

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

-----X
SANDRA JONES and ROLAND JONES,

Plaintiff(s),

-against-

MARI SU, M.D., TIMOTHY RYNTZ, M.D.,
COLUMBIA UNIVERSITY MEDICAL CENTER,
CENTER FOR WOMEN'S REPRODUCTIVE CARE
at COLUMBIA UNIVERSITY and OB/GYN HIP,

Defendant(s).

-----X

**VERIFIED BILL OF
PARTICULARS AS TO MARI
SU, M.D.**

Index No.: 505662/17

Plaintiffs, SANDRA JONES and ROLAND JONES, by their attorneys,
ROSENBERG MINC FALKOFF & WOLFF, LLP, as and for their Verified Bill of
Particulars as to defendant, MARI SU, M.D. respectfully set forth as follows:

1. Defendant, MARI SU, by her agents, servants and/or employees departed from accepted standards of medical care and treatment in failing and neglecting to timely recognize and diagnose cervical dysplasia at its earliest stage when proper detection, recognition and treatment would have achieved a cure; in failing and neglecting to properly treat, diagnose and care for plaintiff's condition in its entirety; in failing and neglecting to ensure that the plaintiff received adequate care and treatment; in failing and neglecting to perform a complete and thorough physical examination of the plaintiff on each and every visit; in failing and neglecting to protect the plaintiff from foreseeable hazards, especially in view of her past medical history of cervical dysplasia; in failing and neglecting to timely diagnose squamous cell carcinoma of the cervix causing and/or contributing to a deleterious delay in diagnosis and depriving the plaintiff of the opportunity of best chances for survival, life and/or cure; in failing and neglecting

to heed history of prior abnormal pap smears, LEEP, and cold-knife conization, as well as recent pap smear being interpreted as Ascus rule out high grade; in failing and neglecting to recognize the need for careful clinical follow-up in this patient; in failing and neglecting to properly perform; in performing inadequate curettage; in failing and neglecting to properly visualize and examine the cervix under magnification via colposcopy; in failing and neglecting to timely recognize signs and evidence of intraepithelial abnormalities; failing and neglecting to properly perform colposcopy and in improperly collecting pathology; in failing and neglecting to perform cervical biopsy and/or cone biopsy in view of plaintiff's high risk status; in failing and neglecting to observe and/or act upon gynecological pathology that was reported as negative, in view of a pap smear that was interpreted as Ascus rule out high grade; in failing and neglecting to recognize that this a high risk patient and requires additional close clinical follow-up; in failing and neglecting to repeat cytology; in failing and neglecting to appropriately assess plaintiff; in failing and neglecting to heed plaintiff's complaints of unremitting pelvic pain, constant and dull, as well as pain with intercourse and adnexal tenderness; in failing and neglecting to recognize the significance of the aforesaid complaints and in failing and neglecting to consider all differential diagnoses for the aforementioned complaints, based upon plaintiff's high risk status; in failing and neglecting to order and/or perform MRI of the abdomen and pelvis in view of plaintiff's history and pain; in failing and neglecting to order and/or perform proper and indicated testing, including timely repeating cytology, cervical biopsy, cone biopsy, hysteroscopy, transvaginal sonography, CT scans and MRIs of the abdomen and pelvis; in failing and neglecting to properly interpret ultrasound; in failing and neglecting to order and/or

perform repeat ultrasound; in failing and neglecting to call in appropriate specialists for consultation, review and diagnosis including but not limited to gynecological oncologists, surgeons, radiologists, cytologists, and pathologists; in failing and neglecting to ensure the proper and timely treatment of the plaintiff herein with regard to monitoring, diagnosis and treatment for cervical cancer in a patient with a known history of cervical dysplasia, recurrence of dysplasia necessitating repeat procedure and recent pap smear being interpreted as Ascus rule out high grade squamous intra-epithelial lesion; in carelessly and negligently failing to heed plaintiff's complaints of pain necessitating pain medication to get through the day, in this high risk patient; in failing and neglecting to appropriately investigate the cause of plaintiff's unremitting pelvic pain; in diagnosing plaintiff with acute pelvic pain without a cause; in failing and neglecting to order CT scan and/or MRI of the abdomen and pelvis; in failing and neglecting to use accepted medical customs, practices and standards in the diagnosis, care and treatment of the condition of the plaintiff herein; in failing and neglecting to investigate and/or prevent cervical cancer; in failing and neglecting to timely perform and/or order and/or refer plaintiff for repeat Pap smear, repeat colposcopy, cervical biopsy, cone biopsy, LEEP procedure, hysteroscopy, cystoscopy, cryotherapy, laser and/or surgical intervention to investigate signs and symptoms of unremitting pelvic pain; in failing and neglecting to rule out a potential diagnosis of cervical dysplasia and/or cervical cancer on numerous occasions, despite plaintiff's high risk status; in failing and neglecting to consider cervical cancer as a primary diagnosis and/or secondary and/or co-diagnosis; in failing and neglecting to heed classic signs of cervical abnormalities; in failing and neglecting to identify precancerous changes in the

cervix at its earliest stage and when the disease was most amenable to treatment; in failing and neglecting to timely refer plaintiff for further testing and definitive diagnosis based upon her complaints of severe and unremitting pelvic pain to rule out cervical cancer in this high risk patient; in failing to timely order and or perform rudimentary MRI and/or CT scan; in causing, permitting and/or allowing plaintiff's condition to worsen to the point of spread to the pelvis, rectum and lymph nodes; in failing and neglecting to ensure that necessary tests were properly and timely performed and properly interpreted including pap smears, examination under magnification via colposcopy, cone biopsy, cervical biopsies, blood and urine tests, x-rays of the abdomen and chest, MRIs, CT scans of the abdomen and the condition of the plaintiff herein particularly with regard to signs and symptoms indicative of cervical cancer at its earliest stage; in failing and neglecting to render a true, proper, timely and accurate diagnosis; in failing and neglecting to recognize plaintiff had cervical abnormalities which required immediate surgical intervention prior to advancement of disease; in causing an advancement in the stage of disease; in improperly relying on inadequate testing for diagnosis; in failing and neglecting to order and/or perform and/or recommend of all the necessary tests, x-rays and other diagnostic tests including repeat pap smears, repeat colposcopies, repeat ultrasounds, transvaginal sonograms, MRIs and CT scans of the abdomen and pelvis; in performing an improper and inadequate physical examination and laboratory/pathology/cytology examination of the plaintiff; in failing and neglecting to consider and/or construct differential diagnosis for plaintiff's unremitting pelvic pain; in carelessly and negligently failing to rule out other causes for plaintiff's unremitting pelvic pain; in failing and neglecting to heed the classic presentation of cervical cancer in view

of plaintiff's signs, symptoms and complaints, including recent pap smear being interpreted as Ascus rule out high grade squamous intraepithelial lesion, constant dull pelvic pain, pain with intercourse; in failing and neglecting to obtain a proper cytologic, pathologic, radiologic and surgical consultation; in failing and neglecting to properly rule out the existence of cervical cancer at its earliest stage; in failing and neglecting to recognize that plaintiff's complaints warranted close observation and follow up; in failing and neglecting to recognize the significance of plaintiff's non-abating complaints of pelvic pain; in failing and neglecting to consider and/or rule out cervical cancer in the differential diagnosis; in failing and neglecting to properly ensure visualization of the cervix was achieved via diagnostic examination and tests; in causing, permitting and/or contributing to plaintiff's condition deteriorating and worsening to the point of metastatic disease; in contributing to plaintiff requiring radiation and chemotherapy; in failing and neglecting to diagnose an early cervical dysplasia; in causing, permitting and/or allowing said lesion to grow and metastasize and severely compromise plaintiff's prognosis for survival; in denying plaintiff curative surgical treatment due to the delayed diagnosis; in causing, permitting and/or contributing to plaintiff's condition worsening to Stage IIIB/IVA with mets to lymph nodes, and involvement to bladder and rectum; in causing, permitting and or contributing to plaintiff requiring radiation and chemotherapy; in improperly diagnosing plaintiff pelvic pain requiring pain medication and not investigating as to cause of plaintiff's unremitting complaints; in improperly attributing plaintiff's complaints to hematometra and not investigating a possible cervical component; in abandoning the plaintiff; in causing, permitting and/or allowing numerous and potentially dangerous delays in the care, treatment and diagnosis of the plaintiffs

condition; in failing and neglecting to warn and/or advise and/or inform the plaintiff herein as to all risks, hazards and dangers attendant to plaintiff's condition; in treating the plaintiff without the benefit of informed consent; in failing and neglecting to advise and/or inform plaintiff as to the nature of plaintiff's condition and that same could be indicative of cervical cancer; in causing, permitting and/or allowing serious and dangerous delays in the treatment of the plaintiff's condition and in causing plaintiff extensive, prolonged pain and suffering and potentially contributing to plaintiff's untimely demise; in curtailing plaintiff's life expectancy; in denying plaintiff additional years; in denying plaintiff an early chance for survival, life and/or cure; in treating the plaintiff in a manner not in conformity with good and accepted medical customs, practices and standards; in lacking that degree of skill care and competence which defendant held herself out as possessing and upon which the plaintiff relied; and all of the aforementioned are the deviations from accepted medical, customs, practices and standards and are the direct and proximate cause of the injuries sustained by the plaintiff without any negligence on the part of the plaintiff contributing thereto and are the deviations from the accepted customs, practice and standards. Additionally, plaintiff may rely on the doctrine of *res ipsa loquitur*.

2. The exact dates and times that defendant MARI SU, M.D., and her agents, servants and/or employees, were negligent are contained within the office records of said defendant. These records are currently in the sole and exclusive possession of the answering defendant. Plaintiffs reserve the right to supplement the within response upon receipt of a complete copy of the aforementioned records currently in the possession of the defendants. Nonetheless, and without waiving any

objections thereto, defendant MARI SU, M.D., was negligent and committed acts of medical malpractice from on or about 2014 up through and including October, 2016.

3. No.

4. Unknown at the present time, and must await receipt of a complete copy of the defendants' records and completion of depositions, and this response may be further supplemented, if applicable.

5. & 6. Plaintiff will be asserting a claim for loss of earnings and this response will be supplemented.

7. (a) Plaintiff claims the following personal injuries:

Aggravation, exacerbation, growth and expansion of high grade squamous intraepithelial lesion;

Plaintiff suffers invasive squamous cell cancer of the cervix;

At the time of diagnosis, plaintiff's cancer was stage IIIB/IVA;

Plaintiff suffered severe conscious pain and suffering, chronic pain syndrome, constipation, severe pain and aching of the abdomen and pelvis for almost two years prior to diagnosis;

PET/CT scan reportedly revealed large upper endo-cervical tumor involving the uterus and to the pelvic sidewalls; metastatic bilateral common iliac and retro-peritoneal nodes up to the level of the left renal vein;

Due to the delayed diagnosis, plaintiff suffered obstructive atrophy of the right kidney, which appeared functionless as well and necessitated placement of bilateral ureteral stents;

Plaintiff suffers enlarged left kidney most likely compensatory hypertrophy, hydronephrosis, and non-obstructive dilated nephropathy, with a prominent left ureter;

Plaintiff underwent surgery on December 12, 2016 and surgical findings noted, upper portion of the cervix "blends"

in with massive pelvic mass that extends from pelvic sidewall to the pelvic sidewall, fixed and bulky, anterior posteriorly. Nodularity present on the anterior wall of the rectum, to the right of the midline;

Plaintiff suffered fixed pelvic mass from uterus to pelvic sidewalls;

Cystoscopy reportedly revealed upward bulging of the trigone secondary to the underlying cervical tumor;

Proctoscopy reportedly revealed small, sub-centimeter nodules abutting each other on the anterior wall of the rectum to the right of the midline at 10 cm from the anal verge, consistent with extension of tumor from the overlying cervical cancer;

Plaintiff suffers positive para-aortic adenopathy, pelvic and retro-peritoneal lymphadenopathy, and possible LT supraclavicular LN involvement;

Plaintiff suffers severe pelvic pain, and left sided back pain with radiation down the left leg;

Plaintiff necessitated treatment with combined chemotherapy and radiation therapy, with external radiation therapy to the pelvis and paraortic regions given concomitantly with chemotherapy, followed by vaginal high dose rate brachytherapy; Plaintiff necessitated treatment with radio sensitizing chemotherapy(Taxol). However, she was unable to receive Cisplatin because of renal impairment and was unable to receive additional Taxol secondary to allergic reaction;

Plaintiff necessitated treatment with 5 cycles of radiation therapy;

Plaintiff suffered suspected radiation induced emesis and diarrhea and necessitated admission to Methodist Hospital January 19, 2017 through January 22, 2017;

Plaintiff suffered severe protein-calorie malnutrition and 25 lbs. weight loss;

Plaintiff suffers gastroenteritis and colitis due to radiation;

Plaintiff suffered obstructive and reflux uropathy;

Plaintiff suffers major depressive disorder;

Plaintiff necessitated outpatient surgery at Methodist Hospital on February 15, 2017, February 23, 2017 and February 28, 2017 for insertion of tandem and ovoid for high-dose rate vaginal brachytherapy;

Plaintiff necessitated admission to Methodist Hospital on April 16, 2017 for a period of approximately one month wherein was treated for radiation complications, including bowel obstruction and surgery for resection of her intestine;

Plaintiff necessitated admission to Methodist Hospital July 6, 2017 due to malnutrition, weight loss and severe pain;

Plaintiff necessitates embarrassing use of diapers;

Plaintiff claims severe emotional distress, personality changes, sadness, anxiety;

Plaintiff has and will continue to experience impairment, disruption and difficulty with daily activities, way of life and enjoyment of life, including significant impairment of numerous activities of daily living.

7 (b). It will be claimed that all of the aforementioned injuries and their residual effects are permanent in nature.

7 c-d. Plaintiffs object to said demand in that it is unduly burdensome. Plaintiffs will provide duly executed authorizations to obtain the records of treatment.

8. As a result of the injuries sustained, plaintiff necessitated the following hospitalizations:

Plaintiff necessitated admission to New York Presbyterian - Brooklyn Methodist Hospital December 10, 2016 through December 14, 2016; January 19, 2017 through January 22, 2017; February 15, 2017, February 23, 2017 and February 28, 2017; April

16, 2017 for a period of approximately one month; and July 6, 2017 through the present date.

9. Upon information and belief, no.

10. Plaintiff claims the following special damages:

A. Hospitals – unknown at the present time and will be provided, if applicable.

B. Physicians - unknown at the present time and will be provided, if applicable.

C. Medicines - unknown at the present time and will be provided, if applicable.

D. Nursing - unknown at the present time and will be provided, if applicable.

E. Other - unknown at the present time and will be provided, if applicable.

11. Future expenses will be provided.

12. At the time that the within action was commenced, plaintiffs resided

13. Plaintiff's social security number is xxx-xxx-

14. Plaintiff's date of birth is .

15. Plaintiff claim as special damages any amount claimed by any lien holders to be due and owing. Furthermore, plaintiffs assert that any attached liens are the full responsibility of the defendants for any medical and/or hospital expenses paid on behalf of the plaintiff by any collateral source providers as a result of the malpractice claimed

herein. The full extent of such liens is unknown at this time, however, information regarding such liens will be provided upon receipt of such information.

16. It is plaintiff's position that this question is improper for a Bill of Particulars, however, plaintiff claims that an exception to Article 16 may exist if the answering defendant acted intentionally and with reckless disregard for the safety of the plaintiff. Plaintiff reserves their right to supplement this response after completion of discovery.

17. Plaintiff has asserted a claim for lack of informed consent. Pursuant to Johnson v. Charow, 63 A.D.2d 688, 404 NYS2d 685 (2d Dept. 1978), any demand concerning the issue of informed consent is limited to whether or not such a claim is being made.

18. A. Plaintiffs were married on November 3, 2012.

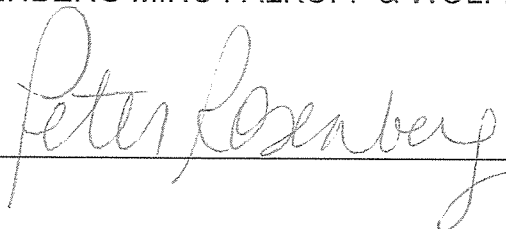
B. It will be claimed that plaintiff ROLAND JONES, has been deprived of the love, affection, comfort, companionship, society, services and consortium of his wife SANDRA JONES, as well as the household services that she provided, including cooking, cleaning, laundry and supervision of the household.

C. Beyond the scope of a Bill of Particulars.

Dated: New York, NY
July 12, 2017

yours, etc.,

ROSENBERG MINC FALKOFF & WOLFF LLP

By:  _____

PETER D. ROSENBERG
Attorney for Plaintiff(s)
SANDRA JONES and ROLAND JONES
122 East 42nd Street- Suite 3800
New York, New York 10168-0068
212-697-9280
Our File No.: 31161-M-E-FILE

TO:

Martin Clearwater & Bell, LLP
Attorneys for Defendants MARI SU, M.D., THE NEW YORK AND PRESBYTERIAN
HOSPITAL s/h/a COLUMBIA UNIVERSITY MEDICAL CENTERS, TIMOTHY RYNTZ,
M.D., and THE TRUSTEES OF COLUMBIA UNIVERSITY OF THE CITY OF NEW
YORK s/h/a CENTER FOR WOMEN'S REPRODUCTIVE CARE AT COLUMBIA
UNIVERSITY AND OB/GYN HIP
220 East 42nd Street - 13th Floor
New York, New York 10017
(212) 697-3122

UNIFORM COURT RULE 130-1.1-a CERTIFICATION

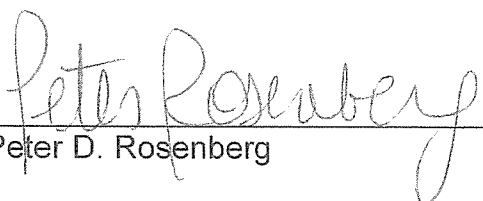
STATE OF NEW YORK)

) : ss:

(COUNTY OF NEW YORK)

I, the undersigned, an attorney duly admitted to practice in the Courts of New York State, Affirm that I am Member of ROSENBERG, MINC, FALKOFF & WOLFF, LLP., the attorneys of record for Plaintiffs in the within action; I have read the foregoing VERIFIED BILL OF PARTICULARS, and know the contents thereof; the same is true to my own knowledge, except as to the matters therein alleged to be on information and belief, and as to those matters I believe it to be true.

Dated: New York, New York
July 12, 2017


Peter D. Rosenberg

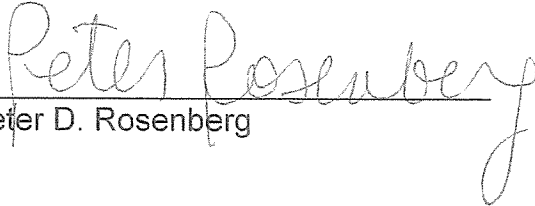
ATTORNEY'S VERIFICATION

PETER D. ROSENBERG, an attorney duly admitted to practice law before the Courts of the State of New York, affirms the following to be true under the penalties of perjury:

I am member of the law firm of ROSENBERG MINC FALKOFF & WOLFF LLP, attorneys for the Plaintiffs in the within action. I have read the annexed **VERIFIED BILL OF PARTICULARS** and knows the contents thereof, and the same is true to my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believes them to be true. My belief as to those matters therein not stated upon my own knowledge is based upon facts, records and other pertinent information contained in our files and reports and communications had with Plaintiffs.

The reason that this verification is not made by Plaintiffs is because Plaintiffs is/are not within the County of New York where the attorneys for the Plaintiffs have their office.

Dated: New York, NY
July 12, 2017



Peter D. Rosenberg

AFFIDAVIT OF SERVICE BY MAIL

STATE OF NEW YORK }

:ss.:

COUNTY OF NEW YORK}

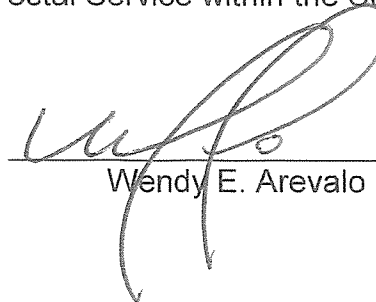
WENDY E. AREVALO, being duly sworn, deposes and says:

that deponent is over 18 years of age, is not a party to the action, and resides in Hudson County, New Jersey.

That on July 13, 2017 deponent served the within VERIFIED BILL OF PARTICULARS upon


MARTIN CLEARWATER & BELL, LLP
Attorneys for Defendant MARI SU, M.D., THE NEW YORK AND PRESBYTERIAN HOSPITAL s/h/a COLUMBIA UNIVERSITY MEDICAL CENTERS, TIMOTHY RYNTZ, M.D., and THE TRUSTEES OF COLUMBIA UNIVERSITY OF THE CITY OF NEW YORK s/h/a CENTER FOR WOMEN'S REPRODUCTIVE CARE AT COLUMBIA UNIVERSITY AND OB/GYN HIP
220 East 42nd Street - 13th Floor
New York, New York 10017
212-697-3122

by depositing a true copy of same in a post-paid properly addressed wrapper under the exclusive care and custody of the U.S. Postal Service within the State of New York.



Wendy E. Arevalo

Sworn to before me this
13th day of July, 2017



Notary Public

LORENA L. LICUL
NOTARY PUBLIC-STATE OF NEW YORK
No. 01LI6204038
Qualified in Nassau County
My Commission Expires 05-04-2021