Aaron 2017-03-20 Direct & Redirect Exam Played in Court

Blair, Aaron 03-20-2017

Total Time 01:20:57



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12:25 - 14:8	Plain Aanan 00 00 0047 (00 04 04)	Blair.1
12.20 - 14.0	Blair, Aaron 03-20-2017 (00:01:01)	Dian.1
	12:25 Q. All right. Good morning, Dr. Blair.	
	13:1 A. Good morning.	
	13:2 Q. How are you, sir?	
	13:3 A. Okay.	
	13:4 Q. Good. What would you please state	
	13:5 your name on the record.	
	13:6 A. Aaron Earl Blair.	
	13:7 Q. All right, sir. And Aaron Earl Blair,	
	13:8 and you're a doctor?	
	13:9 A. Ph.D.	
	13:10 Q. Ph.D. You've got I'm going to start	
	13:11 and go through a little bit of your credentials, if I	
	13:12 may, sir.	
	13:13 A. Sure.	
	13:14 Q. Okay. You graduated in 1965 with a	
	13:15 degree in biology from Kansas Wesleyan University?	
	13:16 A. Yes.	
	13:17 Q. Master of Science degree in '67 from	
	13:18 North Carolina State University?	
	13:19 A. Yes.	
	13:20 Q. And a Ph.D. in genetics at North Carolina	
	13:21 State University?	
	13:22 A. Yes.	
	13:23 Q. And then in 1976, you got a MPH. What is	
	13:24 an MPH?	
	13:25 A. Masters in Public Health.	
	14:1 Q. And that's your CV says epidemiology?	
	14:2 A. Correct.	
	14:3 Q. Okay. And what is epidemiology?	
	14:4 A. The study of causes and distribution of	
	14:5 diseases.	
	14:6 Q. Have you have you been professionally	
	14:7 since 1976 studying the causes of diseases?	
	14:8 A. Yes.	
14:9 - 14:20	Blair, Aaron 03-20-2017 (00:00:28)	Blair.2
	14:9 Q. And explain it to me, if you would.	
	14:10 Where and how have you been studying the causes of	
	14:11 diseases since 1976?	
	14:12 A. The study of disease in human	
	17.12 A. The study of disease in Human	

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	14:13 populations, evaluating various factors that might be	
	14:14 related to the initiation or etiology of those	
	14:15 diseases.	
	14:16 Q. As the you say you've spent your	
	14:17 professional life with this doctorate degree studying	
	14:18 the causes of diseases. Have you studied the causes	
	14:19 of cancer?	
	14:20 A. Yes.	
14:21 - 14:24	Blair, Aaron 03-20-2017 (00:00:09)	Blair.3
	14:21 Q. And within the broad field of studying	
	14:22 the causes of cancer, have you studied the causes of	
	14:23 non-Hodgkin's lymphoma?	
	14:24 A. Yes.	
16:2 - 16:10	Blair, Aaron 03-20-2017 (00:00:18)	Blair.4
	16:2 Now, it sounds like you spend an awful	
	16:3 lot of time at the National Cancer Institute. Is	
	16:4 that right?	
	16:5 A. Yes.	
	16:6 Q. What is the National Cancer Institute?	
	16:7 A. It is one of the institutes, the National	
	16:8 Institutes of Health devoted to studying cancer.	
	16:9 Q. And you started there in 1976?	
	16:10 A. Yes.	51.5
16:15 - 16:20	Blair, Aaron 03-20-2017 (00:00:13)	Blair.5
	16:15 And how long did you stay there, from	
	16:16 1976 until when? Are you still there or are you	
	16:17 retired or	
	16:18 A. I am retired now, but I have an emeritus	
	16:19 position, which means I go in a couple of days a week	
10:00 17:11	16:20 and do what I've always done. I just don't get paid.	District.
16:23 - 17:11	Blair, Aaron 03-20-2017 (00:00:29)	Blair.6
	16:23 All right. So you started there in 1976.	
	16:24 You were a staff fellow for the Environmental	
	16:25 Epidemiology Branch at the National Cancer Institute?	
	17:1 A. Correct.	
	17:2 Q. Went on 1978 to '82, became the acting	
	17:3 chief of the occupational study section of the	
	17:4 Environmental Epidemiology Branch, National Cancer	
	17:5 Institute?	
	17:6 A. Yes.	

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	17:7 Q. Describe for us what it is you are doing	
	17:0 there and 17:9 A. Studying various sorts of exposures that	
	17:10 occur in occupations and to see if they are related	
	17:10 occur in occupations and to see it they are related	
17:22 - 18:3	Blair, Aaron 03-20-2017 (00:00:13)	Blair.7
	17:22 Q. All right. Let's go on then. You became	
	17:23 the chief of the occupational study section in 1982,	
	17:24 right?	
	17:25 A. Yes.	
	18:1 Q. Okay. Remained the chief for, and I will	
	18:2 do this math, 14 years until 1996?	
	18:3 A. Sounds right.	
18:8 - 18:11	Blair, Aaron 03-20-2017 (00:00:07)	Blair.8
	18:8 Exhibit 1 a copy of your CV or curriculum vitae,	BA1.1
	18:9 okay?	
	18:10 (Blair Exhibit No. 1 was marked for	
	18:11 identification.)	
18:18 - 18:19	Blair, Aaron 03-20-2017 (00:00:02)	Blair.9
	18:18 Q. Is this your CV, sir?	
	18:19 A. Yes.	
19:18 - 20:5	Blair, Aaron 03-20-2017 (00:00:34)	Blair.10
	19:18 Q. All right. So after being the chief for	
	19:19 14 years at the Occupation and Environmental	
	19:20 Epidemiology Branch, you went on to become in 2004 a	BA1.1.1
	19:21 senior investigator. Please tell us what that means.	
	19:22 A. It means I stepped down as head of the	
	19:23 unit and just retained a position at the National	
	19:24 Cancer Institute, and that is a senior position.	
	19:25 Q. Okay. And then you retired from	
	20:1 full-time work there in 2007.	
	20:2 A. Yes.	
	20:3 Q. And have been working for free as a	
	20:4 professor emeritus there ever since.	
20:14 - 20:15	20:5 A. Yes. Blair, Aaron 03-20-2017 (00:00:03)	Blair.11
20.17 20.10	20:14 Q. Who is WHO?	clear
	20:14 Q. Who is WHO? 20:15 A. World Health Organization.	
21:7 - 21:16	Blair, Aaron 03-20-2017 (00:00:18)	Blair.12
	21:7 BY MR. MILLER:	_
	ZI.I DI WIII. WILLEII.	

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	Blair-Aaron 2017-03-20 Direct & Redirect Exam Played in Court	
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	01.9. O Could you just lot the jump know some of	
	21:8 Q. Could you just let the jury know some of	
	21:9 those groups that you served at the request and for	BA1.3.1
	21:10 the World Health Organization.	571.5.1
	21:11 A. Well, the main one is the International	
	21:12 Agency for Research on Cancer, which is part of the	
	21:13 World Health Organization.	
	21:14 Q. Okay. And is that also referred to as	
	21:15 IARC?	
23:12 - 23:15	21:16 A. Correct.	Blair.13
20.12 - 20.10	Blair, Aaron 03-20-2017 (00:00:13)	BA1.5.1
	23:12 Did there come a time when you were asked	DA 1.5.1
	23:13 to be involved with the World Health Organization,	
	23:14 the International Association of Cancer, to what has	
00:40 00:40	23:15 now become Volume 112 of the monographs?	District 4.4
23:16 - 23:16	Blair, Aaron 03-20-2017 (00:00:00)	Blair.14
045 047	23:16 A. Yes.	DI-1-45
24:5 - 24:7	Blair, Aaron 03-20-2017 (00:00:11)	Blair.15
	24:5 Q. All right. So what we have here, can you	D.10.1
	24:6 identify this document, which is Exhibit 2, please?	BA2.1
	24:7 A. Well, it is one of the monographs.	
25:6 - 25:10	Blair, Aaron 03-20-2017 (00:00:14)	Blair.16
	25:6 And will go, if you would, sir, to the	
	25:7 first page of the preamble, and it says here that the	BA2.3
	25:8 IARC was established in two in 1965.	BA2.3.1
	25:9 Is that your understanding?	
	25:10 A. Yes.	
25:11 - 25:16	Blair, Aaron 03-20-2017 (00:00:13)	Blair.17
	25:11 Q. All right. It says: Through the IARC"	BA2.3.2
	25:12 I'm sorry, I will quote exactly.	
	25:13 "Through the monographs program, IARC	
	25:14 seeks to identify the causes of human cancer."	
	25:15 That's true, isn't it, sir?	
	25:16 A. Yes.	
26:2 - 26:13	Blair, Aaron 03-20-2017 (00:00:32)	Blair.18
	26:2 Q. Okay. All right. And there's in the	
	26:3 preamble a discussion of the selection of agents for	BA2.5 - BA2.5.1
	26:4 review by IARC, and I want to ask you about it.	
	26:5 It says: "Agents are selected for	
	26:6 review" is that for review to see if they cause	
	26:7 cancer?	

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	00 0 A V	
	26:8 A. Yes.	
	26:9 Q "on the basis of two main criteria:	
	26:10 There is evidence of human exposure, and there is	
	26:11 some evidence or suspicion of carcinogenicity."	
	26:12 Is that your understanding, Dr. Blair?	
	26:13 A. Yes.	B
26:14 - 26:17	Blair, Aaron 03-20-2017 (00:00:09)	Blair.19
	26:14 Q. Okay. And IARC has in this preamble a	
	26:15 discussion of what they will review as they consider	
	26:16 these issues, right, sir?	BA2.6
	26:17 A. Yes.	
27:13 - 27:17	Blair, Aaron 03-20-2017 (00:00:13)	Blair.20
	27:13 "Only reports that have been published or	BA2.6.1
	27:14 accepted for publication in openly available	
	27:15 scientific literature are reviewed."	
	27:16 Is that true, sir?	
	27:17 A. Yes.	
27:18 - 27:21	Blair, Aaron 03-20-2017 (00:00:09)	Blair.21
	27:18 Q. And why is that true? Why why does	
	27:19 IARC only review those publications that have been	
	27:20 published in available scientific literature or have	
	27:21 been accepted for publication?	
27:25 - 28:4	Blair, Aaron 03-20-2017 (00:00:10)	Blair.22
	27:25 A. Because these materials are then	
	28:1 available to anyone.	
	28:2 Q. And IARC also reviews those exposure	BA2.6.2
	28:3 data?	
	28:4 A. Yes.	
28:5 - 28:24	Blair, Aaron 03-20-2017 (00:00:58)	Blair.23
	28:5 Q. And exposure data means how are humans	
	28:6 exposed to that agent, right?	
	28:7 A. Yes.	
	28:8 Q. Okay. And IARC extends invitations to	
	28:9 scientists around the world to participate in the	
	28:10 creation of a monograph for a book, right?	
	28:11 A. Yes.	
	28:12 Q. And it in this preamble it tells us:	BA2.7.1
	28:13 "Before an invitation is extended, each potential	
	28:14 applicant participant, including the IARC	
	28:15 Secretariat, completes a WHO declaration of interest	

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	28:16 to report financial interests, employment, and	
	28:17 consulting, and individual and institutional research	
	28:18 support related to the subject of the meeting."	
	28:19 Is that your understanding?	
	28:20 A. Yes.	
	28:21 Q. So before these folks are invited to be	
	28:22 on this IARC panel, they have to declare their	
	28:23 interests?	
	28:24 A. Yes.	
29:2 - 29:11	Blair, Aaron 03-20-2017 (00:00:29)	Blair.24
	29:2 Q. And it says in this monograph preamble	BA2.8.1
	29:3 that a working group and I want to ask you, what	
	29:4 is a working group?	
	29:5 A. It's the group of people invited to	
	29:6 perform this activity.	
	29:7 Q. And the working group meets at IARC for	
	29:8 seven to eight days to discuss and finalize the text	
	29:9 and to formulate the evaluation.	
	29:10 Is that your experience?	
30:10 - 30:25	29:11 A. Roughly that number of days, yes. Blair, Aaron 03-20-2017 (00:00:38)	Blair.25
00.10 00.20	30:10 Page 9, there's a whole	BA2.11
	30:11 section, and I'm not going to read it, but that IARC	BA2.11.1
	30:12 considers the quality of studies considered, right?	
	30:13 A. Yes.	
	30:14 Q. Okay. And then on page 10, IARC	BA2.12
	30:15 considers meta-analysis?	BA2.12.1
	30:16 A. Yes.	
	30:17 Q. Now, could you tell the jury what is a	
	30:18 meta-analysis?	
	30:19 A. It is a quantitative or statistical way	
	30:20 of summing up results from several studies.	
	30:21 Q. Okay. And does IARC not only consider	
	30:22 meta-analysis that are available in the public	
	30:23 literature, but does IARC in fact do their own	
	30:24 meta-analysis?	
	30:25 A. Sometimes.	
31:12 - 31:14	Blair, Aaron 03-20-2017 (00:00:04)	Blair.26
	31:12 And does IARC also review pooled	
	31:13 analysis?	

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00.40 00.40	31:14 A. Yes.	Dia:- 07
32:16 - 32:19	Blair, Aaron 03-20-2017 (00:00:09)	Blair.27
	32:16 Q. All right. Going, if we would, to	BA2.13
	32:17 page 11 in the preamble for IARC, it tells us that	BA2.13.1
	32:18 they use a criteria to establish causality, right,	BA2.13.1
32:23 - 32:23	32:19 sir?	Blair.28
02.20 - 02.20	Blair, Aaron 03-20-2017 (00:00:00)	Diaii.20
33:7 - 33:14	32:23 A. Yes.	Blair.29
00.14	Blair, Aaron 03-20-2017 (00:00:24)	BA2.13.2
	33:7 Q. Okay. It says in the preamble for IARC: 33:8 "If the risk increases with exposure, this is	
	33:9 considered a strong indication of causality."	
	33:10 Is that true, sir?	
	33:11 A. Yes.	
	33:12 Q. IARC also considers studies of cancer in	BA2.14.1
	33:13 experimental animals?	
	33:14 A. Yes.	
33:15 - 33:18	Blair, Aaron 03-20-2017 (00:00:13)	Blair.30
	33:15 Q. Page 15. In the preamble they discuss	BA2.17
	33:16 that IARC considers mechanistic and other relevant	BA2.17.1
	33:17 data. Is that right, sir?	
	33:18 A. Yes.	
34:6 - 34:9	Blair, Aaron 03-20-2017 (00:00:14)	Blair.31
	34:6 Q. And after even before this seven- to	
	34:7 nine-day working group meeting in France, does the	clear
	34:8 working group review materials in the time before	
	34:9 that?	
34:11 - 34:12	Blair, Aaron 03-20-2017 (00:00:03)	Blair.32
	34:11 THE WITNESS: The individuals on the	
	34:12 working group	
34:13 - 34:21	Blair, Aaron 03-20-2017 (00:00:11)	Blair.33
	34:13 MR. MILLER: Yes.	
	34:14 THE WITNESS: review materials before	
	34:15 then.	
	34:16 BY MR. MILLER:	
	34:17 Q. Okay. And for what period of time	
	34:18 approximately do individuals in the working group	
	34:19 review material?	
	34:20 A. A couple of months. Three months. It's 34:21 a while.	
	54.21 d Willie.	

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35:3 - 35:14	Blair, Aaron 03-20-2017 (00:00:36)	Blair.34
	35:3 Q. And there are different categories.	BA2.24
	35:4 There's 1, 2A, 2B, 3, that sort of thing?	BA2.24.1
	35:5 A. Yes.	
	35:6 Q. Okay. Category 2A is the agent is	BA2.24.2 - BA2.24.3
	35:7 probably carcinogenic to humans, right?	
	35:8 A. Yes.	
	35:9 Q. And carcinogenic means causes cancer,	
	35:10 right?	
	35:11 A. Yes.	
	35:12 Q. Okay. So and we're going to talk	
	35:13 about it in more detail, but you were selected for	clear
	35:14 the working group that looked at Roundup, right?	
35:18 - 35:21	Blair, Aaron 03-20-2017 (00:00:06)	Blair.35
	35:18 A. Yes.	
	35:19 Q. And your group I think there were 17	
	35:20 scientists on that group?	
	35:21 A. Sounds about right.	
35:24 - 36:1	Blair, Aaron 03-20-2017 (00:00:06)	Blair.36
	35:24 But that group decided that Roundup and	
	35:25 glyphosate was probably carcinogenic to humans,	
	36:1 right?	
36:7 - 36:7	Blair, Aaron 03-20-2017 (00:00:00)	Blair.37
	36:7 A. Yes.	
37:10 - 38:2	Blair, Aaron 03-20-2017 (00:00:36)	Blair.38
	37:10 Q. And the meeting occurred in Lyon, France,	BA3.1 - BA3.1.1
	37:11 March 3rd through 10th, 2015, right?	D404
	37:12 A. Yes.	BA3.1
	37:13 Q. And the list of participants I would	D4040
	37:14 like to go over it for if I could, included Aaron	BA3.1.2
	37:15 Blair, National Cancer Institute, retired	
	37:16 That's you, right, sir?	
	37:17 A. Yes.	
	37:18 Q from the United States of America, and	
	37:19 you were the overall chair of the group, weren't you?	
	37:20 A. Yes.	
	37:21 Q. Okay. How much did they pay you for	
	37:22 that?	
	37:23 A. We're not paid.	
	37:24 Q. It's a volunteer assignment, isn't it?	

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	37:25 A. Yes.	
	38:1 Q. So you reviewed all these materials for	
00.4 00.4	38:2 months. Right?	Blair.39
38:4 - 38:4	Blair, Aaron 03-20-2017 (00:00:00)	Biair.39
00.0.00.40	38:4 THE WITNESS: Yes.	DI-:- 40
38:8 - 38:12	Blair, Aaron 03-20-2017 (00:00:11)	Blair.40
	38:8 Q. Spent seven to nine days I'm sorry, it	
	38:9 looks like seven days reviewing these materials with	
	38:10 these other scientists, and you volunteered and did	
	38:11 it all for free.	
	38:12 A. Other than travel expenses.	
39:11 - 39:13	Blair, Aaron 03-20-2017 (00:00:03)	Blair.41
	39:11 Q. So how many subgroups are there or were	
	39:12 there in this particular group?	
	39:13 A. Four.	
39:14 - 39:17	Blair, Aaron 03-20-2017 (00:00:10)	Blair.42
	39:14 Q. Okay. And there were people from the	BA3.1.3
	39:15 Environmental Protection Agency who volunteered and	
	39:16 served on this panel that concluded that glyphosate	
	39:17 was a probable cause of human cancer.	
39:19 - 39:19	Blair, Aaron 03-20-2017 (00:00:00)	Blair.43
	39:19 THE WITNESS: Yes.	
43:1 - 43:8	Blair, Aaron 03-20-2017 (00:00:13)	Blair.44
	43:1 Q. And you think it was unanimous, but	
	43:2 you're not a hundred percent sure. Is that fair?	
	43:3 A. Yeah.	
	43:4 Q. Now, I want to ask you, an invited	BA3.1.4
	43:5 specialist, what is an invited specialist?	
	43:6 A. It may be that someone brings special	
	43:7 expertise so it would be of value to the working	
	43:8 group.	
43:21 - 43:25	Blair, Aaron 03-20-2017 (00:00:11)	Blair.45
	43:21 Q. But an invitation was extended to	BA3.1.5
	43:22 Christopher Portier, who was from the Agency for	
	43:23 Toxic Substances and Disease Registry in the United	
	43:24 States.	
	43:25 A. Yes.	
44:14 - 44:19	Blair, Aaron 03-20-2017 (00:00:11)	Blair.46
	44:14 Q. And there were observers	BA3.2
	44:15 at the meeting. Now, what's the function of an	

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	44:16 observer?	
	44:17 A. That usually means they are sort of	
	44:18 stakeholders in the issue being evaluated.	
	44:19 Q. Okay.	
44:21 - 44:25	Blair, Aaron 03-20-2017 (00:00:12)	Blair.47
	44:21 Q. And the Monsanto Company was allowed to	
	44:22 have an observer at the meeting, weren't they, sir?	
	44:23 A. Yeah.	
	44:24 Q. That was a Dr. Thomas Sorahan, right?	
	44:25 A. Yes.	
45:3 - 45:5	Blair, Aaron 03-20-2017 (00:00:02)	Blair.48
	45:3 Q. And did he was he allowed to speak up	
	45:4 at the meeting?	
	45:5 A. Yes.	
45:18 - 45:23	Blair, Aaron 03-20-2017 (00:00:18)	Blair.49
	45:18 Q. All right. So after this selection of	BA3.1.6
	45:19 these 17 people IARC put together, you were the	
	45:20 chairman. After months of review, a seven-day	
	45:21 meeting, there was a report issued. Is that fair to	
	45:22 say?	
	45:23 A. Yes.	
46:2 - 46:3	Blair, Aaron 03-20-2017 (00:00:04)	Blair.50
	46:2 Q. Let's take a look at what I	
	46:3 believe to be the IARC report for glyphosate.	BA4.1
46:10 - 46:16	Blair, Aaron 03-20-2017 (00:00:10)	Blair.51
	46:10 Q. This is a report from IARC for	
	46:11 glyphosate?	BA4.1.1
	46:12 A. Okay. Yes.	
	46:13 Q. Yes? Okay.	
	46:14 And glyphosate is the active ingredient	
	46:15 in Roundup?	
	46:16 A. Yes, sir.	
47:15 - 47:18	Blair, Aaron 03-20-2017 (00:00:08)	Blair.52
	47:15 IARC studied obviously the drug in humans	
	47:16 and studied it in exposed humans. That's a fair	
	47:17 statement?	
	47:18 A. Yes.	
48:13 - 48:18	Blair, Aaron 03-20-2017 (00:00:09)	Blair.53
	48:13 Q. Okay. So you not only	
	48:14 chaired the entire panel but you subchaired the	

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	40 dE antidaminina analtan	
	48:15 epidemiology section.	
	48:16 A. I was on the epidemiology	
	48:17 Q. I'm sorry. Well, was there a subchair?	
49:16 - 49:16	48:18 A. There was.	Blair.54
40.10	Blair, Aaron 03-20-2017 (00:00:01)	2.4
49:23 - 50:6	49:16 Let's look at the epidemiology then. Blair, Aaron 03-20-2017 (00:00:28)	Blair.55
10.20 00.0	49:23 Q. Okay. Going to page 78 of your report,	BA4.78
	49:24 "Cancer in Humans." We're on page 78. Do you see	BA4.78.1
	49:25 this, Doctor?	
	50:1 It says: "There is limited evidence in	
	50:2 humans for the carcinogenicity of glyphosate. A	
	50:3 positive association has been observed for	
	50:4 non-Hodgkin's lymphoma."	
	50:5 What does a "positive association" mean,	
	50:6 sir?	
50:10 - 50:14	Blair, Aaron 03-20-2017 (00:00:09)	Blair.56
	50:10 A. It means there were studies that showed	
	50:11 an excess risk for people exposed.	
	50:12 Q. And that would include the	
	50:13 epidemiological studies that were done.	
	50:14 A. Yes.	
50:19 - 50:25	Blair, Aaron 03-20-2017 (00:00:19)	Blair.57
	50:19 Your report goes on to say: "There is	BA4.78.4
	50:20 strong evidence that exposure to glyphosate or	
	50:21 glyphosate-based formulations is genotoxic based on	
	50:22 studies in humans in vitro and studies in	
	50:23 experimental animals."	
	50:24 That's what your 17-expert committee	
	50:25 found?	
51:2 - 51:2	Blair, Aaron 03-20-2017 (00:00:00)	Blair.58
	51:2 THE WITNESS: Yes.	
53:22 - 53:25	Blair, Aaron 03-20-2017 (00:00:13)	Blair.59
	53:22 Q. So then moving on in time, the	BA4.18.1
	53:23 next study we see on your chart for non-Hodgkin's	
	53:24 lymphoma is a study by De Roos in 2003, right?	
	53:25 A. Yeah.	
54:12 - 54:19	Blair, Aaron 03-20-2017 (00:00:28)	Blair.60
	54:12 Q. Okay. And Dr. De Roos and others in this	
	54:13 peer-reviewed journal studied people who were exposed	

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55:2 - 55:7	54:14 to glyphosate in Nebraska, Iowa, Minnesota, Kansas, 54:15 from the period 1979 to 1986, right? 54:16 A. Yes. 54:17 Q. And what they found was that there was 54:18 over a doubling of the risk of non-Hodgkin's lymphoma 54:19 for people who had been exposed to glyphosate, right? Blair, Aaron 03-20-2017 (00:00:08) 55:2 THE WITNESS: Yes. 55:3 BY MR. MILLER:	Blair.61
	55:4 Q. Is it is this finding of a doubling of 55:5 the risk of non-Hodgkin's lymphoma, is it 55:6 statistically significant? 55:7 A. Yes.	
55:10 - 55:14	Blair, Aaron 03-20-2017 (00:00:12) 55:10 Q. Is this one of the pieces of evidence 55:11 upon which your committee based their opinion there 55:12 was a positive association between exposure to 55:13 glyphosate and non-Hodgkin's lymphoma?	Blair.62
	55:14 A. Yes.	
56:6 - 56:8	Blair, Aaron 03-20-2017 (00:00:04)	Blair.63
	56:6 There was a study from Canada called the 56:7 McDuffie study, right, sir? 56:8 A. Yes.	BA4.19.1
56:12 - 56:20	Blair, Aaron 03-20-2017 (00:00:29) 56:12 Q. And they examined people who had been 56:13 exposed to glyphosate from 1991 to 1994, right, sir? 56:14 A. They examined cases who occurred in that 56:15 time period, I think, who might have been exposed. 56:16 Q. Yes, sir. And they did exposure, 56:17 unexposed. They did people that had been exposed for 56:18 zero to two days and for people who had been exposed 56:19 to greater than two days in that time period, right? 56:20 A. Yes.	Blair.64
57:6 - 57:9	Blair, Aaron 03-20-2017 (00:00:09) 57:6 But for people that were exposed for 57:7 greater than two days, they found a doubling of the 57:8 risk of non-Hodgkin's lymphoma from exposure to 57:9 Roundup or glyphosate?	Blair.65
57:10 - 57:10	Blair, Aaron 03-20-2017 (00:00:00) 57:10 A. Yes.	Blair.66

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57:13 - 57:15	Blair, Aaron 03-20-2017 (00:00:04)	Blair.67
07.10	57:13 Q. And they found that was statistically	2.4
	57:14 significant, that is to say it did not occur by	
	57:14 significant, that is to say it did not occur by	
57:17 - 57:18	Blair, Aaron 03-20-2017 (00:00:01)	Blair.68
	57:17 THE WITNESS: Outside the realm of	
	57:17 THE WITNESS. Outside the realin of	
60:25 - 61:6	Blair, Aaron 03-20-2017 (00:00:24)	Blair.69
	60:25 Q. All right. So now we go to the next page	BA4.23
	61:1 of your table where you report on the study of	
	61:2 Eriksson, an epidemiological study on non-Hodgkin's	BA4.23.1
	61:3 lymphoma published in 2008, and exposure to any	
	61:4 glyphosate, they've got a doubling of the risk of	
	61:5 non-Hodgkin's lymphoma statistically significant,	
	61:6 right?	
61:8 - 61:8	Blair, Aaron 03-20-2017 (00:00:00)	Blair.70
	61:8 THE WITNESS: Yes.	
62:23 - 63:2	Blair, Aaron 03-20-2017 (00:00:12)	Blair.71
	62:23 Q. All right, sir.	
	62:24 And for greater than ten days per year	
	62:25 use, what did the Eriksson study reveal about	
	63:1 non-Hodgkin's lymphoma after exposure to ten days of	
	63:2 glyphosate?	
63:4 - 63:9	Blair, Aaron 03-20-2017 (00:00:11)	Blair.72
	63:4 THE WITNESS: For this category of use,	
	63:5 it was the relative risk was 2.36, which was	
	63:6 statistically significant.	
	63:7 BY MR. MILLER:	
	63:8 Q. And 2.36 would be how much of an increase	
	63:9 in risk?	
63:11 - 63:22	Blair, Aaron 03-20-2017 (00:00:27)	Blair.73
	63:11 THE WITNESS: It's better if you just say	
	63:12 the relative risk. It's the relative risk is 2.36.	
	63:13 BY MR. MILLER:	
	63:14 Q. Okay. Would it be	
	63:15 A. It's more than doubling.	
	63:16 Q. It's more than doubling. All right.	
	63:17 And what is dose response?	
	63:18 A. As level of exposure goes up, the risk or	
	63:19 relative risk goes up.	
	-	

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	63:20 Q. Did we see dose response here in the	
	63:21 Eriksson study for non-Hodgkin's lymphoma in exposure	
	63:22 to Roundup?	
63:25 - 63:25	Blair, Aaron 03-20-2017 (00:00:00)	Blair.74
	63:25 THE WITNESS: Yes.	
64:2 - 64:10	Blair, Aaron 03-20-2017 (00:00:20)	Blair.75
	64:2 Q. And the preamble to IARC said dose	BA2.13.2
	64:3 response was strong evidence of causality; is that	
	64:4 true?	
	64:5 A. Yes.	DA4000
	64:6 Q. All right. Let's go to lymphatic I'm	BA4.23.2
	64:7 sorry, lymphocytic lymphoma B-cell. Do you see that?	
	64:8 A. Yes.	
	64:9 Q. Exposure to glyphosate?	
0440 0404	64:10 A. Yes.	DI-:- 76
64:13 - 64:21	Blair, Aaron 03-20-2017 (00:00:25)	Blair.76
	64:13 Q. Tell us what the findings were by	
	64:14 Eriksson.	
	64:15 A. For this subgroup of lymphoma, the	
	64:16 relative risk was 3.35, which was statistically	
	64:17 significant, because the confidence interval, the	
	64:18 lower level was greater than 1.0.	
	64:19 Q. And I know you don't like to put a	
	64:20 percentage on it, but would that be a 300 percent	
64:23 - 64:25	64:21 increased risk?	Blair.77
04.23 - 04.25	Blair, Aaron 03-20-2017 (00:00:01)	Diail.//
	64:23 THE WITNESS: Roughly.	
	64:24 BY MR. MILLER:	
65:1 - 65:8	64:25 Q. Yes, sir. Okay.	Blair.78
00.1 - 00.0	Blair, Aaron 03-20-2017 (00:00:21)	BA4.23.3
	65:1 And unspecified non-Hodgkin's lymphoma	DA4.20.0
	65:2 and exposure to glyphosate, what were the findings,	
	65:3 and were they statistically significant?	
	65:4 A. The relative risk was 5.63, and the	
	65:5 confidence interval did not include 1.0, so it was	
	65:6 statistically significant.	
	65:7 Q. Would that be synonymous with a five 65:8 times risk?	
65:9 - 65:9	Blair, Aaron 03-20-2017 (00:00:00)	Blair.79
_ 3.0 30.0	65:9 A. Roughly.	
	oo.a A. Houghly.	

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67:21 - 67:23	Blair, Aaron 03-20-2017 (00:00:08)	Blair.80
	67:21 Q. Okay. There was only one cancer that the	clear
	67:22 committee found to be associated with glyphosate,	
	67:23 right?	51 . 64
67:25 - 67:25	Blair, Aaron 03-20-2017 (00:00:00)	Blair.81
00.0 00.5	67:25 THE WITNESS: Yes.	Distr. 00
68:2 - 68:5	Blair, Aaron 03-20-2017 (00:00:07)	Blair.82
	68:2 Q. And that's non-Hodgkin's lymphoma?	
	68:3 A. Correct.	
	68:4 Q. And the mechanistic evidence was what,	
68:11 - 68:12	68:5 sir?	Blair.83
00.11 - 00.12	Blair, Aaron 03-20-2017 (00:00:06)	BA4.78.5
	68:11 A. That it was genotoxic and had another	DA4.70.5
69:21 - 70:4	68:12 possible effect with oxidative stress.	Blair.84
09.21 - 70.4	Blair, Aaron 03-20-2017 (00:00:23)	Diaii.04
	69:21 Q. Okay. Now, for the first time we're	BA5.2.1
	69:22 talking about a study here, the AHS study. I want to	DA0.2.1
	69:23 ask you about it: "The AHS cohort did not show a	
	69:24 significantly increased risk of non-Hodgkin's	
	69:25 lymphoma."	
	70:1 So there was a study that did not show	
	70:2 the association between between glyphosate and	
	70:3 non-Hodgkin's lymphoma, right? 70:4 A. Yes.	
70:7 - 70:13	Blair, Aaron 03-20-2017 (00:00:14)	Blair.85
	70:7 Q. And in fact, you were the author of that	clear
	70:8 study, or one of them, right, sir?	
	70:9 A. One of the authors.	
	70:10 Q. And in spite of being the author of the	
	70:10 'Q: And in spite of being the addition of the	
	70:11 Study that didn't show the association, you voted	
	70:12 that in last there was an association sassa on the 70:13 totality of the evidence, right, sir?	
70:15 - 70:20	Blair, Aaron 03-20-2017 (00:00:20)	Blair.86
	70:15 THE WITNESS: Yes.	
	70:16 BY MR. MILLER:	
	70:17 Q. Okay. All right. "And glyphosate has	BA5.2.2
	70:18 been detected in the blood and urine of agricultural	
	70:19 workers indicating absorption."	
	70:20 What does that mean, sir?	
70:25 - 71:4	Blair, Aaron 03-20-2017 (00:00:06)	Blair.87

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	70.05 A If the in the blood it had to not them.	
	70:25 A. If it's in the blood, it had to get there	
	71:1 somehow. 71:2 Q. Sure.	
	71:3 A. So it had to be absorbed through some 71:4 tissue.	
85:17 - 85:23	Blair, Aaron 03-20-2017 (00:00:17)	Blair.88
00.11	, ,	BA9.1 - BA9.1.1
	85:17 Q. All right. This is a publication "IARC	
	85:18 Monographs: 40 Years of Evaluating Carcinogenic 85:19 Hazards to Humans."	
	85:20 Do you remember that? 85:21 A. Yes.	
	85:22 Q. And you're one of the authors? 85:23 A. Yes.	
86:3 - 86:12		Blair.89
00.0 00.12	Blair, Aaron 03-20-2017 (00:00:25)	Dian.oo
	86:3 Basically, what you were looking at here	
	86:4 was to look historically at IARC's findings to see if	
	86:5 they had gotten it right or wrong over the years. Is	
	86:6 that a fair assessment?	
	86:7 A. And to discuss the process that they go	
	86:8 through.	
	86:9 Q. And what you concluded, and correct me if	
	86:10 I'm wrong, was was that IARC got it right most of	
	86:11 the time, or wrong?	
86:13 - 86:21	86:12 A. That they get it right most of the time. Blair, Aaron 03-20-2017 (00:00:29)	Blair.90
00.10 00.21	,	BA9.2.1
	86:13 Q. It says, for background: "Some critics	27.0.2.1
	86:14 have claimed that IARC working groups, failures to	
	86:15 recognize study weaknesses and biases of working	
	86:16 group members, have led to inappropriate	
	86:17 classification of a number of agents as carcinogenic	
	86:18 to humans."	
	86:19 That was the background for which caused	
	86:20 you to want to research this subject, right? 86:21 A. Yes.	
86:22 - 86:24	80:21 A. Yes. Blair, Aaron 03-20-2017 (00:00:05)	Blair.91
00.22 00.24		Dian.s i
	86:22 Q. And what did you do to investigate this	
	86:23 to see if in fact IARC had been getting it right more	
87:4 - 87:8	86:24 often than not?	Blair.92
57. 4 07.0	Blair, Aaron 03-20-2017 (00:00:17)	Dian.uz
	87:4 A. Well, we looked at the process that IARC	

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	07.5 followed the historical events as of what they had	
	87:5 followed, the historical examples of what they had	
	87:6 done, and whether or not later changes were made to	
	87:7 the evaluations to indicate general agreement with 87:8 what IARC had done or not.	
87:9 - 87:11	Blair, Aaron 03-20-2017 (00:00:07)	Blair.93
	87:9 Q. And you concluded, "you" being this group	BA9.2.2
	87:10 of scientists, concluded that these recent criticisms	
	87:11 are unconvincing, right?	
87:14 - 87:14	Blair, Aaron 03-20-2017 (00:00:00)	Blair.94
	87:14 THE WITNESS: Yes.	
87:16 - 87:17	Blair, Aaron 03-20-2017 (00:00:03)	Blair.95
	87:16 Q. I'm not real good with numbers, but I'm	BA9.1
	87:17 going to give it a try. One, two	BA9.1.3
87:17 - 87:19	Blair, Aaron 03-20-2017 (00:00:04)	Blair.96
	87:17 going to give it a try. One, two there's over 110	
	87:18 scientists that authored this paper.	
	87:19 A. Right.	
89:24 - 90:20	Blair, Aaron 03-20-2017 (00:01:00)	Blair.97
	89:24 Q. Let's start off where you left off with	
	89:25 plaintiffs' counsel. You have been doing research	
	90:1 regarding cancer in farmers for, what, 40 years now?	
	90:2 A. Close.	
	90:3 Q. And, in fact, you have publications on	
	90:4 cancer and hematopoietic cancers in farmers dating	
	90:5 back, from my research, at least to 1979? 90:6 A. Yes.	
	90.6 A. res. 90:7 Q. And there have been epidemiological	
	90:8 studies that have associated farming with	
	90:9 hematopoietic cancers and non-Hodgkin lymphoma dating	
	90:10 back to the 1960s, right?	
	90:11 A. Yes.	
	90:12 Q. And that was well before glyphosate was	
	90:13 on the market, correct?	
	90:14 A. Yes.	
	90:15 Q. So it's fair to say that there is some	
	90:16 something going on with farmers that appears to be	
	90:17 associated with an increased risk of non-Hodgkin	
	90:18 lymphoma that predated glyphosate being on the scene,	
	90:19 right?	
	90:20 A. Yes.	

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		DI-1-00
90:24 - 91:3	Blair, Aaron 03-20-2017 (00:00:10)	Blair.98
	90:24 There is something going on with farmers	
	90:25 and their exposures that is leading to an increased	
	91:1 risk of non-Hodgkin lymphoma that we know for a fact	
	91:2 can't be glyphosate, correct?	
04.00 00.7	91:3 A. Yes.	Blair.99
91:23 - 96:7	Blair, Aaron 03-20-2017 (00:04:32)	Diair.99
	91:23 Q. Okay. But when you're studying	
	91:24 glyphosate in epidemiology, when you're focusing on	
	91:25 glyphosate in farmers, you want to make sure that you	
	92:1 control that you can control for those other	
	92:2 possible confounders to be sure that you are actually	
	92:3 studying glyphosate, correct?	
	92:4 A. Yes.	
	92:5 Q. Now, your research into farmers has	
	92:6 included both case what's called case-control	
	92:7 studies and cohort studies, correct?	
	92:8 A. Yes.	
	92:9 Q. And you played a significant role I	
	92:10 think this was referred to briefly in your testimony	
	92:11 with questions from plaintiffs' counsel about the	
	92:12 formation of the Agricultural Health Study, correct?	
	92:13 A. Correct.	
	92:14 Q. And the Agricultural Health Study is a	
	92:15 collaborative effort involving the National Cancer 92:16 Institute, the National Institute of Environmental	
	92:17 Health Sciences, and the United States Environmental	
	92:18 Protection Agency, correct?	
	92:19 A. Those three, and also the National	
	92:20 Institute of Occupational Safety and Health, and the	
	92:21 University of Iowa.	
	92:22 Q. And the Agricultural Health Study is	
	92:23 what's called a cohort study, correct?	
	92:24 A. Yes.	
	92:25 Q. And that is when you get a group of	
	93:1 individuals, and in this case, farmers, correct?	
	93:2 A. Yes.	
	93:3 Q. And you	
	93:4 A. And their spouses.	
	93:5 Q. And their spouses.	
	55.5 Q. / the their operation.	

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- 93:6 And you find out various exposures
- 93:7 they've had, various facts about them before they
- 93:8 have any -- the disease in question that you're going
- 93:9 to be studying, correct?
- 93:10 A. Correct.
- 93:11 Q. And then you follow them over time to
- 93:12 determine whether or not that disease develops --
- 93:13 A. Yes.
- 93:14 Q. -- or certain diseases develop?
- 93:15 And in this case you brought together --
- 93:16 how many -- how many farmers and their wives did you
- 93:17 gather information on in your study?
- 93:18 A. About 80.000.
- 93:19 Q. And for those 80,000 then, you obtained
- 93:20 information about all sorts of different exposures
- 93:21 that they may have had, correct?
- 93:22 A. Yes.
- 93:23 Q. And that included obtaining information
- 93:24 regarding any exposures to glyphosate, correct?
- 93:25 A. Yes.
- 94:1 Q. And at the time you gathered that
- 94:2 information, you were not -- you were looking at
- 94:3 exposures, historical exposures going back in time,
- 94:4 correct?
- 94:5 A. Yes.
- 94:6 Q. And the Agricultural Health Study was
- 94:7 initiated and formed to address some of the
- 94:8 limitations in the earlier case-control studies that
- 94:9 had been conducted regarding risks of pesticides or
- 94:10 other exposures in farmers, correct?
- 94:11 A. It -- it was initiated and formed to
- 94:12 provide a different design to look at the same issue.
- 94:13 Q. It was initiated, at least in part, to
- 94:14 address some of the limitations of the case-control
- 94:15 studies, correct?
- 94:16 A. Yes.
- 94:17 Q. And, for example, one of the limitations
- 94:18 of the case-control studies was something called
- 94:19 recall bias, correct?
- 94:20 A. It's a potential limitation.

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Page/Line ID Source 94:21 Q. The Agricultural Health Study was 94:22 initiated in order to have a study that was examining 94:23 the possibility of exposures, for example, glyphosate 94:24 and non-Hodgkin lymphoma that did not have this 94:25 problem with recall bias, correct? 95:1 A. Correct. 95:2 Q. The issue of recall bias is that when you 95:3 are asking individuals who have a disease already 95:4 about their past exposures, the concern is that they 95:5 will recall more exposures than people who don't have 95:6 the disease, correct? 95:7 A. That's a concern. 95:8 Q. If you have recall bias, then you're 95:9 going to have an artificial increase in that odds 95:10 ratio, those numbers we were looking at previously, 95:11 that is due to the fact that the individual with 95:12 cancer just recalls more exposures, not that he 95:13 actually had more exposures, right? 95:14 A. Of course, it actually depends on the direction of 95:15 the bias. It can be either direction. 95:16 Q. But for recall bias, if a person with 95:17 cancer recalls more exposures than a person who 95:18 doesn't have cancer and hasn't been thinking about 95:19 that --95:20 A. If they record more exposures, that would 95:21 be true. If they recalled less, it would be the 95:22 other direction. 95:23 Q. Understood. And so the Agricultural 95:24 Health Study was designed to avoid that problem 95:25 altogether, correct? 96:1 A. Correct. 96:2 Q. The Agricultural Health Study was also 96:3 designed to try and deal with issues of 96:4 misclassification of exposures by going to farmers 96:5 who you -- you testified earlier have better recall 96:6 and also periodic follow-up, correct? 96:7 A. Yes. Blair, 100 96:11 - 97:3 Blair, Aaron 03-20-2017 (00:00:57) 96:11 But at the time of enrollment, the 96:12 members of the AHS cohort had an average of about 15

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	103:13 A. That would be the main focus, not the	
	103:14 only focus. And the next focus is the subgroup	
	103:15 you're in, to look at that literature because that's	
	103:16 where your expertise lies.	
114:13 - 114:21	Blair, Aaron 03-20-2017 (00:00:24)	Blair.102
	114:13 The the work that was being done	
	114:14 during that three-month period before the meeting,	
	114:15 the responsibility was to assemble the data and put	
	114:16 into tables. It was not to come up with an	
	114:17 evaluation during that prior period, correct?	
	114:18 A. Right.	
	114:19 Q. So the evaluation process doesn't begin	
	114:20 until the start of that one-week period, correct?	
	114:21 A. Correct.	
115:12 - 116:3	Blair, Aaron 03-20-2017 (00:00:30)	Blair.103
	115:12 Q. So you would have maybe a day or two of	
	115:13 analysis and evaluation that went into the IARC	
	115:14 working group's classification of glyphosate,	
	115:15 correct?	
	115:16 A. Roughly correct.	
	115:17 Q. So	
	115:18 A. But spread over the five days.	
	115:19 Q. Right.	
	115:20 A. So it you know, it's important that	
	115:21 it's not just done this day and then it's done.	
	115:22 Q. Right.	
	115:23 A. It's done, you look at it, you think	
	115:24 about it, you come back to it, you look at it and	
	115:25 think about it, you come back to it.	
	116:1 Q. Right.	
	116:2 A. That's a different process than just you	
	116:3 got this day.	
117:16 - 117:18	Blair, Aaron 03-20-2017 (00:00:05)	Blair.104
	117:16 The evaluation analysis only takes place	
	117:17 during that one-week period, correct?	
	117:18 A. Yes.	
119:13 - 120:19	Blair, Aaron 03-20-2017 (00:01:36)	Blair.105
	119:13 Q. So just so I'm clear, the IARC working	
	119:14 group, both the subgroup and the full working group,	
	119:15 determined that the evidence of glyphosate with	

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Blair-Aaron 2017-03-20 Direct & Redirect Exam Played in Court Page/Line ID Source 119:16 respect to non-Hodgkin lymphoma was limited, correct? 119:17 A. For epidemiology, yes. 119:18 Q. The term "limited" as used by IARC, and 119:19 as you understood it when you were making that 119:20 finding, is that epidemiology -- epidemiology studies 119:21 have found an association between glyphosate and 119:22 cancer, but that chance, bias and confounding could 119:23 not be excluded as explanations for the finding, 119:24 correct? 119:25 A. Correct. 120:1 Q. Now, you had previously in your previous 120:2 answer talked about the separate evaluation that IARC 120:3 came to as far as overall the 2A classification. 120:4 correct? So epidemiology is a part of that, right? 120:5 A. Yes. 120:6 Q. But the 2A classification for glyphosate 120:7 was based, at least in part, on a separate 120:8 determination regarding the animal studies, correct? 120:9 A. Yes. 120:10 Q. The 2A classification for glyphosate is 120:11 based upon the determination that the animal studies 120:12 provided strong evidence of carcinogenicity in 120:13 animals for glyphosate, correct? 120:14 A. Yes, that's as I recall it. Because now 120:15 you're going to the subgroup --120:16 Q. Right. 120:17 A. -- that I didn't sit in on, you know, and 120:18 I just have to remember what they said. Yes, I think 120:19 that's right. Blair 106 128:20 - 129:5 Blair, Aaron 03-20-2017 (00:00:33) 128:20 Q. And you discussed earlier that pursuant 128:21 to the preamble for IARC, IARC only considers 128:22 scientific literature that is peer-reviewed or 128:23 made-publicly-available regulatory documents; is that 128:24 correct? 128:25 A. Not just regulatory. It's peer reviewed 129:1 or publicly available is the key thing. 129:2 Q. Understood. Prior to Monograph 112 --129:3 the Monograph 112 working group meeting, you were 129:4 aware of unpublished epidemiological data regarding

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100.0 100.0	129:5 glyphosate and hematopoietic cancers, correct?	DI-1-407
129:6 - 129:8	Blair, Aaron 03-20-2017 (00:00:07)	Blair.107
	129:6 A. Well, I'm hesitating because it means	
	129:7 were we working on the pooled analysis at that time,	
	129:8 which I think was probably true.	DI : 400
131:18 - 131:21	Blair, Aaron 03-20-2017 (00:00:11)	Blair.108
	131:18 Q. In this October 23rd e-mail, Dr. Pahwa	4751.1
	131:19 provides a summary of a meeting you guys had on	4751.1.1
	131:20 October 20 in which you discussed in part the	
	131:21 possibility of getting some I will focus this	DI : 400
131:22 - 131:22	Blair, Aaron 03-20-2017 (00:00:02)	Blair.109
	131:22 because it's getting out of focus.	DI : 440
131:23 - 133:6	Blair, Aaron 03-20-2017 (00:01:19)	Blair.110
	131:23 Dr. Pahwa is recounting a discussion that	
	131:24 you had on October 20 about the possibility of	
	131:25 getting some NAPP data on glyphosate published in	
	132:1 time for consideration by the Monograph 112 working	
	132:2 group, correct?	
	132:3 A. Yes.	
	132:4 Q. And during this meeting, you explained	
	132:5 your role on the Monograph 112 working group and the	4751.1.2
	132:6 deadline for getting data published for consideration	
	132:7 by the working group in its evaluation of glyphosate,	
	132:8 correct?	
	132:9 A. Well, is it in here somewhere?	
	132:10 Q. Yes.	
	132:11 A. You're saying	
	132:12 Q. I'm sorry. It's the final bullet on the	
	132:13 first page, and it's highlighted on the document, but	
	132:14 it starts: "Aaron will be" the final bullet.	
	132:15 A. Okay. Closing date. All right. Yes.	
	132:16 Q. "Aaron will be on the IARC"	
	132:17 A. Yeah.	
	132:18 Q "Monograph 112 working group on	
	132:19 March 3rd to 10 to help evaluate malathion,	
	132:20 parathion"	
	132:21 A. Yeah, okay.	
	132:22 Q "diazinon, glyphosate," et cetera.	
	132:23 "The closing date for data is February 3rd. Manisha	
	132:24 has agreed to lead an analysis of glyphosate and NHL,	
	3,7,000	

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	132:25 MM and HL risks. She will submit her proposal to the 133:1 NAPP executive committee by October 24th. Once 133:2 approved, a progress check will be done in a month to 133:3 determine if it's feasible to meet the February 3rd 133:4 deadline. NHL is the priority cancer site."	4751.2.1
139:13 - 139:21	133:6 A. Yeah. Blair, Aaron 03-20-2017 (00:00:28)	Blair.111
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	139:13 Q. Dr. Harris reports back to the group that 139:14 the North American Pooled Project data did not show 139:15 an elevated risk for multiple myeloma associated with 139:16 glyphosate, correct?	4789.1.1
	139:17 A. Yes. 139:18 Q. The adjusted odds ratio for multiple 139:19 myeloma for ever and never use of glyphosate was 1.23 139:20 with confidence intervals of 0.86 to 1.76, correct? 139:21 A. Yes.	4789.1.2
139:22 - 141:11	Blair, Aaron 03-20-2017 (00:01:31) 139:22 Q. That's what epidemiologists refer to as a 139:23 null finding, correct? 139:24 A. No, that's not what they refer to as a 139:25 null finding. 140:1 Q. Not the 140:2 A. That's what they refer to as an excess 140:3 that isn't statistically significant. 140:4 Q. A nonstatistically significant finding, 140:5 correct? 140:6 A. Nonstatistically significant excess. 140:7 Q. Okay. So there was no statistically 140:8 significant association between glyphosate exposure 140:9 and multiple myeloma in the NAPP data, correct? 140:10 A. Correct. 140:11 Q. Dr. Harris also reports results with	Blair.112
	140:12 proxy respondents excluded, correct? The last three 140:13 columns in her table? 140:14 A. Yes. 140:15 Q. A proxy is a next of kin or a spouse, not 140:16 the actual individual who had the potential exposure, 140:17 correct? 140:18 A. Correct.	4789.1.3

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	140:19 Q. And generally speaking, self-reported 140:20 data of the individual who had the exposure is 140:21 considered more reliable than proxy reported exposure 140:22 data, correct? 140:23 A. Correct. 140:24 Q. When proxy respondents were excluded, the 140:25 NAP data NAPP data showed that the odds ratio for 141:1 ever/never use of glyphosate and multiple myeloma was 141:2 0.97 with confidence intervals of 0.63 to 1.48, 141:3 correct? 141:4 A. Right. 141:5 Q. So using the most reliable exposure data, 141:6 there was no suggestion whatsoever of any increased 141:7 risk of multiple myeloma with glyphosate exposure, 141:8 correct? 141:9 A. Correct. 141:10 Q. So that was a null finding, correct?	4789.1.4
142:3 - 144:14	Blair, Aaron 03-20-2017 (00:02:36) 142:3 Q. And then the second paragraph, the last 142:4 sentence, starting at the end of line 2: "I expect 142:5 we will have a draft to review in the next few weeks 142:6 and a paper could be submitted early in the new year 142:7 or before." Correct? 142:8 A. Okay. Yes. 142:9 Q. And you were copied on obviously this 142:10 e-mail that sets forth the NAPP data for glyphosate 142:11 and multiple myeloma, correct? 142:12 A. Correct. 142:13 Q. But despite the fact that you had this 142:14 data and it was in a form that could be submitted for 142:15 review and submitted for publication in time for the 142:16 IARC Monograph, this data was not in fact published 142:17 in time for the IARC Monograph 112 review, was it? 142:18 A. I think not.	Blair.113 4789.1.5
	142:19 Q. In fact, the data was not published until 142:20 June of 2016, some twenty months later and well after 142:21 the IARC working group had conducted its review of 142:22 glyphosate, correct? 142:23 A. And I don't think it was submitted to	

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- 142:24 it can be submitted to IARC if it's accepted for
- 142:25 publication, but I don't think this was. So I think
- 143:1 your answer -- your comments are correct.
- 143:2 Q. Now, the June 2000 --
- 143:3 A. And I just want to make the point that it
- 143:4 doesn't have to be published, it has to be accepted,
- 143:5 which means it's available from the journal.
- 143:6 Q. Good clarification. So if you had -- you
- 143:7 and the other NAPP investigators had submitted this
- 143:8 data, it could have been considered by the IARC
- 143:9 working group even if it hadn't been published yet?
- 143:10 A. If it had been accepted by the journal
- 143:11 and up on the journal's website, which happens to --
- 143:12 actually, one of the papers I got is the website
- 143:13 version. It is the same thing as the published one.
- 143:14 Q. But you guys didn't -- you guys didn't do
- 143:15 that. You didn't get this data in a position that
- 143:16 the IARC working group could consider it, correct?
- 143:17 A. Correct.
- 143:18 Q. And -- but you were obviously aware of
- 143:19 this data during the IARC working group
- 143:20 deliberations, right?
- 143:21 A. Yes.
- 143:22 Q. Did you mention the NAPP findings of no
- 143:23 association between glyphosate and multiple myeloma
- 143:24 to any of your fellow working group members during
- 143:25 the Monograph 112 deliberations?
- 144:1 A. I don't think so. But I don't recall for
- 144:2 sure. It wasn't published.
- 144:3 Q. Just to be clear, it wasn't published
- 144:4 because you guys decided not to publish it, correct?
- 144:5 A. Because we didn't go through the process
- 144:6 to get everything ready to send it off for
- 144:7 publication. It's still not a sure thing, you
- 144:8 understand. You make it sound like you decide, then
- 144:9 it's done for sure. No, that's not the case. You
- 144:10 work on it, you look at it, you revise, you send it
- 144:11 to the journal to get reviews back from authors of --
- 144:12 the reviewers at the journal and so forth, and all
- 144:13 that goes into the decision of whether you can make

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		144:14 it, and we didn't do that. That is correct.	
	145:14 - 145:17	Blair, Aaron 03-20-2017 (00:00:03)	Blair.114
		145:14 (Blair Exhibit No. 16 was marked for	5637.1
		145:15 identification.)	
		145:16 MR. MILLER: 16?	
		145:17 MR. LASKER: 16.	
	145:18 - 146:5	Blair, Aaron 03-20-2017 (00:00:40)	Blair.115
		145:18 BY MR. LASKER:	
		145:19 Q. And, Dr. Blair, this is a presentation	
		145:20 that the North American Pooled project investigators,	
		145:21 including yourself, made with respect to what the	
		145:22 NAPP data showed for glyphosate and non-Hodgkin	
		145:23 lymphoma, correct?	
		145:24 A. Yeah. Yes.	5007.4.4
		145:25 Q. And this was presented on June 2015,	5637.1.1
		146:1 which was after the IARC a few months after the	
		146:2 IARC Monograph 112 meeting, correct?	
		146:3 A. Right.	
		146:4 Q. Now, if I can direct you to the first	5637.12.1
	146.6 146.6	146:5 data table in this log deck, and it's a few pages in,	Blair.116
	146:6 - 146:6	Blair, Aaron 03-20-2017 (00:00:02)	Diair.110
	146:7 - 146:8	146:6 and specifically so it would be this table right	Blair.117
	140.7 - 140.6	Blair, Aaron 03-20-2017 (00:00:01)	Diaii.117
		146:7 here (indicating). Okay. We will put it up on the	
	146:13 - 147:13	146:8 screen.	Blair.118
	140.13 - 147.13	Blair, Aaron 03-20-2017 (00:01:13)	Dian. 110
		146:13 Q. So the this table presents data on	
		146:15 respect to glyphosete use and non Haddkin lymphome	
		146:15 respect to glyphosate use and non-Hodgkin lymphoma	
		146:17 A Yes	
		146:17 A. Yes.	
		146:18 Q. And the first the overall odds ratio	
		146:19 for ever/never use of glyphosate and non-Hodgkin 146:20 lymphoma in the North American Pooled Project is 1.22	
		146:21 with confidence intervals of 0.91 to 1.63, correct? 146:22 A. Correct.	
		146:23 Q. So this is basically the same finding 146:24 that the NAPP had made with respect to multiple	
		146:25 myeloma back in October of 2014, almost exact same	
		147:1 odds ratios, not statistically significant, correct?	
		147.1 oddo ratios, not statistically significant, correct:	

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	147:2 A. The odds ratio that are similar, right?	
	147:3 Q. Yes.	
	147:4 A. Is that your point?	
	147:5 Q. Yes.	
	147:6 A. Yes.	
	147:7 Q. And not statistically significant,	
	147:8 correct?	
	147:9 A. Yes.	
	147:10 Q. And just like with the multiple myeloma	
	147:11 analysis we looked at before, we also have an	
	147:12 analysis that breaks out proxies and looks only at	5637.16.1
	147:13 the most reliable exposure data, and I think that is	
147:14 - 148:22	Blair, Aaron 03-20-2017 (00:01:37)	Blair.119
	147:14 the table that looks like this (indicating). I	
	147:15 apologize, there's not there are no page numbers	
	147:16 here.	
	147:17 A. Okay.	
	147:18 Q. But in this analysis, proxy by	
	147:19 self-respondents, just as with multiple myeloma	
	147:20 finding, when you looked at the NAPP data and you	
	147:21 looked at the most the more reliable	
	147:22 self-respondent only data, you have an odds ratio for	
	147:23 non-Hodgkin lymphoma and glyphosate in the North	
	147:24 American Pooled Project of 1.04, with a confidence	
	147:25 interval of 0.75 to 1.45, correct?	
	148:1 A. Correct.	
	148:2 Q. So, again, this is a null finding from	
	148:3 the North American Pooled Project with respect to	
	148:4 whether or not glyphosate is associated with	
	148:5 non-Hodgkin lymphoma, correct?	
	148:6 A. Yes.	clear
	148:7 Q. Did you mention these North American	oleai
	148:8 Pooled Project findings of no association between	
	148:9 glyphosate and non-Hodgkin lymphoma to any of your	
	148:10 fellow working group members during the Monograph 112 148:11 deliberations?	
	148:12 A. I don't think so. And I want to say,	
	148:13 actually I don't know whether these were available or	
	148:14 not. So you I mean whether I even knew about	
	148:15 them, because the analysis of multiple myeloma was	

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	148:16 going on, but I don't know whether this one was done	
	148:17 or not. If it was, I'm sure you're going to show me,	
	148:18 but I don't know whether this one was done or not.	
	148:19 Q. Well, you certainly knew that you had the	
	148:20 ability to look at that. You were	
	148:21 A. Well, that's a different thing than	
	148:22 knowing what it is. We can look at a lot of things.	
149:4 - 151:8	Blair, Aaron 03-20-2017 (00:02:03)	Blair.120
	149:4 Q. Is it your testimony that you in fact,	
	149:5 though, then didn't look at that data?	
	149:6 A. I there were a bunch of things going	
	149:7 on, and they were already analyzing, and I just don't	
	149:8 remember the sequence that got to it. You make it	
	149:9 sound like as if you can decide to look at it, and	
	149:10 just it's over and done. These things take months	
	149:11 and months and months. And so if you haven't looked	
	149:12 at anything at all, the odds aren't good that you can	
	149:13 complete it beforehand, before some date. And I	
	149:14 think that was part of the thinking about non-Hodgkin	
	149:15 lymphoma, that we couldn't get it ready in time.	
	149:16 Q. You haven't published your findings with	
	149:17 respect to glyphosate and non-Hodgkin lymphoma to	
	149:18 this day, have you?	
	149:19 A. No.	
	149:20 Q. It's now three years later, correct?	
	149:21 A. Scientific research takes time.	
	149:22 Q. The and because of the fact that you	
	149:23 had not published these results, including this	
	149:24 finding of a null finding in the North American	
	149:25 Pooled Project for glyphosate and non-Hodgkin	
	150:1 lymphoma, that information was not available to IARC.	
	150:2 Correct?	
	150:3 A. No.	
	150:4 Q. It was not available, correct?	
	150:5 A. No.	
	150:6 Q. I'm going to restate that.	
	150:7 It is correct that IARC did not have this	
	150:8 information, right? Yes, IARC didn't have it?	
	150:9 A. IARC did not have it.	
	150:10 Q. IARC didn't have it.	

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154:13 - 155:16	150:11 A. No. 150:12 Q. And the various regulatory agencies, 150:13 including the EPA and regulatory agencies around the 150:14 world, also have not had this information that the 150:15 that you've been aware of with respect to non-Hodgkin 150:16 lymphoma? 150:17 A. Yeah, except so, okay, I see you're 150:18 pushing this hard now. So what if we look at 150:19 frequency of days per year of use? 150:20 Q. Okay. 150:21 A. So now when you look at the people who 150:22 used it more, they do have an excess of non-Hodgkin's 150:23 lymphoma among the self-respondents. 150:24 Q. That now, that's interesting you 150:25 picked that one out. Why did you not look at 151:1 duration or lifetime days? 151:2 A. There's a lot 151:3 Q. There's a lot of analyses. You picked 151:4 that one. 151:5 A. There are a lot of them. You look at a 151:6 lot of different things and you have to try to 151:7 evaluate the whole thing. I picked out one and you 151:8 picked out one. Blair, Aaron 03-20-2017 (00:01:34) 154:13 Q. So, with respect to the De Roos 2005 154:14 paper, this is a paper that you were a study that 154:15 you were co-author on, correct? 154:19 incidence among glyphosate-exposed pesticide 154:20 applicators, correct? 154:21 A. Yeah. Yes. 154:22 Q. And if you turn to page 49, the first 154:23 page actually, on the "Materials and Methods" 154:24 section, the De Roos 2005 paper was reporting out the 154:25 findings from the AHS cohort based upon exposure data 155:1 gathered between 1993 and 1997, and incidence of 155:2 cancers identified as of December 31st, 2001, 155:3 correct?	Blair.121 4603.1.1

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	155:4 A. Well, the '93 to '97 is correct. I guess	
	155:5 the other is.	
	155:6 Q. If you read down a little bit further	
	155:7 along that same section, you will see	
	155:8 A. Yes.	
	155:9 Q cancers.	
	155:10 A. Okay. Yes. Okay.	
	155:11 Q. And if you go to page 51, Table 2, based	4603.3.1
	155:12 on this data, De Roos 2005 identified 92 cases of	
	155:13 non-Hodgkin lymphoma in farmers and the cohorts who	
	155:14 had been who had reported exposure to glyphosate,	
	155:15 correct?	
	155:16 A. Yes.	
155:17 - 156:12	Blair, Aaron 03-20-2017 (00:00:51)	Blair.122
	155:17 Q. And De Roos calculated and adjusted risk	
	155:18 ratio for ever/never use of glyphosate and	4603.3.2
	155:19 non-Hodgkin lymphoma of 1.1 with a confidence	
	155:20 interval of 0.7 to 1.9, correct?	
	155:21 A. Correct.	
	155:22 Q. Which is showing no statistically	
	155:23 significant association, correct?	
	155:24 A. Yes.	
	155:25 Q. And De Roos 2005 also presents data on	
	156:1 non-Hodgkin lymphoma and glyphosate in association	
	156:2 with the duration and intensity of exposure to	
	156:3 glyphosate, correct?	
	156:4 A. Yes.	4603.4.1
	156:5 Q. That data was presented on page 52,	
	156:6 Table 3?	
	156:7 A. Yes.	
	156:8 Q. And provides an analysis of 61 cases of	
	156:9 non-Hodgkin lymphoma in farmers who had been exposed	
	156:10 to glyphosate, correct? Towards the bottom of that	
	156:11 chart, the non-Hodgkin lymphoma.	
	156:12 A. Yes. Yes. Yes.	
156:17 - 157:21	Blair, Aaron 03-20-2017 (00:01:20)	Blair.123
	156:17 Q. For both cumulative exposure days	
	156:18 well, first of all, let me see if I understand this.	
	156:19 What is cumulative exposure days in the	
	156:20 AHS evaluation?	

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	156:21 A. The number of days per year they say they	
	156:22 applied a chemical multiplied by the number of years	
	156:23 they said they used it.	
	156:24 Q. And what is the intensity of exposure?	
	156:25 A. It's those two factors weighted also by	
	157:1 how they use protective equipment and things such as	
	157:2 that that would influence exposure.	
	157:3 Q. So in the De Roos 2005 paper for both	
	157:4 cumulative exposure days, which is this data here	
	157:5 (indicating), and for intensity weighted exposure	
	157:6 dates, which is this data here (indicating), the	4603.4.2
	157:7 relative risk for non-Hodgkin lymphoma was below 1.0	
	157:8 for higher exposures to glyphosate, correct?	
	157:9 A. Correct.	
	157:10 Q. So farmers who had either more days of	
	157:11 exposure to glyphosate or had more intense exposure	
	157:12 to glyphosate had a high had a lower	
	157:13 A. Lower.	
	157:14 Q lower incidence of non-Hodgkin	
	157:15 lymphoma than farmers who had not used glyphosate,	
	157:16 correct?	
	157:17 A. That was not statistically significant.	
	157:18 Q. So this would be a negative association.	
	157:19 It wouldn't be a null finding, but it would not be	
	157:20 statistically significant, correct?	
160:10 - 160:14	157:21 A. Correct.	Blair.124
100.10 - 100.14	Blair, Aaron 03-20-2017 (00:00:12)	clear
	160:10 Q. In fact, as we discussed earlier, at the	olcai
	160:11 time of entry into the Agricultural Health Study, the	
	160:12 subject applicators, the farmers, had an average of	
	160:13 about 15 years of pesticide use already, correct?	
160:20 - 161:13	160:14 A. Correct.	Blair.125
100.20 - 101.10	Blair, Aaron 03-20-2017 (00:00:43)	Dian. 120
	160:20 Q. So on average, by the time the data	
	160:21 collected for the 2005 De Roos study was analyzed,	
	160:22 the farmers would have had more than 20 years had	
	160:24 capear patentially, correct?	
	160:24 cancer potentially, correct? 160:25 A. More than twenty years' exposure to what?	
	161:1 Q. To glyphosate.	
	101.1 Q. 10 giyphosate.	

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	161:2 A. Some may have. Right?	
	161:3 Q. Correct.	
	161:4 A. Some may have.	
	161:5 Q. Certainly more than 6.7 years. That's	
	161:6 not the correct year to be looking at for how much	
	161:7 exposure they had had, correct?	
	161:8 A. That's the person their follow-up	
	161:9 time.	
	161:10 Q. So that was the time from the	
	161:11 questionnaire to follow-up, not exposure to	
	161:12 follow-up?	
	161:13 A. Correct.	
164:17 - 164:21	Blair, Aaron 03-20-2017 (00:00:18)	Blair.126
	164:17 Q. Okay. Now, in fact, the AHS has	
	164:18 conducted additional analyses of glyphosate following	
	164:19 the 2005 paper published study with far larger	
	164:20 a far larger number of incidence of NHL cases and	
	164:21 longer follow-up, correct?	
164:22 - 165:8	Blair, Aaron 03-20-2017 (00:00:26)	Blair.127
	164:22 A. There is a paper on that?	
	164:23 Q. AHS has conducted analyses of	
	164:24 glyphosate	
	164:25 A. Oh, okay. Okay.	
	165:1 Q following the 2005 publication with a	
	165:2 far larger number of NHL cases and a longer	
	165:3 follow-up, correct?	
	165:4 A. I think that's underway, yes.	
	165:5 Q. Let me mark as next exhibit in line, and	
	165:6 I will do this as Exhibit A and B. So 19-A and 19-B.	
	165:7 (Blair Exhibit Nos. 19-A and 19-B	4065.1.1
	165:8 were marked for identification.)	
166:19 - 166:21	Blair, Aaron 03-20-2017 (00:00:05)	Blair.128
	166:19 Q. So these are drafts prepared in February	
	166:20 2013 and March of 2013, correct?	
	166:21 A. Yes.	
166:24 - 168:6	Blair, Aaron 03-20-2017 (00:01:34)	Blair.129
	166:24 If you look at the February 2013 draft,	
	166:25 there is in fact, starting on the very first page,	
	167:1 a comment on the draft by an AEB, and that would be	
	167:2 you, correct? Aaron Blair.	

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Page/Line Page/Line	167:3 A. On the first page? 167:4 Q. Well, if you look on the right, you will 167:5 see these little comment bubbles. And if you look 167:6 throughout the document, you will see these comment 167:7 bubbles. 167:8 A. Yes. Yes. 167:9 Q. And these this is your comment 167:10 these are your comments on the document, correct? 167:11 A. Yeah. Correct. 167:12 Q. And if you look at the March 2013 draft, 167:13 which is the next document, it also has various 167:14 comments by you on the publication on the draft 167:15 publication, correct? 167:16 A. Yes. 167:17 Q. Okay. Now, let's so it's fair to say 167:18 that as of March 2013, you had reviewed at least two 167:19 versions of this draft publication, correct? 167:20 A. Yes. 167:21 Q. Well, let's focus on the March 2013 167:22 draft. And if I could turn you first to page 6 in 167:23 the discussion of the study population. 167:24 A. We're at 2000 oh, March '13. Okay. 167:25 Yes, got it. 168:1 Q. So I turn you to page 6. 168:2 A. Six? 168:3 Q. Yes. And this has a discussion of the	4064.1.1 4064.6.1
168:7 - 168:25	168:4 study population about halfway through, correct? 168:5 A. Yes. 168:6 Q. And now we're looking at all I'm Blair, Aaron 03-20-2017 (00:01:04) 168:7 sorry, if you look at page 7, all incidence of 168:8 primary non-Hodgkin lymphoma in the AHS cohort from 168:9 enrollment through December 31st, 2008, correct? At 168:10 the very top. 168:11 A. Yes. 168:12 Q. So this study includes an additional 168:13 seven years of follow-up, an additional seven years 168:14 of NHL cases beyond those that were reported and 168:15 published in the De Roos 2005 paper, correct? 168:16 A. Yes.	Blair.130 4064.7.1

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	168:17 Q. And if you look at page 9 of this 2013 168:18 draft paper, in the second paragraph on that page, it 168:19 talks about the fact that this study also includes 168:20 additional exposure data from a follow-up	4064.9.1
	168:21 questionnaire.	
	168:22 So you have five years of additional	
	168:23 exposure data that was not available for the 2005	
	168:24 study that was published, correct?	
	168:25 A. Correct.	
169:22 - 169:25	Blair, Aaron 03-20-2017 (00:00:10)	Blair.131
	169:22 Q. Now, I've looked through these tables,	
	169:23 and the 2013 study does not appear to contain data on	
	169:24 ever/never use. But I would like to have you turn to	4064.24
470.4 474.45	169:25 page 34.	4064.34 Blair.132
170:1 - 171:15	Blair, Aaron 03-20-2017 (00:01:47)	Diair.132
	170:1 And on page on page 34 of the	4064.34.1
	170:2 document, we have the AHS updated data on glyphosate	4004.04.1
	170:3 and non-Hodgkin lymphoma, correct? 170:4 A. Yes.	
	170.4 A. Yes. 170:5 Q. And we have this is the data for both	
	170.5 Q. And we have this is the data for both 170:6 duration and intensity-weighted duration of exposure	
	170:7 to glyphosate, correct?	
	170:8 A. Well, I think that's the case. I have to	
	170:9 look at the not duration but total days of	4064.31.1
	170:10 exposure and intensity-weighted days of exposure.	
	170:11 Q. Okay. Well, isn't total days of exposure	
	170:12 the duration of exposure?	
	170:13 A. Not in normal epidemiologic parlance.	
	170:14 Q. Okay.	
	170:15 A. Duration is often measured in years, and	
	170:16 that can be different than the total number of days.	
	170:17 Q. But in the 2005 De Roos paper, De Roos	
	170:18 was 2005 De Roos paper, duration was number of	
	170:19 days and	
	170:20 A. Yes. And this is the same. It's the	
	170:21 same.	
	170:22 Q. It's the same analysis	
	170:23 A. Same analysis.	
	170:24 Q as the 2005 exposure 2005	
	170:25 publication, except in this analysis we have a	

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	171:1 category also of no exposure, correct?	4064.34.2
	171:2 A. Yes.	
	171:3 Q. And the De Roos 2005 analysis that we	
	171:4 looked at was based upon the exposure analysis was	
	171:5 based upon 61 cases of non-Hodgkin lymphoma in	
	171:6 farmers who had reported exposure to glyphosate,	
	171:7 correct?	
	171:8 A. That sounds right to me.	
	171:9 Q. The 2013 analysis includes data on 250	4064.34.3
	171:10 NHL cases among farmers who had reported exposure to	
	171:11 glyphosate, correct? Just add up the three rows of	
	171:12 exposure, about 250?	
	171:13 A. About. I was looking, and say, Well,	
	171:14 it's not going to add to 250, but it's about 250.	
	171:15 I'm not quibbling.	
171:21 - 173:8	Blair, Aaron 03-20-2017 (00:01:37)	Blair.133
	171:21 This 2013 cohort study with results for	
	171:22 glyphosate and non-Hodgkin lymphoma is more than four	
	171:23 times larger than the De Roos 2005 study, correct?	
	171:24 A. Yes.	
	171:25 Q. It's gone from 61 or 62 to 250 cases.	
	172:1 A. Yes.	
	172:2 Q. And the confidence intervals for the	
	172:3 various analyses of NHL based upon the levels of	
	172:4 glyphosate exposure, because it's a larger study, are	
	172:5 much tighter than the confidence intervals were for	
	172:6 De Roos 2005, correct?	
	172:7 A. Correct.	
	172:8 Q. Because this study now has more power,	
	172:9 correct?	
	172:10 A. Correct.	
	172:11 Q. So this 2013 cohort study finds no	
	172:12 association no evidence of association between	
	172:13 exposure to glyphosate and non-Hodgkin lymphoma,	
	172:14 correct?	
	172:15 A. Correct.	
	172:16 Q. And based upon the data that's set forth	
	172:17 here, if you look at individuals who had no exposure	
	172:18 to glyphosate, which is that first row, and you look	
	172:19 at the three categories of individuals who did have	

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	172:20 exposure to glyphosate, if we were to do an	
	172:21 ever/never analysis of glyphosate and non-Hodgkin	
	172:22 lymphoma, the the relative risk here would be	
	172:23 something below 1.0, correct? About 0.9?	
	172:24 A. That's a reasonable guess, I think, yes.	
	172:25 Q. So that means that the incidence of	clear
	173:1 non-Hodgkin lymphoma in farmers exposed to glyphosate	
	173:2 in the 2013 cohort study was lower than the incidence	
	173:3 of non-Hodgkin lymphoma in farmers who were not	
	173:4 exposed to glyphosate, correct?	
	173:5 A. But not statistically significant.	
	173:6 Q. So it's a negative association, but	
	173:7 statistically	
	173:8 A. Not statistically significant.	
173:12 - 173:23	Blair, Aaron 03-20-2017 (00:00:34)	Blair.134
	173:12 Q. And the applicators in the highest levels	
	173:13 of exposure to glyphosate, both by lifetime days and	
	173:14 intensity-weighted lifetime days, had the exact same	
	173:15 incidence of non-Hodgkin lymphoma as applicators with	
	173:16 no exposure to glyphosate whatsoever, correct?	
	173:17 A. Correct.	
	173:18 Q. So for the highest for each of these	
	173:19 measures of exposure, for the relative risk for	
	173:20 non-Hodgkin lymphoma at the highest level of exposure	
	173:21 to glyphosate as compared to not exposed was a	
	173:22 completely null result, correct?	
475.00 470.44	173:23 A. Yes.	DI-:- 405
175:20 - 176:14	Blair, Aaron 03-20-2017 (00:00:55)	Blair.135
	175:20 Q. And because of the fact that we now have	
	175:21 longer follow-up, the exposure levels at each of	
	175:22 these three categories of low, medium and high	
	175:23 exposure to glyphosate also are much higher than the	
	175:24 exposure levels in the corresponding analysis in the	
	175:25 2005 published paper, correct?	
	176:1 A. The cumulative exposure is higher.	
	176:2 Q. Now, these findings for glyphosate have	
	176:3 never been published, have they?	
	176:4 A. No. They haven't been published.	
	176:5 Q. These findings, the AHS updated findings	
	176:6 for glyphosate and non-Hodgkin lymphoma were not	

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	176:7 considered by IARC in its review of glyphosate,	
	176:8 correct?	
	176:9 A. No.	
	176:10 Q. These findings also have not been	
	176:11 available to any of the regulatory agencies that have	
	176:12 been conducting reviews of glyphosate and cancer,	
	176:13 correct?	
	176:14 A. Correct.	
176:20 - 176:22	Blair, Aaron 03-20-2017 (00:00:05)	Blair.136
	176:20 Q. Well, you reviewed this data in	
	176:21 March 2013, correct?	
	176:22 A. Yes.	
177:13 - 178:7	Blair, Aaron 03-20-2017 (00:01:00)	Blair.137
	177:13 At the time that you were the chair of	
	177:14 the IARC working group and a member of the	
	177:15 epidemiology subgroup that was looking at the	
	177:16 evidence of whether or not glyphosate was associated	
	177:17 with non-Hodgkin lymphoma, you were aware of this	
	177:18 updated data of a study four times larger than the	
	177:19 published 2005 paper with respect to glyphosate and	
	177:20 non-Hodgkin lymphoma, correct?	
	177:21 A. That there were analyses of such data,	
	177:22 but no published studies.	
	177:23 Q. Correct. But you were aware of what the	
	177:24 data showed, correct?	
	177:25 A. Yes. But no published studies.	
	178:1 Q. Right. And did you alert any of your	
	178:2 fellow working group members or any of the other	
	178:3 members of the subgroup on epidemiology at IARC about	
	178:4 the fact that this much larger AHS cohort study with	
	178:5 larger follow a larger time of follow-up and	
	178:6 higher levels of exposure had been conducted?	
	178:7 A. No.	
179:21 - 179:24	Blair, Aaron 03-20-2017 (00:00:18)	Blair.138
	179:21 But with respect to the meta-analysis	
	179:22 that IARC conducted, that is mentioned on page 30	
	179:23 of the monograph. So if I could just turn you to	
	179:24 page 30 of the monograph.	6467.30.1
179:25 - 180:2	Blair, Aaron 03-20-2017 (00:00:04)	Blair.139
	179:25 And do you see there is the discussion of	

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180:8 - 181:1	180:1 a meta-analysis? 180:2 A. Yes. Blair, Aaron 03-20-2017 (00:01:02)	Blair.140
	180:8 Q. And it discusses the meta-analysis that 180:9 was done by Schinasi and Leon, and then an adjustment 180:10 that the working group made to that monograph I'm 180:11 sorry, to that meta-analysis so as to use fully 180:12 adjusted estimates of the risks with non-Hodgkin's	6467.30.2
	180:13 lymphoma and glyphosate, correct? 180:14 A. Yes. 180:15 Q. And the IARC working group's conclusion 180:16 was that the meta risk ratio of all the epidemiology 180:17 was 1.3, which had a confidence interval of 1.03 to 180:18 1.65. So it just made barely that level of 180:19 statistically significance, correct?	6467.30.3
	180:20 A. Correct. 180:21 Q. Now, the meta-analysis was based in part 180:22 on the 2005 AHS publication, correct? 180:23 A. Correct. 180:24 Q. It was not based upon the data we've now 180:25 just looked at of the 2013 AHS data, correct?	clear
181:23 - 184:2	Blair, Aaron 03-20-2017 (00:02:23) 181:23 Q. Now, as we've already discussed, the 2013 181:24 data finds for a much larger number of NHL cases 181:25 provides findings for a much larger number of NHL 182:1 cases, we had like some four times, like 250 cases 182:2 A. Right. 182:3 Q in that data, correct? 182:4 A. Right. 182:5 Q. And the confidence intervals, because 182:6 it's a much larger study, were much tighter in that 182:7 2013 data than the than the data we have here, 182:8 correct? 182:9 A. Correct. 182:10 Q. And we already talked about the fact that 182:11 the relative risk from the 2013 data of ever/never 182:12 use was below 1.0, something like 0.9, so it was 182:13 slightly below the 1.1 relative risk for the De Roos 182:14 2005 paper, correct?	Blair.141

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Blair-Aaron 2017-03-20 Direct & Redirect Exam Played in Court Page/Line ID Source 182:15 A. Correct. 182:16 Q. So if the 2013 data, which you were aware 182:17 of, had been available for IARC in its meta-analysis, 182:18 the AHS data would have had significantly more weight 182:19 in the meta-analysis than is reflected here --182:20 A. Yes. 182:21 Q. -- and the relative risk data would have 182:22 been lower than the 2005 study that's incorporated 182:23 here, correct? 182:24 A. The relative risk for the AHS study would 182:25 have been lower. 183:1 Q. Right. 183:2 A. Was lower. Yeah. 183:3 Q. Yes, it would have been. 183:4 A. Yeah. 183:5 Q. So it's fair to say, given that IARC --183:6 your meta-analysis was just barely statistically 183:7 significant at 1.03 in the lower bound, if IARC had 183:8 had the data from the 2013 study, much more -- a much 183:9 larger study, much greater weight, lower relative 183:10 risk -- that would have driven the meta-relative risk 183:11 downward, correct? 183:12 A. Correct. 183:13 Q. And the meta-relative risk with that 2013 183:14 data from the AHS study that you were aware of would 183:15 have not have been statistically significant, would 183:16 it? 183:17 A. I don't know, but probably not. 183:18 Q. Probably not. 183:19 Now, during the Monograph 112 working 183:20 group meeting, IARC provided the working group with 183:21 this meta-analysis data, correct? 183:22 A. Yes. 183:23 Q. Did you mention to anyone at the meeting 183:24 the likely impact that the more recent data from AHS 183:25 would have in decreasing the meta -- meta-relative 184:1 risk for glyphosate and non-Hodgkin lymphoma? 184:2 A. No. 185:17 - 185:21 Blair.142 Blair, Aaron 03-20-2017 (00:00:12) 185:17 Q. Okay. Now, the NAP data -- NAPP data

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	185:18 that we were discussing earlier, that's actually a	
	185:19 pooled analysis of the data from McDuffie 2001 and	
	185:20 De Roos 2003, correct?	
186:16 - 187:8	185:21 A. Yes.	Blair.143
100.10 107.0	Blair, Aaron 03-20-2017 (00:01:04) 186:16 Q. So if we were then to use if the NAPP	Dian. 110
	186:17 data had been available to IARC, the data we were	
	186:18 looking at previously, you recall that the NAPP odds	5637.12.1
	186:19 ratio, even including proxy respondents for	
	186:20 ever/never use, for glyphosate and non-Hodgkin's	
	186:21 lymphoma was 1.22, correct? We looked at that	
	186:22 previously.	
	186:23 A. Sounds right.	
	186:24 Q. Okay. So if the NAPP data, again that	clear
	186:25 you were aware of at the time, had been available to	
	187:1 IARC and had been put into this analysis and replaced	
	187:2 McDuffie 2001 and De Roos 2003, the odds ratio number	
	187:3 for the U.S. and Canadian case-control studies would	
	187:4 drop from probably somewhere around 1.6 to 1.2 or so,	
	187:5 correct?	
	187:6 A. I you know, I'm not comfortable making	
	187:7 pronouncements about your combining of data from	
	187:8 different studies without me seeing the data.	
190:12 - 190:17	Blair, Aaron 03-20-2017 (00:00:21)	Blair.144
	190:12 Dr. Blair, I would like to continue our	
	190:13 discussion of the 2013 AHS data on glyphosate and	
	190:14 or actually on pesticides and lymphoma risk or	
	190:15 non-Hodgkin lymphoma risks, and particularly the	
	190:16 glyphosate data.	
	190:17 If I could ask you to turn to page 84 of	
190:18 - 190:22	Blair, Aaron 03-20-2017 (00:00:17)	Blair.145
	190:18 that document, Supplemental Table 7. And you had	4064.84.1
	190:19 testified earlier this morning about the fact that	
	190:20 the definition of non-Hodgkin lymphoma has changed	
	190:21 over time. Do you recall that?	
	190:22 A. Yes.	
191:15 - 191:21	Blair, Aaron 03-20-2017 (00:00:17)	Blair.146
	191:15 Q. Okay. So this data table, Supplemental	
	191:16 Table 7 is defining non-Hodgkin lymphoma as not	
	191:17 including multiple myeloma or CLL; is that correct?	

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	191:18 A. Correct.	
	191:19 Q. Okay. So let's look at the data for	
	191:20 glyphosate under the old definition, and that's on	4064.91.1
191:22 - 193:9	191:21 page 91.	Blair.147
191.22 - 190.9	Blair, Aaron 03-20-2017 (00:01:53)	Diaii.14)
	191:22 And on the middle of the page, again we	
	191:23 have glyphosate data, both the duration and intensity 191:24 of use, correct?	
	191:25 A. Yes.	
	192:1 Q. And again, we have data on no exposure	4064.91.2
	192:2 and then low, medium and high exposure groups,	
	192:3 correct?	
	192:4 A. Correct.	
	192:5 Q. Now, the total number of of farmers	
	192:6 with non-Hodgkin lymphoma in this analysis is 72 plus	4064.91.3
	192:7 51 plus 60, that's about 183 farmers, correct?	
	192:8 A. Correct.	
	192:9 Q. So with using this data from the 2013	
	192:10 study, the study is about three times larger than the	
	192:11 published data from the 2005 study, correct?	
	192:12 A. Okay.	
	192:13 Q. And the findings as far as the relative	
	192:14 risks are concerned are pretty close to what the	
	192:15 findings were with the new definition, correct?	
	192:16 A. Correct.	
	192:17 Q. As far as non-Hodgkin lymphoma risks?	
	192:18 A. Yes.	
	192:19 Q. So as we look at no exposures versus	
	192:20 different levels of exposure, the ever/never risk	
	192:21 ratio is again something like 0.9 or so, correct?	
	192:22 A. Probably.	
	192:23 Q. Okay. And the same discussion we had 192:24 previously about how use of this updated data in the	
	192:25 IARC meta-analysis would lower the meta-relative	
	193:1 risk, that same answer would apply for this data as	
	193:2 well, correct?	
	193:3 A. Yes.	
	193:4 Q. Now, I would like to take you to another	
	193:5 part of the analysis in the 2013 in the 2013 AHS	
	193:6 study with respect to different NHL subtypes.	

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	193:7 Now, let me let's turn first to page 7 193:8 of the of the paper because they discuss the	4064.7.2
193:10 - 193:22	193:9 different subtypes there. And there are five Blair, Aaron 03-20-2017 (00:00:31)	Blair.148
	193:10 different groups of subtypes discussed under tumor	
	193:11 characteristics.	
	193:12 Do you see that?	
	193:13 A. Yes.	
	193:14 Q. So the this is looking at different	
	193:15 types of non-Hodgkin lymphoma putting them into	
	193:16 categories, correct?	
	193:17 A. Correct.	
	193:18 Q. And then there is a separate analysis 193:19 conducted in this 2013 paper looking at the relative	
	193:20 risks for the studied herbicides for each of the	
	193:21 different NHL subtype categories, correct?	
	193:22 A. Correct.	
193:23 - 194:1	Blair, Aaron 03-20-2017 (00:00:20)	Blair.149
	193:23 Q. And that data that analysis starts on	19B.69.1
	193:24 page 69. And specifically on page 69, we have data	
	193:25 on glyphosate. Let's look first so we can get the	
	194:1 categories correct on page 66 at the beginning of	
194:2 - 194:21	Blair, Aaron 03-20-2017 (00:00:59)	Blair.150
	194:2 the table, so we can understand what is what.	19B.66.1
	194:3 So page 66 has the different categories	
	194:4 of non-Hodgkin lymphoma on those columns on the top,	
	194:5 right?	
	194:6 A. Correct.	
	194:7 Q. Okay. And then if you just keep your	
	194:8 finger on that page just so you can remind yourself	
	194:9 which categories are which, page 69 is where they	407.00.4
	194:10 have the findings for glyphosate, and I would like to	19B.69.1
	194:11 ask you about the glyphosate finding with respect	
	194:12 to on these different types of non-Hodgkin	
	194:13 lymphoma.	19B_66_69.1.1
	194:14 So if you look at page 69, the AHS	100_00_00
	194:15 analysis in the first subtype grouping, which is	
	194:16 chronic B-cell lymph lymphocytic lymphoma, small 194:17 B-cell lymphocytic lymphomas, and mantle cell	
	194:17 B-ceil lymphocytic lymphomas, and mantie ceil 194:18 lymphomas, the 2013 AHS data analysis does not find	
	194. To tymphomas, the 2010 Alto data analysis does not find	

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	104.10 any acceptation between all manages and that NIJI	
	194:19 any association between glyphosate and that NHL	
	194:20 subtype, correct? 194:21 A. Correct.	
195:9 - 197:15	Blair, Aaron 03-20-2017 (00:02:55)	Blair.151
100.0 107.10	195:9 Q. And the 2013 AHS data actually finds a	19B_66_69.1.2
	•	
	195:10 statistically significant negative association 195:11 between increased glyphosate exposure and and	
	195:12 diffuse large B-cell lymphoma, correct? 195:13 A. For days per year, yes.	
	195:14 Q. Yeah. So, in other words, as a farmer	
	195:15 has more days of exposure of glyphosate in this study	
	195:16 population, the instance of large B-cell lymphoma 195:17 actually decreases, correct?	
	195:17 actually decreases, correct?	
	195:19 Q. And that's a statistically significant	
	195:19 Q. And that's a statistically significant 195:20 finding, correct?	
	195:21 A. Yes. Trend test.	
	195.21 A. res. Trend test. 195:22 Q. The 2013 AHS data also looks at	19B_66_69.1.3
		.02_00_001110
	195:23 follicular B-cell lymphomas, correct? 195:24 A. Yes.	
	195:25 Q. And the 2013 AHS analysis does not find	
	196:1 any association between glyphosate exposure and	
	196:2 follicular B-cell lymphomas, correct?	
	196:3 A. Deficits that aren't statistically	
	196:4 significant.	
	196:5 Q. And when you say "deficits," what	
	196:6 actually they found in this study, again, is as the	
	196:7 level of as a farmer had more days of exposure to	
	196:8 glyphosate, the incidence of follicular B-cell	
	196:9 lymphomas went down, correct?	
	196:10 A. No. It means that at any level of	
	196:11 exposure, the level, the relative risk was less than	
	196:12 1.0.	
	196:13 Q. Correct. Correct.	
	196:14 A. It was 0.7 or 0.6. It does not go down.	
	196:15 Q. So what with the 2013 AHS data reveals is	
	196:16 that any level of exposure to glyphosate resulted in	
	196:17 a lower incidence of follicular B-cell lymphomas,	
	196:18 correct?	
	196:19 A. Lower lower incidence or lower	

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196:20 relative risk that isn't statistically significant.	
196:21 Q. And with respect to the category for	CO 4 4
196:22 A. Other B-cell. 19B_66	_69.1.4
196:23 Q other B-cell type lymphomas, again we	
196:24 see that with any level of exposure to glyphosate,	
196:25 the incidence of B-cell type lymphomas, the relative	
197:1 risk goes down, correct?	
197:2 A. It's lower.	60 1 E
197:3 Q. And if you look at the point estimate for	_09.1.5
197:4 relative risk, both for the other B-cell type	
197:5 lymphomas and the follicular B-cell lymphomas at the	
197:6 highest level of exposure, the relative risk is 30 to	
197:7 40 percent lower for farmers with the highest level	
197:8 of glyphosate exposure compared to farmers with no	
197:9 exposure, correct?	
197:10 A. Correct.	
197:11 Q. Did you inform anyone at the IARC working	
197:12 group that the AHS that the Agricultural Health	
197:13 Study had conducted additional analyses of glyphosate	
197:14 for various NHL subtypes?	
197:15 A. No, because it wasn't published. 198:10 - 198:19 Blair Aaron 03-20-2017 (00-00-24) Blair	152
Diali, Aaron 03-20-2017 (00.00.24)	
190.10 Q. And the analysis, when you look at it	
198:11 this way for glyphosate only, and the atrazine	
198:12 glyphosate and atrazine analysis, glyphosate only is	
198:13 0.96; for glyphosate only with the glyphosate and	
198:14 2,4-D, it's 1.1; for glyphosate only and glyphosate 198:15 and chlordane is 0.9.	
198:16 So in the glyphosate-only portions of	
198:17 this, again we're not showing any increased risk of	
198:18 non-Hodgkin lymphoma, correct?	
198:19 A. Correct.	
199:4 - 199:15 Blair, Aaron 03-20-2017 (00:00:19) Blair	.153
199:4 Q. For farmers who are exposed to both	
199:5 glyphosate and atrazine, there is no statistically	
199:6 significant increased risk of non-Hodgkin lymphoma,	
199:7 correct?	
199:8 A. Correct.	
199:9 Q. For farmers exposed to both glyphosate	
199:10 and 2,4-D, there is no statistically significant	

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	199:11 increased risk of non-Hodgkin lymphoma, correct?	
	199:12 A. Correct.	
	199:13 Q. For farmers exposed to glyphosate and	
	199:14 chlordane, there is no statistically significant	
	199:15 increased risk of non-Hodgkin lymphoma, correct?	
199:16 - 199:20	Blair, Aaron 03-20-2017 (00:00:09)	Blair.154
	199:16 A. Yes.	
	199:17 Q. And this is also information that the	
	199:18 IARC working group did not have at the time it made	
	199:19 its analysis of glyphosate, correct?	
	199:20 A. Correct.	
199:21 - 200:8	Blair, Aaron 03-20-2017 (00:00:33)	Blair.155
	199:21 Q. Now, I want to show you another document	4745.1.1
	199:22 that was from your production to us, and this is an	
	199:23 e-mail between you and some of the other Agricultural	
	199:24 Health Study investigators in February 2014.	
	199:25 First of all, who is Dr. Alavanha	
	200:1 (phonetic)?	
	200:2 A. Alavanja.	
	200:3 Q. Alavanja.	
	200:4 A. He was an investigator at the National	
	200:5 Cancer Institute and was involved in the Agricultural	
	200:6 Health Study.	
	200:7 Q. Is he an epidemiologist as well	
203:21 - 204:3	200:8 A. Yes.	Blair.156
203.21 - 204.3	Blair, Aaron 03-20-2017 (00:00:15)	clear
	203:21 Q. And you would agree that the AHS provides	Clear
	203:22 important data regarding potential associations	
	203:23 between pesticides and cancer, correct?	
	203:24 A. Yes.	
	203:25 Q. You would agree that the AHS data and the	
	204:1 most updated AHS data should be considered by IARC,	
	204:2 correct?	
265:7 - 265:25	204:3 A. Yes.	Blair.157
200.7 - 200.20	Blair, Aaron 03-20-2017 (00:00:46)	Diaii.137
	265:7 Q. So the issue is we're weighing the	
	265:8 positive case-control studies, more than a few of	
	265:9 them that the jury has heard of by now, that show the	
	265:10 association statistically significant between	
	265:11 glyphosate and non-Hodgkin lymphoma, and the negative	

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	265:12 study, AHS, which really didn't show a statistically	
	265:13 significant association, right?	
	265:14 A. Correct.	
	265:15 Q. And you, Dr. Blair, are one of the	
	265:16 authors of that AHS study, right?	
	265:17 A. Yes.	
	265:18 Q. Yet when it came time to vote as a	
	265:19 volunteer scientist on the International Agency for	
	265:20 the Research for Cancer, you voted unanimously with	
	265:21 16 of your peers that there was a probable	
	265:22 association between glyphosate and non-Hodgkin	
	265:23 lymphoma, right?	
	265:24 A. Well, I voted that way. I think it was	
066.47 066.00	265:25 unanimous. I don't actually remember.	Blair.158
266:17 - 266:22	Blair, Aaron 03-20-2017 (00:00:12)	Biair. 158
	266:17 Q. And I might not be pronouncing this	
	266:18 right, but Michael Alavanja?	
	266:19 A. Alavanya (phonetic).	
	266:20 Q. Excuse me. Michael Alavanja is one of	
	266:21 the authors of the AHS study, isn't he?	
266:23 - 267:3	266:22 A. He is.	Blair.159
200.23 - 207.3	Blair, Aaron 03-20-2017 (00:00:25)	Diaii.139
	266:23 Q. No. 36. All right. Here is an article	
	266:24 that Dr. Alavanja wrote that came out let's make	
	266:25 sure we get the date right in 2013? Yes, okay.	
	267:1 Which was about well, which was the same year as	
	267:2 you had your AHS data, right, that you talked about	
267:9 - 267:12	267:3 so much	Blair.160
207.0 207.12	Blair, Aaron 03-20-2017 (00:00:12)	Dian: 100
	267:9 the same year that you had that	
	267:10 that AHS study, right? 267:11 A. Yes, this paper is in the same time	
269:15 - 269:16	267:12 frame, '13. Blair, Aaron 03-20-2017 (00:00:06)	Blair.161
200.10	269:15 Q. And he says: "Glyphosate positively	
	269:16 associated with non-Hodgkin lymphoma."	
269:18 - 269:24	Blair, Aaron 03-20-2017 (00:00:14)	Blair.162
	269:18 THE WITNESS: That's what he says.	
	269:19 BY MR. MILLER:	
	269:20 Q. Yes, sir. And following up on counsel's	
	200.20 Q. 100, Sil. Alia lollowing up of coursels	

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	269:21 questions, you certainly never wrote a letter to	
	269:22 Dr. Alavanja, your co-author, and said, Gee, you're	
	269:23 wrong when you say that glyphosate is positively	
	269:24 associated with non-Hodgkin lymphoma, right?	DI : 400
270:4 - 270:18	Blair, Aaron 03-20-2017 (00:00:35)	Blair.163
	270:4 A. I did not.	
	270:5 Q. Okay. And I think well, the jury is	
	270:6 going to hear a lot about this, but I want to ask	
	270:7 you, this AHS study was a cohort study, right?	
	270:8 A. Yes.	
	270:9 Q. And these other studies, the case-	
	270:10 control studies upon which the positive association	
	270:11 with non-Hodgkin lymphoma, it's a different kind of	
	270:12 epidemiological study, right, as compared to a cohort	
	270:13 study?	
	270:14 A. Yes.	
	270:15 Q. And that one of the problems all	
	270:16 studies have problems and no studies are perfect. Is	
	270:17 that fair?	
271:14 - 271:20	270:18 A. Fair.	Blair.164
271.14 271.20	Blair, Aaron 03-20-2017 (00:00:09)	Dian. 101
	271:15 cohort studies like the AHS study is less to	
	271:15 cohort studies like the AHS study is loss to	
	271:16 follow-up. You've heard that phrase before, haven't 271:17 you?	
	271:17 you: 271:18 A. Yes.	
	271:19 Q. Tell the jury what "loss to follow-up"	
	271:20 means, Doctor.	
272:2 - 272:10	Blair, Aaron 03-20-2017 (00:00:21)	Blair.165
	272:2 THE WITNESS: In the cohort studies, that	
	272:3 you have to keep following people, and in an open	
	272:4 society, it's hard to do.	
	272:5 BY MR. MILLER:	
	272:6 Q. And, look, we know you and Dr. Alavanja	
	272:7 are hard-working scientists that are working on this	
	272:8 issue when you prepared that cohort study, the AHS	
	272:9 study, but the truth is you had loss to follow-up.	
	272:10 A. We did.	
274:6 - 274:10	Blair, Aaron 03-20-2017 (00:00:11)	Blair.166
	274:6 Q. All right. So here we are, Doctor.	BA37.1

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	274:7 Statistically significant information from a study		
	274:8 that you authored with others. And this is an		
	274:9 abstract, right, sir?		
	274:10 A. Yes.	DI : 407	
274:11 - 276:8	Blair, Aaron 03-20-2017 (00:02:00)	Blair.167	
	274:11 Q. Explain to the jury what an abstract is.		
	274:12 A. Different scientific associations have		
	274:13 meetings of their members, and at those meetings		
	274:14 there will be verbal presentations, and you get		
	274:15 accepted to be on the program by submitting an		
	274:16 abstract to decide who gets to be on the program.		
	274:17 And these are the abstracts. This is one of those		
	274:18 abstracts.		
	274:19 Q. Sure.		
	274:20 A. It's not a full paper, but it's a a		
	274:21 synopsis of some work someone has done they're		
	274:22 willing to talk about.	BA37.1.1	
	274:23 Q. All right, sir. And it's presented at	DA37.1.1	
	274:24 the International Society for Environmental		
	274:25 Epidemiology. Right, sir?		
	275:1 A. Yes.		
	275:2 Q. And that was at their 2015 conference,		
	275:3 right, sir?		
	275:4 A. I think so, yes.		
	275:5 Q. All right, sir. And so the jury		
	275:6 understands, it was an evaluation of glyphosate,		
	275:7 which is the active ingredient in Roundup, right?		
	275:8 A. Yes.		
	275:9 Q. And the risk of non-Hodgkin lymphoma		
	275:10 A. Yes.	BA37.1.2	
	275:11 Q major histological subtypes in the	271071112	
	275:12 North American Pooled Project, right? 275:13 A. Correct.		
		BA37.1.3	
	275:14 Q. And you are one of the authors, Aaron	271071110	
	275:15 Blair from the United States Cancer Institute, right? 275:16 A. Yes.		
	275:17 Q. And Dennis Weinberger I'm sorry,		
	275:18 Weisenburger from the City of Hope Hospital. Right? 275:19 A. Yes.		
	275:19 A. Yes. 275:20 Q. And among many others, right?		
	273.20 Q. And among many others, right:		

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	275:21 A. A number of others. 275:22 Q. Yes, sir. 275:23 And what you scientists found 275:24 statistically significant and presented to the 275:25 International Society for Environmental Epidemiology 276:1 was several findings, results. Cases who ever use 276:2 glyphosate had elevated non-Hodgkin lymphoma risk 276:3 overall, with an odds ratio of 1.51 statistically 276:4 significant. Right?	BA37.1.4
276:21 - 277:1	276:5 A. Yes. 276:6 Q. And as a scientist, statistical 276:7 significance is important, isn't it? 276:8 A. Yes. Blair, Aaron 03-20-2017 (00:00:13)	Blair.168
	276:21 Q. All right. Subjects who used glyphosate 276:22 for greater than five years had an increased odds 276:23 ratio that was higher, 2.58, right? 276:24 A. Yes. 276:25 Q. And that shows as dose-dependent 277:1 response, right?	
277:4 - 277:7	Blair, Aaron 03-20-2017 (00:00:07) 277:4 A. Yeah, okay. Yes. 277:5 Q. And dose-dependant response is strong 277:6 evidence of causality is what the preamble to the 277:7 IARC tells us, right?	Blair.169
67:25 - 67:25	Blair, Aaron 03-20-2017 (00:00:00) 67:25 THE WITNESS: Yes.	Blair.170
277:17 - 278:1	Blair, Aaron 03-20-2017 (00:00:31) 277:17 Q. Okay. "Compared to non-handlers, those 277:18 who handled glyphosate for greater than two days/year 277:19 had significantly elevated odds of non-Hodgkin 277:20 lymphoma overall, odds ratio of 2.66." 277:21 Was that statistically significant, 277:22 Doctor? 277:23 A. Yes. 277:24 Q. And it goes on to tell us about various 277:25 subtypes of non-Hodgkin lymphoma, right? 278:1 A. Correct.	Blair.171
278:8 - 278:20	Blair, Aaron 03-20-2017 (00:00:36) 278:8 Q. And DLBCL, what's that?	Blair.172

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		278:9 A. Diffuse B-cell chronic leukemia.	
		278:10 Q. Trip triple the risk of diffuse B-cell	
		278:11 non-Hodgkin lymph	
		278:12 A. Lymphoma, yeah.	
		278:13 Q. Right, sir?	
		278:14 Statistically significant?	
		278:15 A. Yes.	
		278:16 Q. As a result of exposure to glyphosate?	
		278:17 A. Yes.	
		278:18 Q. And this is information that was reported	
		278:19 out after IARC found the positive association between	
		278:20 glyphosate and non-Hodgkin lymphoma, right?	
	278:21 - 278:21	Blair, Aaron 03-20-2017 (00:00:01)	Blair.173
		278:21 A. Yes.	
	278:22 - 279:1	Blair, Aaron 03-20-2017 (00:00:12)	Blair.174
		278:22 Q. Okay. But you couldn't tell IARC about	
		278:23 this positive finding from this NAPP study because it	
		278:24 hadn't been published in March when you were in your	
		278:25 IARC meetings in Lyon, France, correct?	
		279:1 A. Correct.	
	293:6 - 293:10	Blair, Aaron 03-20-2017 (00:00:13)	Blair.175
		293:6 Q. Okay. Has anything you've been shown by	
		293:7 Monsanto's lawyers in the 3 hours and 40 minutes that	
		293:8 he questioned you changed the opinions that you had	
		293:9 at the IARC meeting about glyphosate and non-Hodgkin	
		293:10 lymphoma?	
	293:15 - 293:15	Blair, Aaron 03-20-2017 (00:00:00)	Blair.176
		293:15 A. No.	

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