGUREMENT? ☐ YES ☐ NO — IF "YES" DESCRIBE

7. FIRST DAY OF DISABILITY IF KNOWN

8. IS PATIENT WORKING? ☐ YES X NO — IF "YES" ON WHAT DATE(S) DID PATIENT... RESUME LIMITED WORK OF ANY KIND. DATE: — RESUME REGULAR WORK. DATE:

IS PATIENT DISABLED? X YES ☐ NO — IF "YES" CHECK ONE: ☐ PARTIAL DISABILITY | X TOTAL DISABILITY

CAUSATION

9. WAS THE OCCURRENCE DESCRIBED ABOVE (OR IN YOUR PREVIOUS REPORT WHICH GAVE THIS INFORMATION) THE COMPETENT PRODUCING CAUSE OF THE INJURY AND DISABILITY (IF ANY) SUSTAINED? X YES ☐ NO

REHABILITATION

10. (a) ANY FACTORS DELAYING RECOVERY? IF "YES" DESCRIBE ☐ YES ☐ NO

(b) IS MEDICAL AND/OR VOCATIONAL REHABILITATION INDICATED? IF "YES" GIVE REFERRAL DETAILS ☐ YES ☐ NO

REMARKS

11. ENTER HERE ADDITIONAL PERTINENT INFORMATION, WORK LIMITATIONS, IF ANY, ETC.

★ If your testimony should be necessary in this case, please indicate the days of the week and time of day (AM or PM) most convenient to you for this purpose:

* IF AUTHORIZATION FOR SPECIAL SERVICES IS REQUIRED, SEE ITEMS 4 AND 5 ON REVERSE.

Dated	Typed or Printed Name of Attending Doctor	Address
9-9-94	MIRZA M. ASHRAF, MD	1001 WEST ST RD CARTHAGE, NY 13619

WCB Rating Code	WCB Authorization No.	Telephone No.	Written Signature of Attending Doctor (Facsimile Not Accepted)
SJM4	218499	315-493-1450	

A CHIROPRACTOR OR PODIATRIST FILING THIS REPORT CERTIFIES THAT THE INJURY DESCRIBED CONSISTS SOLELY OF A CONDITION(S) WHICH MAY LAWFULLY BE TREATED AS DEFINED IN THE EDUCATION LAW AND, WHERE IT DOES NOT, HAS ADVISED THE INJURED PERSON TO CONSULT A PHYSICIAN OF HIS/HER CHOICE.

Revised C-4 / C-6 (12-91) SEE REVERSE SIDE FOR IMPORTANT INSTRUCTIONS

RTV002407

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

ATTENDING DOCTOR'S REPORT

(CHECK ONE): [ ] INITIAL [XX] PROGRESS [ ] FINAL

CHECK TYPE OF DOCTOR: [XX] PHYSICIAN [ ] PODIATRIST [ ] CHIROPRACTOR

PLEASE TYPE ALL ITEMS

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED (City, Town or Village)	INJURED PERSON'S SOC. SEC. NO.
		3-94	GOUVERNEUR, NY	[redacted]

	(First Name) (Middle Initial) (Last Name)	AGE	ADDRESS (Include Apt. No.)	TELEPHONE NO.
INJURED PERSON	[redacted]		[redacted]	
EMPLOYER*	GOUVERNEUR TALC		[redacted]	
INSURANCE CARRIER	STATE INSURANCE FUND		1045 7TH NORTH ST LIVERPOOL,	NY 13088
SUPERVISING PHYSICIAN (If any)				

* If treatment was rendered under the VFBL or VAWBL show as EMPLOYER the liable political subdivision and enter "X" here: ☐

HISTORY

1. HAVE YOU FILED A PREVIOUS REPORT SETTING FORTH A HISTORY OF THE INJURY? [XX] YES [ ] NO — IF "YES" ENTER DATE OF SUCH REPORT AND COMPLETE ITEMS 3-11 BELOW. — IF "NO" COMPLETE ALL ITEMS BELOW.

A. STATE HOW INJURY OCCURRED AND GIVE SOURCE OF THIS INFORMATION. IF CLAIM IS FOR OCCUPATIONAL DISEASE, INCLUDE OCCUPATIONAL HISTORY AND DATE OF ONSET OF RELATED SYMPTOMS.

B. WAS PATIENT PREVIOUSLY UNDER THE CARE OF ANOTHER DOCTOR FOR THIS INJURY? [ ] YES [ ] NO — IF "YES" ENTER HIS/HER NAME AND ADDRESS, AND REASON FOR TRANSFER IN ITEM 11.

C. WERE X-RAYS TAKEN? [ ] YES [ ] NO

2. IF THERE IS ANY HISTORY OR EVIDENCE OF PRE-EXISTING INJURY, DISEASE OR PHYSICAL IMPAIRMENT, DESCRIBE SPECIFICALLY:

DIAGNOSIS

3. DESCRIBE NATURE AND EXTENT OF KNOWN OR REPORTED INJURY OR DISEASE WHEN EXAMINED, AND IF APPLICABLE, ANY CHANGE OF CONDITION SINCE LAST REPORT.
CARCINOMA LUNG, PLEURAL EFFUSION

TREATMENT

4. DATE(S) OF EXAMINATION ON WHICH THIS REPORT IS BASED	DATE OF YOUR FIRST TREATMENT	ARE YOU CONTINUING TREATMENT?	IF "YES" WHEN WILL PATIENT BE SEEN AGAIN?
10-04-94	3-22-94	YES	MONTH

5. DESCRIBE TREATMENT RENDERED AND PLANNED FUTURE TREATMENT. IF PATIENT WAS HOSPITALIZED, SO STATE AND GIVE NAME AND LOCATION OF HOSPITAL AND DATES OF HOSPITALIZATION.
OFFICE EXAM

DISABILITY

[redacted]

CAUSAL RELATION

9. WAS THE OCCURRENCE DESCRIBED ABOVE OR IN YOUR PREVIOUS REPORT WHICH GAVE THIS INFORMATION THE COMPETENT PRODUCING CAUSE OF THE INJURY AND DISABILITY (IF ANY) SUSTAINED? [X] YES [ ] NO

REHABILITATION

10. (a) ANY FACTORS DELAYING RECOVERY? [ ] YES [ ] NO
IF "YES" DESCRIBE
(b) IS MEDICAL AND/OR VOCATIONAL REHABILITATION INDICATED? [ ] YES [ ] NO
IF "YES" GIVE REFERRAL DETAILS

REMARKS

11. ENTER HERE ADDITIONAL PERTINENT INFORMATION, WORK LIMITATIONS, IF ANY, ETC.

If your testimony should be necessary in this case, please indicate the days of the week and time of day (AM or PM) most convenient to you for this purpose:

* IF AUTHORIZATION FOR SPECIAL SERVICES IS REQUIRED, SEE ITEMS 4 AND 5 ON REVERSE.

Dated	Typed or Printed Name of Attending Doctor	Address of Attending Doctor
10-10-94	MIRZA M. ASHRAF, MD	1001 WEST ST RD CARTHAGE, NY 13619

WCB Rating Code	WCB Authorization No.	Telephone No.	Written Signature of Attending Doctor (Facsimile Not Accepted)
SJM4	218499	315-493-1450	[signature]

A CHIROPRACTOR OR PODIATRIST FILING THIS REPORT CERTIFIES THAT THE INJURY DESCRIBED CONSISTS SOLELY OF A CONDITION(S) WHICH MAY LAWFULLY BE TREATED AS DEFINED IN THE EDUCATION LAW AND, WHERE IT DOES NOT, HAS ADVISED THE INJURED PERSON TO CONSULT A PHYSICIAN OF HIS/HER CHOICE.

RTV002408

RECORDING DISTRICT 2201
REGISTER NUMBER 431

NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

RESIDENCE

NCHS

1. NAME: FIRST [redacted] MIDDLE [redacted] LAST [redacted]
2. SEX: MALE ☒ 1 FEMALE ☐ 2
3A. DATE OF DEATH: MONTH 09 DAY 06 YEAR 95
3B. HOUR: 5:15 a. m.

4A. PLACE OF DEATH (Check only one): HOSPITAL DOA ☐ 1 ER ☐ 2 HOSPITAL OUTPATIENT ☐ 3 HOSPITAL INPATIENT ☒ X NURSING HOME ☐ PRIVATE RESIDENCE ☐ OTHER (Specify)
4B. IF FACILITY, DATE ADMITTED: MONTH 09 DAY 05 YEAR 95

4C. NAME OF FACILITY: (If not facility give address) Samaritan Medical Center
4D. LOCALITY: (Check one and specify) CITY OF ☒ VILLAGE OF ☐ TOWN OF ☐ Watertown
4E. COUNTY OF DEATH: Jefferson

4F. MEDICAL RECORD NO. [redacted]
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO ☒ YES ☐

INCIDENT

5. DATE OF BIRTH: MONTH [redacted] DAY [redacted] YEAR [redacted]
6. AGE: [redacted] Yrs. IF UNDER 1 YEAR: months ☐ days ☐ IF UNDER 1 DAY: hours ☐ minutes ☐
7A. CITY AND STATE OF BIRTH (County if not U.S.A.): Lewisburg, New York
7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH: —

7A
8. SERVED IN U.S. ARMED FORCES? NO ☐ 0 YES ☒ 1 (Specify years) 1950-54
9. RACE: (Black, White, etc.) White
10. HISPANIC ORIGIN? (If yes, specify) NO ☒ 0 YES ☐ 1
11. DECEDENT'S EDUCATION: (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)

7B
12. SOCIAL SECURITY NUMBER: [redacted]
13. MARITAL STATUS: NEVER MARRIED ☐ 1 MARRIED OR SEPARATED ☒ 2 WIDOWED ☐ 3 DIVORCED ☐ 4
14. SURVIVING SPOUSE: (If wife, provide maiden name) [redacted]

9
15A. USUAL OCCUPATION: (Do not enter retired) Laboratory Supervisor
15B. KIND OF BUSINESS OR INDUSTRY: Mining
15C. NAME AND LOCALITY OF COMPANY OR FIRM: Gouverneur Talc, Gouverneur, NY

10
16A. RESIDENCE: STATE New York
16B. COUNTY: Lewis
16C. LOCALITY: (Check one and specify) CITY OF ☐ VILLAGE OF ☐ TOWN OF ☒ Diana
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? ☐ YES ☐ NO IF NO, SPECIFY TOWN:
16D. STREET AND NUMBER OF RESIDENCE: North Shore Road - Lake Bonaparte
16E. ZIP CODE: 13648

PARENTS
17. NAME OF FATHER: FIRST [redacted] MI [redacted] LAST [redacted]
18. MAIDEN NAME OF MOTHER: FIRST [redacted] MI [redacted] LAST [redacted]

19A. NAME OF INFORMANT: [redacted]
19B. MAILING ADDRESS: (Include zip code) [redacted]

DISPOSITION

25
20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) Burial MONTH Sept DAY 9 YEAR 1995
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Hillside Cemetery
20C. LOCATION: (City or town and state) Natural Bridge, New York

30
21A. NAME AND ADDRESS OF FUNERAL HOME: Bossuot Lundy Funeral Home 500 State St. Carthage, New York 13619
21B. REGISTRATION NUMBER: 00195

31
22A. NAME OF FUNERAL DIRECTOR: Samuel P. Lundy
22B. SIGNATURE OF FUNERAL DIRECTOR: Samuel P. Lundy
22C. REGISTRATION NUMBER: 03038

31B
23A. SIGNATURE OF REGISTRAR: Donna M. Mattice
23B. DATE FILED: MONTH 9 DAY 7 YEAR 95
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Donna M. Mattice
24B. DATE ISSUED: MONTH 9 DAY 12 YEAR 95

CERTIFIED

ITEMS 25 - 33 COMPLETED BY CERTIFYING PHYSICIAN — OR — ITEMS 25 - 33 COMPLETED BY CORONER OR MEDICAL EXAMINER

OR
25A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED.
SIGNATURE: Charles Romano MONTH 9 DAY 12 YEAR 95
25A. ON THE BASIS OF INVESTIGATION AND SUCH EXAMINATIONS AS I FELT NECESSARY, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. ☐ CORONER ☐ CORONER'S PHYSICIAN ☐ MEDICAL EXAMINER
SIGNATURE AND TITLE:

OS
25B. THE PHYSICIAN ATTENDED THE DECEASED FROM MONTH 9 DAY 13 YEAR 94 TO MONTH 9 DAY 12 YEAR 95
25C. LAST SEEN ALIVE BY ATTENDANT MONTH 9 DAY 5 YEAR 95
25D. PRONOUNCED DEAD ON MONTH — DAY — YEAR — HOUR:
25E. DATE SIGNED: MONTH — DAY — YEAR —

OCOD
26. NAME OF ATTENDING PHYSICIAN: Charles Romano
25F. SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER:

CANCER
25G. ATTENDING PHYSICIAN LICENSE NUMBER: 142904
25H. MEDICAL EXAMINER LICENSE NUMBER:
28. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A: 236 Washington St. Watertown N.Y. 13601

27. MANNER OF DEATH: NATURAL CAUSE ☒ 1 ACCIDENT ☐ 2 HOMICIDE ☐ 3 SUICIDE ☐ 4 UNDETERMINED CIRCUMSTANCES ☐ 5 PENDING INVESTIGATION ☐ 6
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? NO ☐ 0 YES ☐ 1
29A. AUTOPSY? NO ☐ 0 YES ☐ 1 REFUSED ☐ 2
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO ☐ 0 YES ☐ 1

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

CAUSE OF DEATH

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH)
PART I. IMMEDIATE CAUSE: (a) Mesothelioma, Thoracic, R — 14 mos
DUE TO OR AS A CONSEQUENCE OF: (b)
DUE TO OR AS A CONSEQUENCE OF: (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a):

31A. IF INJURY, DATE: MONTH — DAY — YEAR — HOUR: — AM/PM
31B. LOCALITY: (City or town and county and state)
31C. DESCRIBE HOW INJURY OCCURRED:
31D. PLACE OF INJURY:
31E. INJURY AT WORK? NO ☐ 0 YES ☐ 1
32. WAS OCCEDENT HOSPITALIZED IN LAST 2 MONTHS? NO ☒ 0 YES ☐ 1
33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 6 MONTHS? NO ☒ 0 YES ☐ 1
33B. DATE OF DELIVERY: MONTH — DAY — YEAR —

For use by physician or institution: NAME OF DECEDENT: — DATE OF DEATH: — AM/PM — TIME OF DEATH: —

DOH-1961 (1/95) VS-

RTV002409

"CONFIDENTIAL"

INTER-OFFICE MEMORANDUM

Date: December 14, 1993

To: All Employees

From: D.C. Putman DCP

Subject: Retirement of [redacted] and Promotion of [redacted]

Effective Tuesday, March 1, 1994, [redacted] will retire from Gouverneur Talc Company after 39 years and 7 months of employment. [redacted] started work at Gouverneur Talc on August 4, 1954 following a four year enlistment in the U.S. Navy, a large part of which he spent as a radarman on the destroyer USS Cone. Prior to his service in the Navy, [redacted] worked for 5 months at Carbola Chemical Co. [redacted] worked as a Laborer from the beginning of his employment with GTC until 9-3-54 when he became 1st Miller (No. 1 Mill Crusher Operator).

[redacted] became 2nd Miller (Hardinge Operator) on 10-25-54 but was quickly promoted to Laboratory Assistant on 1-17-55. Since 9-1-70 [redacted] has been the Supervisor of Quality Control. [redacted] knowledge of the science and art of the production of our products is unsurpassed. We have been fortunate that [redacted] postponed his retirement from the date he originally selected by more than one year. During that year he has guided us through the first steps of establishing a TQM process. [redacted] has agreed to continue to be our TQM facilitator and an advisor on quality matters as a consultant on a part time basis.

[redacted] will become Supervisor of Quality Control effective 3-1-94. [redacted] has a Bachelor of Science degree with a Major in Biology and a Minor in Chemistry from Western Kentucky University. [redacted] has been with GTC since 4-18-88 in the position of Laboratory Technician. During the past 5 years he has had the opportunity to work closely with experienced laboratory personnel, mill shift foreman and under the direction of [redacted]. [redacted]'s work experience has provided him with the opportunity to prepare for the duties he will assume. On January 20, 1993 [redacted] completed an ICS course in Laboratory Technology which will also be valuable to him in his new job. We wish [redacted] success as he assumes the duty of this important and demanding position.

dcp/cmv

CONFIDENTIAL

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

ATTENDING DOCTOR'S REPORT

(CHECK ONE): [XX] INITIAL [XX] PROGRESS [ ] FINAL

CHECK TYPE OF DOCTOR: [ ] PHYSICIAN [ ] PODIATRIST [ ] CHIROPRACTOR

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED (City, Town or Village)	INJURED PERSON'S SOC. SEC. NO.
		3-94	GOUVERNEUR, NY	[redacted]

	(First Name) (Middle Initial) (Last Name)	ROE	ADDRESS (Include Apt. No.)	TELEPHONE NO.
INJURED PERSON	[redacted]		[redacted]	
EMPLOYER*	GOUVERNEUR TALC		[redacted]	
INSURANCE CARRIER	STATE INSURANCE FUND		1045 7TH NORTH ST LIVERPOOL, NY 13088	
SUPERVISING PHYSICIAN (If any)				

* If treatment was rendered under the VFBL or VAWCL show as EMPLOYER the liable political subdivision and enter "X" here: [ ]

1. HAVE YOU FILED A PREVIOUS REPORT SETTING FORTH A HISTORY OF THE INJURY? [ ] YES [XX] NO — IF "YES" ENTER DATE OF SUCH REPORT: _____ AND COMPLETE ITEMS 3-11 BELOW. — IF "NO" COMPLETE ALL ITEMS BELOW.

A. STATE HOW INJURY OCCURRED AND GIVE SOURCE OF THIS INFORMATION. (IF CLAIM IS FOR OCCUPATIONAL DISEASE, INCLUDE OCCUPATIONAL HISTORY AND DATE OF ONSET OF RELATED SYMPTOMS.)

PT HAS WORKED IN TALC MILL FOR 20 TO 30 YEARS WITH EXPOSURE TO TALC DUST.

B. WAS PATIENT PREVIOUSLY UNDER THE CARE OF ANOTHER DOCTOR FOR THIS INJURY? [ ] YES [ ] NO — IF "YES" ENTER HIS/HER NAME AND ADDRESS, AND REASON NOT TO REFER IN ITEM 11.

C. WERE X-RAYS TAKEN? [ ] YES [ ] NO

2. IF THERE IS ANY HISTORY OR EVIDENCE OF PRE-EXISTING INJURY, DISEASE OR PHYSICAL IMPAIRMENT, DESCRIBE SPECIFICALLY:

3. DESCRIBE NATURE AND EXTENT OF KNOWN OR REPORTED INJURY OR DISEASE WHEN EXAMINED AND IF APPLICABLE, ANY CHANGE OF CONDITION SINCE LAST REPORT.

CARCINOMA LUNG, PLEURAL EFFUSION

SEP 12 1994

4. DATE(S) OF EXAMINATION ON WHICH THIS REPORT IS BASED: 7-22, 8-30 3-22-94 TO 3-26-94, 4-4, 6-22 9-12-94 — DID PATIENT REFUSE TREATMENT? — ARE YOU CONTINUING TREATMENT? YES — IF "YES" WHEN WILL PATIENT BE SEEN AGAIN? 2MTHS

5. DESCRIBE TREATMENT RENDERED AND PLANNED FUTURE TREATMENT. IF PATIENT WAS HOSPITALIZED, SO STATE AND GIVE NAME AND LOCATION OF HOSPITAL AND DATES OF HOSPITALIZATION.

HOSPITAL CARE AND OFFICE EXAMS, PT WAS ADMITTED TO CARTHAGE AREA HOSPITAL ON 3-22-94 TO 3-26-94

6. MAY THE INJURY RESULT IN PERMANENT RESTRICTION, TOTAL OR PARTIAL LOSS OF FUNCTION OF A PART OR MEMBER, OR PERMANENT FACIAL, HEAD OR NECK DISFIGUREMENT? [ ] YES [ ] NO — IF "YES" DESCRIBE

7. FIRST DAY OF DISABILITY IF KNOWN — 8. IS PATIENT WORKING? [ ] YES [X] NO — IF "YES" ON WHAT DATE(S) DID PATIENT... RESUME LIMITED WORK OF ANY KIND? DATE: — RESUME REGULAR WORK? DATE: — IS PATIENT DISABLED? [X] YES [ ] NO — IF "YES" CHECK ONE: [ ] PARTIAL DISABILITY [X] TOTAL DISABILITY

9. WAS THE OCCURRENCE DESCRIBED ABOVE (OR IN YOUR PREVIOUS REPORT WHICH GAVE THIS INFORMATION) THE COMPETENT PRODUCING CAUSE OF THE INJURY AND DISABILITY (IF ANY) SUSTAINED? [X] YES [ ] NO

10. (a) ANY FACTORS DELAYING RECOVERY? IF "YES" DESCRIBE [ ] YES [ ] NO

(b) IS MEDICAL AND/OR VOCATIONAL REHABILITATION INDICATED? IF "YES" GIVE REFERRAL DETAILS [ ] YES [ ] NO

11. ENTER HERE ADDITIONAL PERTINENT INFORMATION, WORK LIMITATIONS, IF ANY, ETC.

If your testimony should be necessary in this case, please indicate the days of the week and time of day (AM or PM) most convenient to you for this purpose:

* IF AUTHORIZATION FOR SPECIAL SERVICES IS REQUIRED, SEE ITEMS 4 AND 5 ON REVERSE.

Dated	Typed or Printed Name of Attending Doctor	Address
9-9-94	MIRZA M. ASHRAF, MD	1001 WEST ST RD CARTHAGE, NY 13619

WCB Rating Code	WCB Authorization No	Telephone No	Written Signature of Attending Doctor (Facsimile Not Accepted)
SJM4	218499	315-493-1450	

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Revised C-4 / C-4B (12-91) SEE REVERSE SIDE FOR IMPORTANT INSTRUCTIONS

TOTAL P.02

RTV002411

"CONFIDENTIAL"

GOUVERNEUR TALC CO., INC.
GOUVERNEUR, NEW YORK

APPLICATION FOR EMPLOYMENT

Gouverneur, N. Y. 3 Aug 1954

Name in Full [redacted] Age 23 Phone [redacted]

No. and Street [redacted] City Natural Bridge State New York

Position Desired _____ Salary Expected $ _____ per _____

Weight 140 Height 5'8" Married or Single Single No. Dependents _____

Date of Birth [redacted] Social Security No. [redacted] Physical Condition Excellent

Military Service Yes. U.S. NAVY Reserve Status None.

When did you leave last position? _____ Why? _____

Beneficiary [redacted] Referred by _____

EDUCATION	NAME OF SCHOOL OR COLLEGE-LOCATION	YEARS ATTENDED	COURSE
Elementary 8/22	Natural Bridge Union	8	
High School or Preparatory 8/46	Carthage Augustinian Academy	4	Commerce
College or University			
Special	Watertown School Commerce	1 Yr	

EXPERIENCE - Give an accurate chronological statement of the positions you have held

Employment Dates Give Mo. & Year From	To	Employers Name and Address	Position Held	Reason for Leav
1. 4/1950	9/1950	Carbola Chemical Co.	Laboler	Joined NAVY
2. 9/1950	7/1954	U.S. NAVY	Radarman	
3.				
4.				

REFERENCES, OTHER THAN PREVIOUS EMPLOYER:

NAME	ADDRESS	OCCUPATION
Gentee & Benson	Brownville, N.Y.	Clerk

COMMENTS:

The above answers are absolutely true to which I affix my signature below:

[redacted]
Signature in full

RTV002412

CONFIDENTIAL

GOUVERNEUR TALC CO., C.
GOUVERNEUR, NEW YORK

RECORD OF JOBS HELD

NAME [redacted]

Date of Hire 8/4/54

DATE From	To	JOB CLASSIFICATION	DEPT.
8/4/54	9/2/54	Laborer	Mill
9/3/54	10/24/54	1st Miller (SC)	Mill
10/25/54	1/16/55	2nd Miller	Mill
1/17/55	8/31/70	Quality Control	Mill
9/1/70	3/1/94	Supervisor Quality Control	Mill

Early retirement, age 63, under Pension Plan DA-325.

CARDIOPULMONARY SERVICES
E.J. NOBLE HOSPITAL 77 WEST BARNEY STREET GOUVERNEUR NY 13642
ABDUR JALALZAI M.D. MEDICAL DIRECTOR

PULMONARY FUNCTION REPORT (Pre- Summary)

Name: [redacted] ID #:
Age: [redacted] Sex: M Height: 68 in. Weight: 172 lb.
Smoking history: 40 pack-years Race: C
Doctor: RIGOR Tech: FERGUSON
File created: 09-30-1993 09:14:53 Disk created:
Predicted: Crapo File: MALABWBA Report #: 1 E.J. NOBLE SCREENING PF

Diagnosis: SCREEN
Comments:

Interpretation:

Mild obstructive pulmonary impairment. Restrictive pulmonary impairment cannot be excluded by spirometry alone.
(Subject to physician's review)

~~~~~~~~~~ Exp/Insp ~~~~~~~~~~

(Pre-: 09-30-1993 09:21:28)

			Best		Incn		Incn	
Function		Pred	Meas	%Prd	Meas	%Prd	Meas	%Prd
FVC	(L)	4.39	2.52	57%	2.42	55%	2.41	55%
FEV1	(L)	3.45	1.89	55%	1.79	52%	1.77	51%
FEV1/FVC		0.79	0.75	95%	0.74	94%	0.74	94%
FEV3	(L)	4.05	2.37	59%	2.25	56%	2.23	55%
PEFR	(L/s)	8.52	5.01	59%	4.85	57%	4.65	55%
FEF25%	(L/s)	7.63	4.50	59%	4.52	59%	3.30	46%
FEF50%	(L/s)	4.95	2.01	41%	1.88	38%	1.64	33%
FEF75%	(L/s)	1.85	0.49	26%	0.46	25%	0.44	24%
FEF25-75%	(L/s)	3.30	1.45	44%	1.31	40%	1.30	39%
FIVC	(L)		2.54		2.84		2.37	
FIV1	(L)		2.38		2.78		2.14	

Comments:

~~~~~~~~~~ MVV ~~~~~~~~~~

(No Pre- MVV performed)

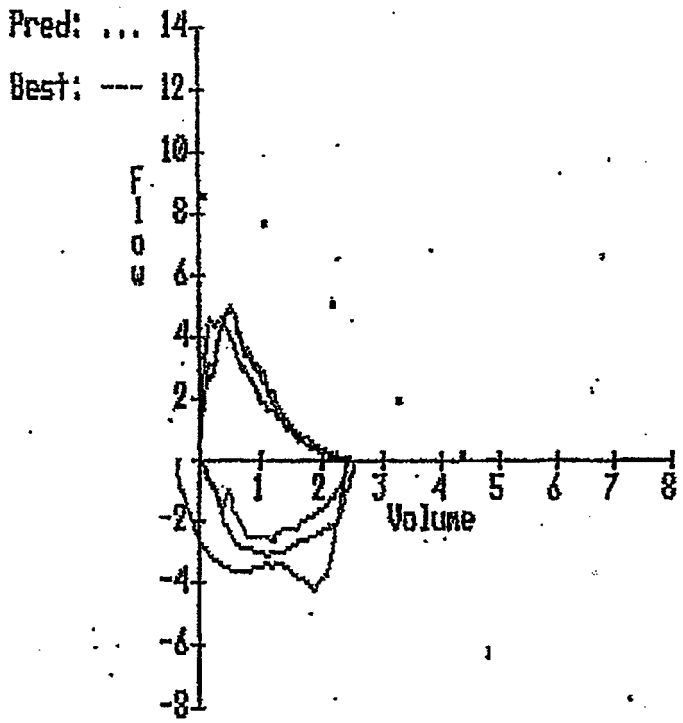
Function		Pred	Meas	%Prd
MVV	(L/min)	117.43		
MVV	(L/s)	1.96		
Test time	(sec)			
Vt	(L)			
RR	(brths/min)			

Comments:

CARDIOPULMONARY SERVICES
E.J. NOBLE HOSPITAL 77 WEST BARNEY-STREET GOUVERNEUR NY 13642
ABDUR JALALZAI M.D. MEDICAL DIRECTOR

PULMONARY FUNCTION REPORT
(Pre- Summary)

Name: [redacted] ID #:



"CONFIDENTIAL"

X-RAY INTERPRETATION

E.J. NOBLE HOSPITAL
77 WEST BARNEY
GOUVERNEUR, NEW YORK 13642

X-RAY REPORT

Family Name	First Name	Middle Name	Room No.	Hosp. No.
[redacted]			OPD	
☐ Treatment ☐ Examination of... Chest PA	Name—Part		Sex M F	Age—Years [redacted]	X-ray No. 13627
Attending Physician Dr. Fung			Date 2/20/92	O.P.D. No.

Report:

CHEST PA:

No acute pathology is noted. The exam is essentially stable since 3/20/90.

D. PLEURAL

YES ☐ NO ☐

D.O.B. 2/14/31
D: 2/20/92
T: 2/21/92

F. Pelton,M.D./mb
Signature of Roentgenologist

RTV002416

"CONFIDENTIAL"

X-RAY INTERPRETATION

1. Name (Print) [redacted]

1A. Date of X-ray: 2 / 2 / 9 / 2 (MO. / DAY / YR.)

1B. Social Security Number

1C. Film Quality (If not Grade 1, Give Reason): X | 1 | 2 | 3 | U/R

1D. Is Film Completely Negative? YES X Proceed to Section 5 NO ☐ Complete Section 2A

2A. Any Parenchymal Abnormalities Consistent with Pneumoconiosis? YES ☐ Complete 2B and 2C NO ☐ Proceed to Section 3

2B. SMALL OPACITIES

a. SHAPE/SIZE

PRIMARY		SECONDARY	
p	s	p	s
q	t	q	t
r	u	r	u

b. ZONES: R L

c. PROFUSION

0/-	0/0	0/1
1/0	1/1	1/2
2/1	2/2	2/3
3/2	3/3	3/+

2C. LARGE OPACITIES

SIZE: A B C — Proceed to Section 3

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES ☐ Complete 3B, 3C and 3D NO ☐ Proceed to Section 4

3B. PLEURAL THICKENING

a. Diaphragm (plaque) — SITE: O R L

b. Costophrenic Angle — SITE: O R L

a. CIRCUMSCRIBED (plaque)

	SITE	O	R
In Profile	i. Width	0	A B C
	ii. Extent	0	1 2 3
Face On	iii. Extent	0	1 2 3

	SITE	O	L
In Profile	i. Width	0	A B C
	ii. Extent	0	1 2 3
Face On	iii. Extent	0	1 2 3

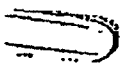
3C. PLEURAL THICKENING ... Chest Wall

b. Diffuse

	SITE	O	R
In Profile	i. Width	0	A B C
	ii. Extent	0	1 2 3
Face On	iii. Extent	0	1 2 3

	SITE	O	L
In Profile	i. Width	0	A B C
	ii. Extent	0	1 2 3
Face On	iii. Extent	0	1 2 3

3D. PLEURAL CALCIFICATION



	O	R	EXTENT
a. Diaphragm	0	1	2 3
b. Wall	0	1	2 3
c. Other Sites	0	1	2 3

	O	L	EXTENT
a. Diaphragm	0	1	2 3
b. Wall	0	1	2 3
c. Other Sites	0	1	2 3

Proceed to Section 4

4A. ANY OTHER ABNORMALITIES? YES ☐ Complete 4B and 4C NO ☐ Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

0	ax	bu	ca	cn	co	cp	cv	di	ef	em	es	fr	hi	ho	id	ih	kl	pf	px	rp	tb

REPORT ITEMS WHICH MAY BE OF PRESENT CLINICAL SIGNIFICANCE IN THIS SECTION. OD (Specify od.) _____

Date Personal Physician notified? Month | Day | Year

4C. OTHER COMMENTS _____

SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C? Yes | No — Proceed to Section 5

PHYSICIAN'S SIGNATURE: B Brochlesbe DATE OF READING 3/30/92 (Day/Month/Year)

"CONFIDENTIAL"

E.J. NOBLE HOSPITAL
77 WEST BARKEY
GOUVERNEUR, NEW YORK 13642

X-RAY REPORT

Family Name	First Name	Middle Name	Room No.	Hosp. No.
[redacted]			OPD	
☐ Treatment ☐ Examination of	Name—Part: ChestPA	Sex: M F	Age—Years: [redacted]	X-ray No.: 235
Attending Physician: Dr. Fung (GIC)		Date: 3/29/88		O.P.D. No.

Report:

CHEST PA:

Comparison was made with the last exam dated 3/6/86.

FINDINGS:

1. Scarring either in parenchyma or pleura of both lower lobes seen through hemidiaphragms, unchanged from prior exams.

2. Otherwise normal. The lung fields are otherwise clear. Heart, mediastinum, bones and the remainder of the soft tissue showed no abnormalities.

D.O.B. 12/14/31
D: 3/29/88
T: 3/30/88

Robert Andrews,M.D.Pb
Signature of Roentgenologist

X-RAY REPORT

"CONFIDENTIAL"

X-RAY INTERPRETATION

1. Name (Print)	1A. Date of X-ray	1B. Social Security Number	1C. Film Quality (If not Grade 1, Give Reason):
[redacted]	03 29 88 (MO. DAY YR.)	325-235	1 **2** 3 U/R

1D. Is Film Completely Negative? YES ☐ Proceed to Section 5 NO ☐ Complete Section 2A

2A. Any Parenchymal Abnormalities Consistent with Pneumoconiosis? YES ☐ Complete 2B and 2C NO ☐ Proceed to Section 3

2B. SMALL OPACITIES

a. SHAPE/SIZE

PRIMARY		SECONDARY	
p	s	p	s
q	t	q	t
r	u	r	u

b. ZONES (R / L)

c. PROFUSION

0/-	0/0	0/1
1/0	1/1	1/2
2/1	2/2	2/3
3/2	3/3	3/+

2C. LARGE OPACITIES

SIZE: A B C — Proceed to Section 3

3A. *ANY* PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES ☐ Complete 3B, 3C and 3D NO ☐ Proceed to Section 4

3B. PLEURAL THICKENING

a. Diaphragm (plaque) — SITE: O R L

b. Costophrenic Angle — SITE: O R L

3C. PLEURAL THICKENING ... Chest Wall

a. CIRCUMSCRIBED (plaque)

	SITE: O R		SITE: O L	
I. Width (In Profile)	O A B C		O A B C	
II. Extent (Face On)	0 1 2 3		0 1 2 3	
III. Extent	0 1 2 3		0 1 2 3	

b. Diffuse

	SITE: O R		SITE: O L	
I. Width (In Profile)	O A B C		O A B C	
II. Extent (Face On)	0 1 2 3		0 1 2 3	
III. Extent	0 1 2 3		0 1 2 3	

3D. PLEURAL CALCIFICATION

	SITE: O R	EXTENT	SITE: O L	EXTENT
a. Diaphragm		0 1 2 3		0 1 2 3
b. Wall		0 1 2 3		0 1 2 3
c. Other Sites		0 1 2 3		0 1 2 3

Proceed to Section 4

4A. *ANY* OTHER ABNORMALITIES? YES ☐ Complete 4B and 4C NO ☐ Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

c | ax | bu | ca | cn | co | cp | cv | di | ef | em | es | fr | hl | ho | id | in | ki | pi | px | rp | th

REPORT ITEMS WHICH MAY BE OF PRESENT CLINICAL SIGNIFICANCE IN THIS SECTION. oo (Specify od.)

Date Personal Physician notified? Month Day Year

4C. OTHER COMMENTS

I do not see scoping Interstitial markings.

SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C? Yes ☒

Proceed to Section 5

PHYSICIAN'S SIGNATURE: Brian Buchlecke

Brian Buchlecke

DATE OF READING: 8/8/88 (Day/Month/Year)

RTV002419

"CONFIDENTIAL"

EDWARD JOHN NOBLE HOSPITAL

PULMONARY FUNCTION-RESULTS

DATE: 6-4-84

PATIENT NAME: [redacted]

AGE: 53

HEIGHT: 5' 8"

WEIGHT: 170

DOCTER: DODS

CLINICAL DIAGNOSIS: EMPLOYEE PHYSICAL GOV. TALC.

	PREDICATED	OBSERVED	% OF PREDICATED	POST BRONCHODILATOR	% IMPROVEMENT
VC	cc	cc	%	cc	
FVC	4350 cc	3770 cc	87 %	cc	
FEV_1	3430 cc	2750 cc	80 %	cc	
%	79 %	73 %	92 %	%	
MMF	L/s	L/s	%	L/s	
MMV	L/m	L/m	%	L/m	

BREIF PATIENT HISTORY:

COMMENTS:

RTV002420

X-RAY REPORT

Family Name	First Name	Middle Name	Room No.	Hosp. No.
[redacted]			OPD	
☐ Treatment ☐ Examination of	Name—Part: Chest PA (Gouv Talc)	Sex: M F	Age—Years	X-ray No.: 235
Attending Physician: Dr. Dodds		Date: 11/22/71		O. P. D. No.

Report:

CHEST PA: The heart shadow is within normal limits. Both lungs are clear.

IMPRESSION: Radiographically normal heart and lungs.

G. Rivellini, M.D./mb

Signature of Roentgenologist

X-RAY REPORT

FORM 745 Brians Printing, Des Moines, Iowa.

RTV002421

Edward John Noble Hospital

Alexandria Bay ☐ Canton ☐ Gouverneur ☐
a unit of
North Country Hospitals

ROENTGENOLOGY CONSULTATION

NO.

SURNAME FIRST PLEASE PRINT THE NAME	LOCATION	AGE	SEX	OCCUPATION
[redacted]		37		

DATE	EXAMINATION NO.		SERVICE
9-16-68	235	HOSPITAL PATIENT ☐ CLINIC PATIENT ☐	

PROVISIONAL DIAGNOSIS

Chest - Gen. Tbc

FOR G. I. CASES	NO	YES
Distress	☐	☐
Duration		
Type	1	
Masses	☐	☐
Jaundice	☐	☐
Weight Loss	☐	☐
Blood in Stools	☐	☐
Previous X-Ray	☐	☐
Here	☐	☐
Elsewhere	☐	☐
Describe		
Operations	☐	☐
Describe		
Give Dates		
Ambulatory	☐	☐
Stretcher	☐	☐
Wheel Chair	☐	☐

CLINICAL REPORT

Requested by C/S M. D.

- ☐ Cholecystogram Fitrestin ☐ Yes ☐ No
- ☐ Cholangiogram
- ☐ Esophagus
- ☐ Gastroduodenal
- ☐ Small Intestine
- ☐ Barium Enema
- ☐ Regular Chest
- ☐ Heart Size
- ☐ G. U. Tract
- ☐ Pyelogram
  - ☐ Intravenous
  - ☐ Retrograde
- ☐ Cystogram
- ☐ Regular Pelvis
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbosacral Spine
- ☐ Regular Skull
- ☐ Sinuses
- ☐ Mastoids
- ☐ Localize F. B. Eye
- ☐ Abdomen
- ☐ Bronchogram
- ☐ Myelogram
- ☐ Oil or Air
- ☐ Fracture (State Site)

ROENTGENOLOGISTS REPORT

PA CHEST shows clear lungs, normal heart, normal osseous thoracic structures.

CONCLUSION Normal chest.

Dictated 9/17/68 (date)

Transcribed 9/17/68 (date)

P.J.Haran M. D.

Over ☐

RTV002422

"CONFIDENTIAL"

FAMILY HISTORY

Name [redacted] Date 3/20/90

Single ___ Married ✓ Widowed ___ Divorced ___ No. of Children 4

	FATHER	MOTHER
Age at Death	51	68
Any History of Tuberculosis?		
Rheumatism?		
Diabetes?		
Other Outstanding Hereditary Conditions		
Cause of Death	CANCER	CANCER
Contacts with Tuberculosis?		

PERSONAL HISTORY

Have you ever had any of the following conditions?

Whooping Cough	N	Influenza	N	Convulsions	N
Measles	N	Pleurisy	N	Hernia	N
Diphtheria	N	Pneumonia	N	Cancer	N
Scarlet Fever	N	Rheumatic Fever	N	Backstrain	N
Typhoid Fever	N	Hay Fever	N	Diabetes	N
Tonsilitis	N	Asthma	N	Diseased Glands	N
Small Pox	N	St. Vitus Dance	N	Venereal Disease	N
Chronic Cough	N	Emphysema	N	Bronchitis	N

Any other severe illness not mentioned above? No

Do you smoke? YES

Have you ever smoked?

If so, what (cigarettes, pipe, cigars, chewing tobacco)? Cigarettes

How long have you or did you smoke?

How many packs or bowls per day? 1

Do you consider yourself in good health? YES

If not, what is your complaint?

Have you had any surgical operations?

SIGNED [redacted]

X-Ray Findings

Signature of Examining Physician

Mild COPD when last seen
[illegible]
[illegible] with pulmonologist ASAP
[illegible]
[illegible]
[illegible]

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GOUVERNEUR TALC CO., - Gouverneur, N.Y. - REPORT OF PHYSICAL EXAMINATION Date

Name [redacted] Occupation Supt. OE Nationality Amer. Sex M Age [redacted] Color W

			REMARKS
1. Vision with Glasses (if worn)	20/	20/ 20	
2. Vision without Glasses	20/	20/	
3. Eyes - Defects			
4. Ears			
5. Hearing			
6. Nose			
7. Tonsils			
8. Lungs			
9. Hernia			
10. Deformities of Hands			
11. Arms			
12. Feet			
13. Legs			
14. Joints			
15. Spinal Defects			
16. General Appearance			
17. Height	69		
18. Weight, present - normal	182		
19. Chest, normal - expanded			
20. Mouth - Teeth			
21. Gums			
22. Tongue			
23. Membranes			
24. Skin			
25. Gen. Cond. of Bloodvessels			

		REMARKS
26. Varicosities		
27. Cyanosis		
28. Blood Pressure - syst.	142	
29. diast.	74	
30. Heart - Rate		
31. Rythm		
32. Murmurs		
33. Location Apex		
34. Character of Pulse		
35. Shortness of Breath		
36. Fingers Clubbed		
37. Abdomen		
38. Genitals		
39. Wassermann		
40. Glandular Conditions		
41. Goitre		
42. Nervous System - Reflexes		
43. Mental Attitude		
44. Facial and Body Scars		
45. Date Last Vaccinated		
46. Urinalysis - Color		
47. Spec. Grav.		
48. Albumen		
49. Sugar		

CODE: D - DENTIST G - GLASSES M - MEDICAL N - NORMAL O - OPERATION + or ++ - DEGREE OF DEFECT

GOUVERNEUR TALC - F21

FAMILY HISTORY

Name [redacted] Date 3/20/90

Single ___ Married ✓ Widowed ___ Divorced ___ No. of Children 4

	FATHER	MOTHER
Age at Death	51	68
Any History of Tuberculosis?		
Rheumatism?		
Diabetes?		
Other Outstanding Hereditary Conditions		
Cause of Death	CANCER	CANCER
Contacts with Tuberculosis		

PERSONAL HISTORY

Have you ever had any of the following conditions?

Whooping Cough	✓	Influenza	N	Convulsions	N
Measles	✓	Pleurisy	N	Hernia	N
Diphtheria	✓	Pneumonia	N	Cancer	N
Scarlet Fever	✓	Rheumatic Fever	N	Backstrain	N
Typhoid Fever	✓	Hay Fever	N	Diabetes	N
Tonsilitis	✓	Asthma	N	Diseased Glands	N
Small Pox	✓	St. Vitus Dance	N	Venereal Disease	N
Chronic Cough	N	Empyema	N	Bronchitis	✓

Any other severe illness not mentioned above? No

Do you smoke? YES

Have you ever smoked?

If so, what (cigarettes, pipe, cigars, chewing tobacco)? CIGARETTES

How long have you or did you smoke? 25

How many packs or bowls per day? 1

Do you consider yourself in good health? YES

If not, what is your complaint?

Have you had any surgical operations?

SIGNED [redacted]

X-Ray Findings

Signature of Examining Physician

Mild COPD ...

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FAMILY HISTORY

Name [redacted] Date 6-11-86

Single ____ Married ✓ Widowed ____ Divorced ____ No. of Children 4

	FATHER	MOTHER
Age	54	68
Age at Death		
Any History of Tuberculosis?		
Rheumatism?		
Diabetes?		
Other Outstanding Hereditary Conditions		Heart dis
Cause of Death	CANCER	CANCER
Contacts with Tuberculosis	esophageal	Leukemia

PERSONAL HISTORY

Have you ever had any of the following conditions?

Whooping Cough	NO	Influenza	NO	Convulsions	NO
Measles	YES	Pleurisy	NO	Hernia	NO
Diphtheria	NO	Pneumonia	NO	Cancer	NO
Scarlet Fever	NO	Rheumatic Fever	NO	Backstrain	NO
Typhoid Fever	NO	Hay Fever	NO	Diabetes	NO
Tonsilitis	NO	Asthma	NO	Diseased Glands	NO
Small Pox	NO	St. Vitus Dance	NO	Venereal Disease	NO
Chronic Cough	NO	Emphysema	NO	Bronchitis	YES

Any other severe illness not mentioned above? ____

Do you smoke? YES

Have you ever smoked? ____

If so, what (cigarettes, pipe, cigars, chewing tobacco)? cigarettes

How long have you or did you smoke? 25 yrs

How many packs or bowls per day? 1

Do you consider yourself in good health? Yes

If not, what is your complaint? ____

Have you had any surgical operations? Appendectomy

SIGNED [redacted]

X-Ray Findings neg

J Wright MD
Signature of Examining Physician

Pap - needs repeat - done
audio - Acu NL+L - advised

State of New York - Workers' Compensation Board

NOTICE OF DECISION

W.C. LAW JUDGE	DATE OF HEARING	DISTRICT OFFICE	HEARING POINT
Lavigne	2/7/95	Syracuse	Canton

W.C.B. CASE NUMBER	CARRIER I.D. NUMBER	CARRIER CASE NUMBER	DATE OF ACCIDENT	SOCIAL SECURITY NUMBER
[redacted]	W204002		03/02/1994	[redacted]

NAME OF CLAIMANT	DECISION DULY FILED AND SERVED ON	BY	FOR INFORMATION ON THIS CASE, CALL:
[redacted]	2/14/95	IA	(315) 428-4464

MAIL TO:
Gouverneur Talc
PO Box 69
Gouverneur, NY 13642-0069

COPIES TO:
[redacted]
State Insurance Fund
Oot, Thaddeus B., & Assoc.
Special Funds Sec 15-8
Finance Unit

TO ALL PARTIES IN INTEREST: READ IMPORTANT INFORMATION BELOW AND ON THE REVERSE SIDE

Please take notice that pursuant to Section 23 of the Workers' Compensation Law and Board Rule 13, any party in interest may appeal this decision to the Board Review Section by filing its appeal in writing, accompanied by the prescribed appeal board form RB-89-1, together with proof of service upon all other parties in interest, within 30 days after service of the appeal. A claimant who is not represented by an attorney or licensed representative is not required to file the above-cited form but may file a notarial in any writing form.

AFTER HEARING, THE FOLLOWING DECISION AND AWARD WAS MADE AND DULY FILED:

AWARD: THE EMPLOYER OR INSURANCE CARRIER ARE DIRECTED TO PAY THE $19,800.00 ,LESS PAYMENTS ALREADY MADE BY THE EMPLOYER OR CARRIER, FOR THE PERIODS INDICATED BELOW, UNLESS EMPLOYER OR CARRIER FILES AN APPEAL WITHIN 30 DAYS AFTER THE DATE ON WHICH THE DECISION WAS DULY FILED AND SERVED.

for disability over a period of			at rate per week	the sum of
weeks	from	to		
49.0	3/2/94	2/8/95	$400.00	$19,800.00

Carrier continue payments at $400.00.

FEB 16 1995

Fees	the sum of	To
As lien on above award payable by separate check by carrier TO CLAIMANT'S REPRESENTATIVE OR ATTORNEY:	$2,000.00	Oot, Thaddeus B., & Assoc.

DECISION: Occupational disease, notice and causal relationship established to pneumoconiosis. Average weekly wage established at $967.20. Claimant classified as permanently totally disabled. Treatment authorized. This claim is subject to the provisions of Sec. 15-8ee. The carrier may request reimbursement after payment of the first 104 weeks of disability and death payments. Section 15-8(ee) applies. Date of disablement 3/2/94. Stipulation. Carrier to pay outstanding and future bills for treatment to the lungs. Case is closed.

Barbara C. Deinhardt
Chairwoman

SC-23 (4/94)

A. BARTON HEPBURN HOSPITAL
Ogdensburg, New York 13669

[redacted] DR. PALAO 5/6/94 ACU 63147

ADMISSION HISTORY & PHYSICAL (page 2):

EXTREMITIES: No cyanosis, edema, or clubbing.
GENITALIA deferred.
RECTAL exam deferred.
NEUROLOGIC exam essentially negative.

IMPRESSION: 1. Pulmonary carcinoma, right lung
2. Right pleural effusion

PLAN: Bronchoscopy

Dict. & Trans. 5/5/94
MP/jsl

Manuel Palao, MD

"CONFIDENTIAL"

100 Broadway Menands ALBANY 12241 | State Office Building 44 Hawley Street BINGHAMTON 13901 | 180 Livingston Street BROOKLYN 11248 | State Office Building 126 Main Street BUFFALO 14203 | 175 Fulton Avenue HEMPSTEAD 11550 | 130 Main Street W. ROCHESTER 14614 | State Office Building East Washington St. SYRACUSE 13202

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

DATE OF HEARING	W.C. LAW JUDGE	DECISION DULY FILED ON	BY
12-11-96	LaVigne	3-13-97	dk
WCB Case No. [redacted]	Decedent [redacted]		
Carrier Case No.	Carrier Code W204002	Social Security Number [redacted]	

NOTICE OF DECISION
IN DEATH CASE

Claimant: [redacted]

Employer: RT Vanderbilt Co Inc
30 Winfield St
Norwalk CT 06855

CORRECTION

Attorney: Oot & Assoc
503 E Washington St
Syracuse NY 13202

FINDINGS: Case continued. Accident, notice and causal relationship established for death. Sole dependent of deceased is [redacted]. Date of birth [redacted] date of marriage 9-7-57. Widow need not be present at next hearing. Section 15-Bee held in abeyance. Attorney fee $2000.00 payable to Oot & Associates. Average weekly wage $967.20. Death 9-6-95.

Social Security offset as follows (413.40 x .50 x 12 divided by 52 = $47.70).