NO YES

338. DATE OF DELIVERY

ant within 42 stays of shook

1 Propriest at Since of death.

NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH RESIDENCE SEX PENALE 2 11 10 LABOW 11:25 p RAY OTHER (Specify) HOSPICE FACILITY 2005 11 | 10 | 000 X 40. LOCALITY: JON CITY VILLAGE TOWN 4C. NAME OF FACILITY: (Wood facility, give address) St. Lawrence Gouverneur E.J. Noble Hospital IS DECEMENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify ins NO YES GR. # UNDER 1 YEAR SC. IF UNDER 1 DAY 7A. CITY AND STATE OF BIRTIN (If not USA, Country and TR. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTIN. BIRTING BIRTI H0021863 S. DATE OF BIRTH SAL AGE IN Hailesboro, NY 74 yrs 09 08 1931 8. SERVED IN U.S. AP FORCES? (Specify II C Administra D Chinese A THINNING COLUMNIAN & A Stack or African Assertion. A DE No. not Sp B Yes, Mindrast, M G | James | H | Websoness F .departes D Yes, Calon E 🔲 Filipino C Yes, Pueto Rican Italia Knolin X 🗆 94 200000 DE Korean War E War Sandar elofLatino (Specify) N American Indian or Aleska Station (specify) 2 3th-12th gradic to diplome. 3 X High school graduate or GED eisep ##2 | | R 🖸 Other Profile belander (specify) P Diner Acton (specify) ne S Associates degree 6 Dachelor's degree 4 Some college o S Other (specify) 7 Master's degree
12 SOCIAL SECURITY NUMBER: :00 Declarate Professional de 13. MARTIN STATUS: 14. SURVIVING SPOUSE: Enter some II amend or superated. If surviving spouse with, order market some. WIDOWED DIVORCED Carol Frawley DX 2 077-26-9257 Gouverneur Talc Co., Balmat, NY 158, KIND OF BUSINESS OR BIOUSTRY! ISAL USUAL OCCUPATION: (De not a NY
NE FOTY OR VILLAGE IS RESIDENCE
WITHIN CITY OR VILLAGE LIMITS?
CITES CIND FIND, SPECIFY TOWNS. talc mines machine operator CLIA AKTNEE LONG CLIA AKTNEE LONG (State or Country If not USA) AKTNEE CETY CO Fowler WAR USAY NEW YORK 160. STREET AND NUMBER OF RESIDENCE St. Lawrence GOUVETHEUT

18. MADE: NAM

OF MOTHER: 197 River Road Hi11 Gladys LaBow OR MAKEING ADDRESS: Anchole sip o 197 River Road, Gouverneur, NY 13642 4 4 DIGED \$ 0 90 Frederick Brothers Crematory Theresa, NY 11 14 2005 \$DB 218. Green Funeral Home, Inc., 33 Park Street, Gouverneur, NY 13642 00722 228, SIGNATURE OF RIMERAL DIRECTOR ME OF FINERAL DIRECTOR: 01635 URIAL OR REMON Michael V. Green LE DATE ISSUED: 238. DATE PILES 2005 Barbarah TURE OF DECISION 11.12 attrue tronce Salma CIAN DR MEDICAL EXAMINER ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- GR -- COR 25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated 11 11 2005 167037-1 jad L. Reason Do og Physician 0 Physician acting on behalf of Atlanding
T 2 Medical Familier (Papelly Medical Examiner)
and Combin's Physician dates 6 Medical Examiner) arner St. Gour THE SE GUE SOME BROKEN THE COLUMN AND THE COLUMN AN 11 1/0 2005 a 11: 39 1005 Soci instrumental TO SOMETHINGS SEE INSTRUCTION SHEET FOR COMPLETING CHISSE OF DEATH COMBREHITAL 20. DEATH WAS CAUSED OF CHEST ONLY CHEST AND FOR (A), (II), AND TO). PART L BANEOUTE CLUSE

10:1 07:9 703

DUE TO OR AS A CONSEQUENCE OF 2-3 hom Jailu 2-3 hours Sie sele (B)
DUE YO OR AS A CONSEQUENCE OF: 1-24 MesoPheliowa DID TORACCO USE CONTRIBUTE TO DEATH? 0 NO 1 YES 2 PROBABLY 3 CHICAGONIN 310. PLACE OF MAURY: 31E INJURY AT WORK? UTING TO IN PART I (A): 31C, DESCRIBE HOW INJURY OCCURRED: 318. MUURY LOCALITY; (City or lown and county and state)

32. WAS DECEDENT
HOSPITALIZED IN NO YES
LAST 2 MONTHS? ☐ □ □ □ Int prepared the

RECORD OF JOBS HELD

NAME LABOW, Ray W.

Data of Hire 4/6/64

DATE	То	JOB CLASSIFICATION	DEPT.	
4/6/64	6/3/64	Laborer	Mill	
	6/23/68	Wheeler Operator	Mill	
6/4/64		Quality Control (Substitute)	Lab.	
6/24/68	9/1/68	Wheeler Operator	Mill	
. 9/2/68	5/11/74	#2 Packerman Temp	Mill	
5/13/74	5/19/74	TO 12	M±11	
5/20/74	5/30/83	Wheeler Operator JC-13 Packhouse Utilityman JC-8	MILL	BID
5/31/83	6/5/83	Wheeler Operator JC-13	MILL	(Declined during
6/6/83	2/9/88 4/30/97	Fuller-Kinyon Opr. JC-11	Mill	(BID)
			1	

Richard B. Evans, MD, MPH

Occupational Pulmonary Medicine

PO Box 37 Auburn, NY 1302 I 315-255-3379 fax: 315-252-2396

Board certification Pulmonary med. Internal Medicine Occupational Medicine

May 5, 2005

Med Control Evaluation 10 Cedar Swamp Road, Suite 5 Glen Cove, NY 11542

Re: Ray LaBow WCB#: unknown CCN: 26700002112 SSN: 077-26-9257

Via facsimile: 1-516-674-8187

Dear Sir or Madam:

I recently received Mr. LaBow's CT scans and needle biopsy. While the CT appearance of an anterior mediastinal mass with a possible tissue plane dividing the mass from the pleura is not typical of mesothelioma, the tissue slides are diagnostic for mesothelioma.

While the CT appearance is not usual for moosthelioma, the findings on biopsy are much stronger evidence for mesothelioma than the atypical appearance on CT scan is against mesothelioma (while there is nodularity of the left pleara, it is the anterior mediastimal mass which would be atypical).

I personally reviewed the slides with Dr. Katzenstein on 4/25/05. She confirmed the diagnosis of Dr. Abraham and Haghir that the tumor is a mesothelioma, based upon the immunohistochemistry stains. She did not feel that additional stains were necessary to form the diagnosis.

I will be returning the slides and the x-rays to Samaritan Health Center on 5/11/05 as I will be able to hand deliver them on that date.

I hope I have addressed all of your concerns, if not, please feel free to contact me.

"I certify and affirm, under the penalties of perjury, that the above report is true, to the best of my knowledge."

Respectfully submitted,

Richard B. Evans, MD, MPH

Hichard 13. 8

LABOW , RAY W

All Dick Notes/Supn (Rev Chron)

OVN-ROC 09/21/04

Not a Pinal Copy *-----PAGE (This is not a final copy unless signed) --OUTPATIENT VISIT NOTE

Labow, Ray W PATIENT NAME:

0618-892 MEDICAL RECORD NUMBER:

91466250 ACCOUNT NUMBER: 09/08/1931 DATE OF BIRTH: 09/34/2004 DATE OF VISIT:

LOCATION: ROC

ATTENDING PHYSICIAN: Stephen & Graviano, MD

INITIAL CONSULTATION NOTE:

REPERRING PHYSICIAN: Michael B. Lax, M.D.

HISTORY OF PRESENT ILLNESS: The patient is a 73 year old male who is being followed by Dr. Michael Lax for chronic obstructive pulmonary, disease and pleural plaque that was believed to be related to his employment at Souvernor Talc Mill for the past 33 years where he was emposed to talc. He first developed shortness of breath. Upon retirement in 1997, he was referred to Dr. Lasix. He has been followed by Dr. Lax annually with annual chest x-rays.

On a chest x-ray from this year, it was noted that he had extensive pleural thickening involving the left lateral thoracic wall and left base, At the same time, the parient had been complaining of some pain in his scapula. This prompted a CT scan of the chest with contrast which showed mild calcified pleural plaque bilaterally. There was, however, also noted to be increased diffuse pleural thickening on the left which is lobulated and irregular with some thickened areas of up to 1 cm. In addition, he had a pleural based nodule anterior medially on the left, which measured approximately 1 cm in diameter. There was also noted to be adjacent anterior mediastinal adenopathy. There was also a mildly enlarged pre-carinal lymph node as well. There was also a cluster of small lymph nodes in the superior mediastinum with the largest in diameter of approximately 1 cm.

The patient also had a PRT scan which showed hypermetabolic activity in the anterior mediastinum with an SUV value of 5.8. The pulmonary module that was superiorly adjacent to this had an activity of 4.6. The pleural based soft tissue mass noted at the left diaphrage also was hypermetabolic with an SUV of 3.8, and there was a more intense hypermetabolic focus in the left paravertebral region with an SUV of 7.6.

The patient also had a bone scan which was negative. On 08/05, the patient had a CT-guided biopsy of the left upper lobe lesion which was noted to be consistent with mesorbelions of epithelial type.

The patient was then seen by Dr. Harvey Page, from Morning State University and it was felt that because of the patient's chronic obstructive bulmonary disease and an PEV1 of 0.9, that he was a poor surgical candidate. Subsequently, the patient is here for further treatment options.

LABON , RAY W

BOATE: 09/08/1931 SEX: M RACE: W MB#: 619892 08:27 10/05/04 Prom SM63 SMPRTGP1

All Dict Notes/Summ (Rev Chica) Not a Final Copy *-----PAGE LABOW , RAY W

The patient denies any bistory of levery night sweats, or chills. He has not noticed any weight loss. He denies any dysphagia, odynophagia or hoarseness. He has some basedine shortness of breath which he has noticed to be slowly declining. No chest pain or palpitations. No muscle aches or joint pains. No frequency or dysuria. He has no complaints of constitution or diarrhea.

PAST MEDICAL HISTORY:

- 1. Hypertension.
- 2. Benign prostatic hypertrophy-
- 3. Chronic obstructive pulmonary disease with an FEV1 of 0.9.

PAST SURGICAL HISTORY: Negative.

FAMILY HISTORY: Essentially unremarkable for malignancies. His father had a history of diabetes and died at the age of 78. His mother passed away at the age of 93 and had a history of Alzheimer. He has two brothers, one of whom has skin cancer, and the other who has both intestinal cancer and skin cancer. He is unable to tell us What ages.

MEDICATIONS: Hydrochlorothiazide, terszosin 5 mg, lisinopril 10 mg once per day, Plendil 10 mg once per day. The patient is also on several other herbal and over the counter medications, which he cannot remember at this time, but we have asked him to bring these in on his next visit. The patient also notes that he is on Neurontin 300 mg three times a may and a pain killer (he does not know which type).

SOCIAL HISTORY: The patient is a smoker and has smoked about 1-1/2 to 2 packs per day for more than 30 years now. He lives with his wife, He is accompanied by both his wife and daughter today. He had a good performance status of approximately 1. He occasionally takes maps, but this is also secondary to Neurontin.

Temperature 37.1, pulse 97, blood PHYSICAL EXAMINATION: Vital signs: pressure 128/69, height 170, weight 63.4. General appearance: pleasant male in no apparent distress. HEENT: Head is normocephalic and atraumatic. There are no lesions in the orophatyme. Neck: Supple with no lymphadenopathy. There is no axillary scenopathy noted as well. S1 and S2. Lungs: Decreased breath sounds at the left. Cardiovascular: S1 and S2. Lungs: Decreased breath sounds at the less base. Otherwise, clear to auscultation, abdomen: Soft, nontender, nondistanded. Extremitles; Warm, well perfused, without any clubbing, cyanosis or edema.

ASSESSMENT/PLAN: This is a 73-year-old male with stage IV mesotheliona. The patient was offered standard treatment with Alimta and cisplatin. However, since we also had a trial, we also offered him CALGE 30107 which is a tyrosine kinase inhibitor, and he actually seemed interested in participating in the investigational treatment. We have ordered a repeat CT scan of the abdomen and pelvis, CMP, CBA, LOH, CBC, and brinalysis as indicated by the study protocol. The patient was given the consent form for review. We will have him return to the Clinic in one week. The patient was seen and discussed with Dr. Graziano.

LABOH , RAY H

BDATE: 09/08/1931 SEX: M RACE: W MR#: 618892 08:27 10/05/04 From SM63 9MPRTGF1

I saw the patient with the resident and I agree with the findings and

Electronically signed by: Stephen L Graziano, ND 09/29/2004 18:15

Stephen L Graziano, MD

BY: 119586 Mehnaz Junagadhwalla, MD

D: 09/21/2004 12:39 P T: 09/22/2004 10:38 A

J: 000282461 Doc: 1014464

cc:

LABOW , RAY W

MR#: 618892 BDATE: 09/08/1931 SEX: M KACE: W

08:27 10/05/04 Fwom EM63 EMPRITGF1

Pulmonary Associates 19320 US RT 11: Waterman, NY, 13601

7/27/2004 Date BM1 28 Age. 72 977269257 Ishabet, MD, Neil Dogov Name: LaBow, Ray Tuch: Hunter-Even RT, CPFT, Judy Height 67.5 in Cuitanan Seit: Male RME: Weight: 143,0 lbs Doctor: Inhaber MD, Neal

Diagnosis: Shortness of Breath

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Dyspnes:

Cough

Plo/Day: Yrs Ouit

Whoer:

Yrs-Sno

Theo Prod

Post-Test Comments

Post-Test Comments							
	PRE-BRONCH					ICH	
	Actual	Pred.	%Pred.		Actual	%Pred	%Chap
SPIROMETRY			67		2.91	82	2)
FYC (L)	2.37	3,54	33		1.09	39	19
FEVI (L)	0.92	2.78	49		38	48	,3
FEVI/FVC (%)	79	79	13		0.06	14	3
FEF 25% (1/50)	0.79	6.23	11	3	0.4%	12	14
FEF SO% (L/SEO)	679	3,63	2)		0.28	7,5	26
FEF 75% (Usec)	0.22	0:96	14		0,45	16	19
FEP 23-75% (Use)	0.33	2.80	-		ــلُهُ ـــ	\$2	
- REPLY XX (Usec)		6.95.	49_		7.26		30
FIVC (L)	2,50				3,04	314	52
FIF 50% (L/xc)	3.32	4:41	73		5,07		50
PIF Max (L/sec)	75.5				2441		
LINO YOLUMES		4,37	79				
SVC (L)).32	3.08					
IC (L)	2,40	1.10	- 1				
ERY (L)	0.92	3.45					
TGY (L)	5.91	2.33					
RV (Plah) (L)	4.99	6.53					
TLC (Pleas) (L)	8.3)	36					
RVMLE (Pleak) (%)	60	,,,					
DIFFUSION	15.25	28.97	33				
DLCQuine (mlimin/min/1g)	16,33	28.97					
DLCOcor (milminimmHg)		4,64					
DLVA (mVmin/mmHg/L)	2.82 5.87	6.53					
YA (L)	3.87	6.7.					
AIRWAYS RESISTANCE							
Raw (cmH2O/Us)	3.26	1.43					
Cam (Majora 150)	0.31	3.03					
263M-(CDH3Q,1)	19.63	4,70				•	
*Oam (1/cmH3O+2)	0.03	0.2	0 25				
408m (1/ONH30-3)							
BLOOD GASES	- 0.23						
Inspired 02 (%)	7.68	7.6	6				
pH	36.0	38-4					
PaCO2 (mmHg)	8.86	78					
PaO2 (mmf(g)	2.1	,					
Base Excess	12.1	12-1	3				
Hab (gn/dL)	, 2						

) · · · · · · · · · · · · · · · · · · ·	O		
8	Pulmonary Asso 19320 US RT 17, Waltow	BM 22	Dajec	Iphille MD, Neil
Name: LaBair, Ray Toch: Hunter - Eves RT, CPFT, Judy Doctor: Inhaber MD, Nell	1D: 077769257 Height: 67.5 in. Weight: 143.0 lbs	Age: 72 So: Mak	Nace:	Cincapian

Spirometry: Spirometry shows severe airflow obstruction with no significant pronchodilator response.

Lung Volumes: Severe gas trapping and hyperinflation.

Diffusion Capacity: There is a moderate diffusion impairment.

Airway Mechanics: Airways resistance is 2 x normal.

Arterial Blood Gases: The arterial blood gases are normal.

impression: These pulmonary function tests are consistent with very severe airflow obstruction consistent with severe channel obstructive branchitis and accupational airways disease.

Nei H. Inhaber, M.D., F.R.G.P.C. NHI/nJt 07/27/04 11/17/84 11:85:58

Di 977269257 BML 28 Delt 7/27/2004

Name: LaBow; Ray ID: 977269257 BMI 28 Dule: 7/21/2004
Tuch: Humer-Even RT, CPFT, Judy Height: 67.5 in Age: 72 Doctor Inhaber MD, Neil
Doctor: Inhaber MD, Neil Weight: 143.0 lbs: Sen: Mule Race: Caultanian

Diagnosis: Shortness of Breath

Dyspnes:

Cough: Yrs Ouit

Plos/Day:

Whoese:

Y15-Sm

Theo Prod

Post-Test Comments

Post-Test Comments							OT		
	PRE-BRONCA				POST-DRONCH				
	Actual		%Pred.		Actual	%Pred,	%Chue		
SPIROMETRY		3,54	67		2.91	92	2)		
FYC (L)	2.37	2.78	33		1.09	39	13.		
FEVI (L)	0.92	79	49		38	48	,3		
FEVI/FVC (%)	39		12		0.86	14"	9		
FEF 26% (L/SCE)	0.79	6.23	11	1	240	12	14		
FEF 50% (L/sco)	وده	3,63	2)		0.28	29	26		
FEF 75% (Lisec)	0.22	0:96	14		0,45	16	19		
FEP 25-75% (USE)	0.38	2.80			ــلـه	59_			
	3_39	6.35	49_		7.26		200		
RER_Max (Usex)	2.50				5,04	114	-32		
FIVC (L)	3.32	4:41	73		5,07		50		
FIF 50% (L/SC)	75.6				5,07				
PIP Max (L/sec)	-								
LUNO YOLUMES	3.32	4,)7	79						
SVC (L)	2,40	3.08	78.						
IC (L)	0.92	1.10	84						
ERY (L)		3.45	171						
TGY (L)	5.97	2.33	212						
RV (Plaik) (L)	4.09	6.53	127						
TLC (Plesh) (L)	831	36	165						
RVITLE (Pleih) (%)	60	30	765						
DIFFUSION		28,97	33						
DI COURE (mymh/mm/tc)	15.25	28.97	-						
DI COcor (mi/min/mmHg)	16.35	4.44							
DLVA (milmin/mmHg/L)	2.82	6.53							
VA (L)	5.87	9.23	,						
AIRWAYS RESISTANCE			224						
Raw (cmH2OfL/s)	3.26	1.43	,						
Gaw (L/s/cm/12O)	0.31	1.03	,						
Wam (Cult3Q.a)	19.63	4.70							
50ew (1/cmH20°3)	0.03	0.2	g 25	,					
BLOOD GASES									
Inspired O2 (%)	0.23								
рН	7.48	7.6							
PaCO2 (mmHg)	36.0			1					
PpO2 (mmftg)	32.E			•					
Base Excess	2.1								
Hab (anvdL)	12.3	12-							
tigo (Brann)									

11/17/84 11:86:15

Palmonary Associates
19320 US RT 17, Wattown, NY, 13601

7/27/2004 Dales BMB ,22 077269257 Indiabil MD, Nell Decapr Name: Labow, Ray Age: 72 Height 67.5 in. Toch: Humer-Eves RT, CPFT, Judy Cinicapian Nace: Sca: Make Weight 143.0 109 Doctor: Inhaber MD, Nell

Spirometry: Spirometry shows severe airflow obstruction with no significant pronchodilator response.

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Impression: These pulmonary function tests are consistent with very severe airflow obstruction consistent with severe channel obstructive bronchitis and occupational airways disease.

Neil H. Inhaber, M.D., F.R.C.P.C.

NHIMI 07/27/04

30 WINFIELD STREET, P.O. BOX 5150, NORWALK, CONNECTICUT 06856-5150 (203) 853-1400 Fax (203) 853-1452 • Internet Address: www.rtvanderbilt.com

January 20, 2005

Brian Boehlecke MD MSPH
UNIVERSITY OF NORTH CAROLINA
School of Medicine, Dept. of Medicine
Division of Pulmonary Diseases & Critical Care
CB# 7020, 130 Mason Farm Road
4th Floor Bioinformatics Building
Chapel Hill, NC 27599-7013

RE: Ray LaBow - RTV Compensation Case

Dear Brian:

Zurich North America has sent me a copy of your review of the captioned case. I very much appreciate your responding to their questions regarding reasonable follow-up considerations. I hope this is helpful to the physician performing the IME.

As our pulmonary advisor I want to keep you updated on this case. The insurance carrier has selected a pulmonary specialist (Richard Evans, MD) as the IME. I have forwarded all pertinent health studies to Dr. Evans. Included with this information package is a copy of Mr. LaBows work history which shows 9 years as an auto service station worker (1955-64) as well as his jobs at GTC. Mr. LaBow did work predominantly as a "wheeler" mill operator for a number of years.

A couple years ago I collected samples of materials at the mine I felt might be asbestos containing for analysis (insulation, brake pads, etc.). Most of the materials sent out for analysis did contain a fairly substantial (>20%) asbestos content. I forwarded a copy of this report to Dr. Evans because insulation pads used on the wheeler mills were among the elevated asbestos containing materials.

Some of the materials tested positive had been abandoned some years ago (such as the brake pads on slusher machines) while others had been protected in place (encapsulated). Regardless of whether Mr. LaBows claim of mesothelioma is confirmed or not, I have instructed the plant to recheck this list and advise if there is any identified remaining asbestos containing materials (ACMs) left in place and unprotected. Certainly the insulation pads on the wheeler mills would have been extensively used during Mr. LaBows tenure at the talc mill.



If Mr. LaBows claimed mesothelioma is confirmed, I cannot speculate on where he may have been exposed to asbestos (at the mill or during prior work) or whether asbestos was involved at all. As you note in your correspondence, I also understand that approximately 15 - 20% of mesothelioma cases have no recognizable exposure to asbestos. I will copy you on any further information that pertains to this case. If you have any suggestions as to how we might further responsibly proceed, please write or call.

Very truly yours,

R. T. VANDERBILT COMPANY, INC.

Lohn Xale

John W. Kelse, Corporate Industrial Hygienist Manager, Corporate Risk Management Dept.

Cc: Ann Marie Mize, Zurich North America