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SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF SANTA CRUZ

ELYZABETH SILVAH, individually, and as Guardian Ad Litem for JAIAH SILVAH, Plaintiffs, vs. NANETTE MICKIEWICZ, M.D., an individual; HOWARD SALEM MAGARIAN, M.D., an individual; PLANNED PARENTHOOD, a business entity; GLAXOSMITHKLINE, a corporation and DOES 1 through 50, inclusive, Defendants.	Case No. CV 145704 The Honorable Arthur Danner, III Complaint Filed February 14, 2003 **EXPERT DECLARATION OF ALASTAIR MUNRO, BSc FRCP (Edin) FRCR**

I, Alastair Munro, BSc FRCP (Edin) FRCR, declare:

1. The matters set forth in this Declaration are true and accurate based upon my own experience and personal knowledge. If called upon to do so, I could competently

testify to the following:

2. EDUCATION: I received my BSc (Honours, First Class) Medical Sciences (Anatomy) from St. Andrews University in 1972. I also received my MBChB (with Honours) from the University of Dundee in 1975. I am a full professor at the University of Dundee, Ninewells Hospital and Medical School.

3. I am the Alastair Munro, Professor of Radiation Oncology, who wrote the book *Modern Oncology, An A-Z of Key Topics*, published by Greenwich Medical Media Limited, 2001.

4. I participated in and am familiar with the language in that book, the basic medicine and science from which the statements in the book were drawn, and the meaning of the language in that book.

5. Under the section entitled "Cytotoxic Drugs" (pp. 84-85), I made the statement: "Conversely, there is the concern that some discarded compounds may have been inappropriately rejected: AZT, now a major component in antiretroviral therapy for AIDS, started out as a cancer drug that was considered too toxic for clinical use." I intended this statement to convey the same meaning as the more commonly phrased statement that AZT was considered ineffective for cancer chemotherapy. In cancer chemotherapy, there is a "therapeutic index" which oncologists use to determine the efficacy of a particular agent in comparison to the drug's "toxicities." If the drug must be given at very high doses to be effective, then there is always the risk that the toxicities at that high dose will outweigh the advantage of the drug's efficacy.

6. Such was the case in the early work with AZT prior to its development as an antiretroviral medication. Experiments done *in vitro* (i.e. in the test tube) to evaluate the drug's ability to kill cancer cells ("cytotoxicity") showed that AZT was ineffective at any concentrations that would correlate to human doses that could be given without undue acute (immediate and transient) toxicities, largely related to anemia and gastrointestinal effects. Accordingly, the comments in my book relative to AZT were intended to convey the fact that the ineffectiveness of the drug in killing human cancer cells rendered the

compound inappropriate as a cancer chemotherapeutic agent since the human doses that would have been required to achieve cytotoxic efficacy (much larger than doses given to treat HIV) would have caused unacceptable acute toxicities. That having been said, its should be noted that the reason for my discussion of AZT was not to describe it as a cancer agent, but to observe that empirically, some compounds are initially rejected for use in one disease, as AZT was for cancer, only to be "rediscovered" as an important therapy for other conditions.

7. Under the section entitled: "Second Malignancies" (pp. 280-281), I made the statement: "Second malignancies are one of the most unpleasant consequences of successful treatment for cancer. One of the ironies of the non-surgical treatment of cancer is that both radiation and chemotherapy are mutagenic: they have the potential to produce the very disease they are used to treat." While certain anticancer agents are accociated with the development of secondary malignancies (most prominently the class known as "alkylating agents"), one cannot categorically state that all cancer chemotherapy drugs carry that risk. Some drugs used to treat cancer are not associated with such malignancies. Others have risks that vary from negligible to significant. Other factors that must be taken into account include the types of cancers being treated, the dose and duration of treatment, and the concomitant use of radiation therapy.

8. AZT is not an alkylating agent, and has not been shown to cause cancer in humans, especially at the doses used to treat HIV/AIDS. I am not aware of any evidence that AZT is associated with secondary malignancies in humans.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 31st day of March, 2005 in Rond., Great Britain.

ALASTAIR MUNRO, BSc FRCP (Edin) FRCR