BEFORE THE UNITED STATES JUDICIAL PANEL ON MULTIDISTRICT LITIGATION

IN RE: PROTON-PUMP INHIBITOR PRODUCTS LIABILITY LITIGATION	MDL Docket No. _____

MEMORANDUM IN SUPPORT OF PLAINTIFFS' MOTION FOR TRANSFER OF ACTIONS TO THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF LOUISIANA PURSUANT TO 28 U.S.C. § 1407 AND JPML RULE 7.2 FOR COORDINATED AND CONSOLIDATED PRETRIAL PROCEEDINGS

I. INTRODUCTION

Pursuant to 28 U.S.C. § 1407 and JPML Rule 7.2, Plaintiffs in six of the fifteen actions pending in twelve different United States District Courts listed in the attached Exhibit "1" (collectively "Plaintiffs") respectfully move this Judicial Panel on Multidistrict Litigation ("Panel") for an Order transferring the currently filed cases listed in the attached Schedule of Actions annexed hereto in Exhibit "2" (collectively the "Actions"), as well as any cases subsequently filed involving similar facts or claims ("tag-along cases"), to the United States District Court for the Middle District of Louisiana for coordinated and consolidated pretrial proceedings before the Judge that the Panel would deem most appropriate.

The Actions are listed on the Schedule of Actions in accordance with the Panel's Rule 6.1(b)(ii); all complaints and federal district docket sheets in the Actions are attached hereto as Exhibits "3" through "17". There are fifteen actions currently filed in twelve different federal courts around the country. However, moving Plaintiffs' counsel have over 5,000 Proton-Pump Inhibitor ("PPI") possible cases under investigation with additional potential clients making contact and asking for information each passing day. The undersigned anticipate that following

investigation, nearly 100 PPI cases will be filed in the coming weeks and the number of filed cases will increase by the hundreds in the coming months.

The fifteen actions currently filed in federal court are located in California, Illinois, Kansas, Louisiana, Missouri, New Jersey, New York, Ohio, Tennessee, and West Virginia, and allege that as a result of the ingestion of a PPI as prescribed by a physician, recommended by a healthcare professional, and/or otherwise taken for the prevention or treatment of gastric acid related conditions, they have been diagnosed with kidney injuries including acute interstitial nephritis ("AIN"), chronic kidney disease ("CKD"), and renal failure, also known as end-stage renal disease ("ESRD").

The following cases are currently pending:

- Eastern District of California
  - *Sharron Thomas v. Takeda Pharmaceuticals USA, Inc., et al*; 1:16-at-00865
- Southern District of Illinois
  - *Harry Mason v. AstraZeneca Pharmaceuticals LP, et al*; 3:16-cv-00493
- District of Kansas
  - *Jackie Koon v. AstraZeneca Pharmaceuticals LP, et al*; 2:16-cv-02605
- Middle District of Louisiana
  - *Dinez Davis v. AstraZeneca Pharmaceuticals LP, et al*; 3:16-cv-00686
- Western District of Louisiana
  - *Tagi Modicue v. AstraZeneca Pharmaceuticals LP, et al*; 6:16-cv-01444
- Western District of Missouri
  - *Richard Foster v. AstraZeneca Pharmaceuticals LP, et al*; 4:16-cv-01106
  - *Isaac Ratshidaho v. AstraZeneca LP, et al*; 6:16-cv-03417

- District of New Jersey
  - *Steven Goodstein v. AstraZeneca Pharmaceuticals LP, et al*; 2:16-cv-05143
  - *LaKeisha Spratt v. AstraZeneca Pharmaceuticals LP, et al*; 2:16-cv-05523
- Eastern District of New York
  - *Terry Buzbee v. AstraZeneca Pharmaceuticals LP, et al;* 1:16-cv-02934
  - *George Mullen v. AstraZeneca Pharmaceuticals LP, et al*; 1:16-cv-04801
- Northern District of New York
  - *Anthony Hornfeck v. AstraZeneca Pharmaceuticals LP, et al*; 5:16-cv-01243
- Southern District of Ohio
  - *Joey Burnett v. AstraZeneca Pharmaceuticals LP, et al*; 2:16-cv-00894
- Western District of Tennessee
  - *Charles Bowers v. AstraZeneca Pharmaceuticals LP, et al;* 2:16-cv-02549
- Southern District of West Virginia
  - *Linda Church, et al v. AstraZeneca Pharmaceuticals LP, et al*; 1:16-cv-07910

The moving Plaintiffs are unaware of any other PPI-related lawsuits pending in any federal court.

Upon information and belief, each of the fifteen filed cases either have not engaged in any discovery or are in the very early stages of discovery.

II. ARGUMENT

A. These Actions Are Appropriate for Transfer and Coordination Pursuant to 28 U.S.C. §1407

The Panel may transfer and coordinate two or more civil cases for pretrial proceedings upon a determination that the cases involve "one or more common questions of fact," transfer and coordination would further "the convenience of parties and witnesses," and transfer and

coordination will "promote the just and efficient conduct of such actions." 28 U.S.C. § 1407(a). In accordance with 28 U.S.C. § 1407, the transfer and coordination or consolidation of PPI cases will serve the convenience of the parties, witnesses, counsel, and the judicial system. Absent pretrial coordination or consolidation, the possibility of inconsistent pretrial rulings exists, especially with respect to the proper scope and extent of discovery, causation, and other factual and legal issues. Given the procedural posture of the PPI cases, no judicial resources will be wasted if these cases are transferred.

B. Common Factual Allegations in the Actions

In each of these pending PPI cases, Plaintiffs claim that Defendants, as defined below, and others, failed to adequately warn that the ingestion of these prescription and/or over-the-counter drugs could cause irreparable harm to the kidneys. Many of the complaints in the PPI cases assert similar causes of action, including: negligence, design defect, failure to warn, fraudulent concealment, warranty claims, and loss of consortium. All of the complaints make very similar factual allegations and, thus, any necessary discovery will arise from common questions of fact.

PPIs are a group of drugs intended to act as hydrogen potassium ATPase ("H+/K+ ATPase") enzyme inhibitor to block the production of gastric acid. They are and/or were manufactured, developed, marketed and distributed by the following Defendants (hereinafter "Defendants") named in the attached complaints, which have principal places of business at the following addresses:

a) AstraZeneca Pharmaceuticals LP: 1800 Concord Pike, Wilmington, DE 19897;
b) AstraZeneca LP: 1800 Concord Pike, Wilmington, DE 19897;
c) AstraZeneca PLC: 2 Kingdom Street, London W2 6BD, United Kingdom;
d) Pfizer, Inc.: 235 East 42nd Street, New York City, NY 10017; Procter & Gamble Manufacturing Company: 1 Procter & Gamble Plaza, Cincinnati, OH 45202;
e) The Procter & Gamble Company: 1 Procter & Gamble Plaza, Cincinnati, OH 45202;
f) Takeda Pharmaceuticals USA, Inc.: One Takeda Parkway, Deerfield, IL 60015;

g) Takeda Pharmaceuticals America, Inc.: One Takeda Parkway, Deerfield, IL 60015;
h) Takeda Pharmaceuticals International, Inc.: One Takeda Parkway, Deerfield, IL 60015;
i) Takeda Development Center Americas, Inc.: 208 South LaSalle Street, Chicago, IL 60604; and
j) Takeda Pharmaceutical Company Limited: 1-1, Doshomachi 4-chome, Chuo-ku, Osaka 540-8645.

PPIs have been widely promoted by the Defendants in these cases as an effective drug to be used for the prevention and treatment of gastric acid related conditions including, but not limited to, the following:

a) Gastroesophageal Reflux Disease ("GERD");
b) NSAID-Associated Gastric Ulcers;
c) Duodenal Ulcer Recurrence;
d) Pathological Hypersecretory Conditions (i.e. Zollinger-Ellison Syndrome); and
e) "Frequent" Heartburn (two or more days a week).

In October of 1992, three years after the Food and Drug Administration's ("FDA") initial PPI approval, researchers from the University of Arizona Health Sciences Center led by Stephen Ruffenach published the first article associating PPI usage with kidney injuries in *The American Journal of Medicine*.[1] In 2006, researchers at the Yale School of Medicine conducted a case series published in the International Society of Nephrology's *Kidney International* finding that PPI use, by way of AIN, left most patients "with some level of chronic kidney disease."[2]

On August 23, 2011, Public Citizen, a consumer advocacy group, filed a petition with the FDA to add black box warnings and other safety information concerning several risks associated with PPIs including AIN.[3] According to the petition, at the time of its filing, there was "no detailed risk information on any PPI for this adverse effect."[4] On October 31, 2014, more than three years after Public Citizen's petition, the FDA responded by requiring consistent labeling

[1] Stephen J. Ruffenach et al., *Acute Interstitial Nephritis Due to Omeprazole*, 93 Am. J. Med. 472 (1992).
[2] UC Brewster & MA Perazella, *Acute kidney injury following proton pump inhibitor therapy*, 71 Kidney Int'l 589, 591 (2007).
[3] Petition from Sidney Wolfe, Public Citizen's Health Res. Grp. Dir., et al. to Margaret Hamburg, FDA Comm'r (Aug. 23, 2011), *available at* http://www.citizen.org/documents/1964.pdf.
[4] *Id.* at p. 3.

regarding risk of AIN on all prescription PPIs.[5] The FDA noted "that the prescription PPI labeling should be consistent with regard to this risk" and that "there is reasonable evidence of a causal association."[6]

In December of 2014, the labels of prescription PPIs were updated to read:

> Acute interstitial nephritis has been observed in patients taking PPIs including [Brand]. Acute interstitial nephritis may occur at any point during PPI therapy and is generally attributed to an idiopathic hypersensitivity reaction. Discontinue [Brand] if acute interstitial nephritis develops.[7]

In January of 2016, a study published in the *Journal of the American Medical Association* found that PPI use was independently associated with a 20 – 50% higher risk of CKD.[8] To date, over-the-counter PPIs lack detailed risk information for AIN while prescription and over-the-counter PPIs lack detailed risk information for CKD.

PPIs and/or their metabolites – substances formed via metabolism of PPIs – have been found to deposit within the spaces between the tubules of the kidney. These deposited molecules mediate the development of AIN by acting as a hapten or mimicking an antigen in such a way that it induces an immune response, both of which result with inflammatory cell responses.

PPI-induced AIN is difficult to diagnose with patients most commonly complaining of non-specific symptoms such as fatigue, nausea, and weakness. Recent findings published in the *Journal of Nephrology* by Dennis Moledina and Mark Perazella of the Yale University School of Medicine suggest that the development of and failure to treat AIN could lead to CKD and ESRD,

[5] *See* Exhibit "18".
[6] *Id.* at p. 16.
[7] *See* https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/022101s014021957s017021153s050lbl.pdf at p. 6.
[8] Benjamin Lazarus et al., *Proton Pump Inhibitor Use and the Risk of Chronic Kidney Disease*, 176 J. Am. Med. Ass'n. Intern. Med. 238, 244 (2016), http://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2481157.

which requires dialysis or kidney transplant to manage.[9] Evidence from these studies incriminates all commercially available PPIs, thereby suggesting a class effect.

CKD describes a slow and progressive decline in kidney function where wastes can build to high levels in the blood resulting in numerous, serious complications ranging from nerve damage and heart disease to kidney failure and death. Prompt diagnosis and rapid withdrawal of the offending agent are vital in order to preserve kidney function. While AIN can be treated completely, once it has progressed to CKD it is incurable and can only be managed, which, combined with the lack of numerous early-onset symptoms, highlights the need for screening of at-risk individuals.

III. VENUE

A. This Panel Should Transfer these Actions to the Middle District of Louisiana

The Panel's determination of the appropriate venue in which to coordinate the pretrial proceedings in these related actions is guided by § 1407. Following this standard in the instant motion, the Middle District of Louisiana emerges as an appropriate district in which related cases have been filed, because it is easily accessible to all counsel and witnesses, and the just and efficient conduct of the actions would be best served considering the low-volume docket and resources available to efficiently reside over the Multi-District Litigation ("MDL"). *See* 28 U.S.C. § 1407(a).

1. Any Judge in the Middle District of Louisiana Has the Skill and Experience to Supervise the Proton-Pump Inhibitor MDL

Each of the four Judges currently sitting in the Middle District of Louisiana would be an appropriate selection to preside over the PPI MDL. As noted below, the background, skill and

[9] DG Moledina & MA Perazella, *PPIs and kidney disease: from AIN to CKD*, 29 J. Nephrology 611, 614 (2016) (published online in Apr. 2016; published in print Oct. 2016).

experience of these four Judges highlight their ability to steer this complex litigation on a prudent course:

a) Chief Judge Brian A. Jackson received confirmation to the United States District Court for the Middle District of Louisiana in 2010. Judge Jackson received his Juris Doctorate in 1985 from the Southern University Law Center in Baton Rouge. In 2000, Judge Jackson earned a Master of Laws degree in international and comparative law from Georgetown University Law Center. In 1990, Judge Jackson began service as an Assistant U.S. Attorney in the Eastern District of Louisiana, after which, in 1992, he served as an Assistant Director at the Executive Office for United States Attorneys. From 1994 to 2002, Judge Jackson served in the U.S. Attorney's Office and as an Associate Deputy Attorney General from 1998 to 1999. Following his time in the U.S. Attorney's Office, Judge Jackson worked for the Liskow & Lewis law firm in Louisiana, heading the firm's Government Investigations and White Collar Criminal Defense group.

b) Judge Shelly D. Dick received confirmation to the United States District Court for the Middle District of Louisiana in 2013, becoming the first female judge to serve in the District. Judge Dick received her Juris Doctorate from Louisiana State University's Paul M. Herbert Law Center in Baton Rouge. Judge Dick engaged in private practice from 1994 to 2013, becoming partner at the firm of Forrester, Dick & Clark and litigating a wide variety of cases in state and federal courts. Prior to her appointment, Judge Dick served as an Ad Hoc Hearing Officer for the Louisiana Workforce Commission to hear worker's compensation cases.

c) Judge John W. deGravelles received confirmation to the United States District Court for the Middle District of Louisiana in 2014. Judge deGravelles received

his Juris Doctorate from Louisiana State University's Paul M. Herbert Law Center in Baton Rouge with Order of the Coif designation. Judge deGravelles has decades of private practice experience handling a wide variety of civil litigation in state and federal courts. In addition, Judge deGravelles has actively engaged in legal education, teaching at or in coordination with Louisiana State University and Tulane University's respective law schools. Some courses include "Advanced Litigation," "Pre-Trial Litigation," and "Federal Courts." There is currently one PPI action pending before Judge deGravelles.[10]

d) Senior Judge James Joseph Brady received confirmation to the United States District Court for the Middle District of Louisiana in 2000 and assumed senior status in 2013. Judge Brady received his Juris Doctorate from Louisiana State University's Paul M. Herbert Law Center, going on to practice in Louisiana for over thirty years. During that time, Judge Brady has served as a member of the Louisiana Board of Tax Appeals and as an adjunct professor at Louisiana State University.

2. The Middle District of Louisiana Is the Most Appropriate Transferee Forum for the PPI Cases

a. The Middle District of Louisiana Is a Historically Under-Utilized District with Favorable General Docket Conditions

The Middle District of Louisiana was the 60th-busiest U.S. District Court (out of 89) by civil filings per judge in the 12-month period ending June 30, 2016.[11] There is currently one PPI action pending in the Middle District of Louisiana.[12] The Panel has stated that when selecting a forum it considers whether the district in question already has a number of pending MDLs or if

[10] *Dinez Davis v. AstraZeneca Pharmaceuticals LP, et al*, 3:16-cv-00686.
[11] http://www.uscourts.gov/statistics/table/na/federal-court-management-statistics/2016/06/30-1.
[12] *Dinez Davis v. AstraZeneca Pharmaceuticals LP, et al*, 3:16-cv-00686.

the transfer of an additional MDL would overtax the district.[13] The Middle District of Louisiana would be an appropriate choice as there are currently no pending MDLs, thereby ensuring proper resources and time necessary to manage this complex litigation. Furthermore, the Middle District of Louisiana has, to date, never been granted an MDL. The Panel has stated that if a particular district has no MDLs or is otherwise considered "under-utilized," that is a favorable factor to be taken into consideration when determining an appropriate forum.[14] As mentioned above, one purpose of the MDL system's creation was to ease the burden duplicative litigation has on the federal court system. However, as more and more MDLs are created, we often see them transferred to a small group of district courts which, in turn, creates a more concentrated burden on not only those courts, but also the parties and witnesses of those MDLs. For example, as it stands today, six district courts account for 31 of the 72 active product liability MDLs.[15] While experienced judiciary is, indeed, very important in selecting an MDL venue, time and again the newest MDL assignees have proven to be innovative and efficient in handling their first MDL. In sum, by transferring this MDL to the Middle District of Louisiana, the Panel would expand the number of courts with experience handling complex MDLs.

The general docket conditions in the Middle District of Louisiana and its historic under-utilization would both suggest that an assignment there is appropriate.

---

[13] *See* Transfer Order in *In re Teflon Products Liability Litigation*, MDL No. 1733, No. 4:06-md-01733.

[14] *See* Transfer Orders in *In re American Honda Motor Co., Inc., CR-V Vibration Marketing and Sales Practices Litigation*, MDL No. 2661, No. 2:15-md-02661; *In re Nexium (Esomeprazole) Antitrust Litigation*, MDL No. 2409, No. 1:12-md-02409; *In re Groupon, Inc., Marketing & Sales Practices Litigation*, MDL No. 2238, No. 3:11-md-02238; *In re Panacryl Sutures Products Liability Litigation*, MDL No. 1959, No. 3:08-md-01959; *In re Teflon Product Liability Litigation*, MDL No. 1733, No. 4:06-md-01733; *In re Wireless Telephone Federal Cost Recovery Fees Litigation*, MDL No. 1559, No. 4:03-md-01559.

[15] Northern District of Illinois (5); Eastern District of Louisiana (4); District of Minnesota (7); Eastern District of Pennsylvania (6); District of New Jersey (7); and Southern District of West Virginia (6) as of the JPML September 2016 Hearing Session.

b. The Middle District of Louisiana Is Convenient for All Parties and Witnesses

The Baton Rouge courthouse of the Middle District of Louisiana is easily accessible and conveniently located in downtown Baton Rouge less than two blocks from Exit 1H off Interstate 10. The courthouse is only a 10 minute drive from the Baton Rouge Metropolitan Airport taking the interstate and approximately one hour from New Orleans airport. The Baton Rouge airport is accessible via several major hubs – Charlotte, Dallas-Ft. Worth, Houston Intercontinental, and Atlanta. From Atlanta alone, there are 8 non-stop flights to Baton Rouge each business day. These options mean that from virtually anywhere in the country, one can take a non-stop flight to one of these hubs and, delayed or not, almost immediately take a short 60 to 90 minute flight to Baton Rouge. Of course, the New Orleans airport provides additional nonstop service to every major airport it the country. Unlike many major airports in the United States, these connecting hubs are not subject to months of winter weather problems that oftentimes make travel extremely difficult. For attorneys practicing in an MDL, ease of travel is extremely important. In addition to ease of flight, the Baton Rouge Metropolitan Airport also provides a convenient location, terminal-front parking, and five rental car companies on-site. Inside, the airport recently finished a largescale terminal renovation and expansion project, providing travelers spacious security checkpoints (with additional lines), powered seating, and free, high-speed WiFi. Travelling via the Baton Rouge Metropolitan Airport would provide all parties a quick, easy and stress free point of arrival and departure. For every trip out of Baton Rouge, lawyers will be to the airport and through security in approximately 40 minutes from leaving the courthouse.

Housing Louisiana State University and the State Capitol, Baton Rouge is uniquely designed to facilitate easy travel and lodging for large numbers of people; this lends to the large number of affordable hotel rooms located within the city limits. Plaintiffs' counsel expects that dozens of lawyers will be involved in this litigation. The accommodations in the Middle District

of Louisiana will comfortably allow for the large number of attorneys and staff who will be attending hearings, conferences and meetings on a regular basis. In the Downtown area alone, there are four large hotels providing attorneys over 600 rooms within a few thousand feet of the courthouse. Quantity aside, the average daily rate for hotels within driving distance of the courthouse hovers just around $100. The largest hotel near the courthouse, the Hilton Baton Rouge Capitol Center, has nearly 300 rooms and provides numerous amenities including, but not limited to, Automated Teller Machines, a fitness room and pool, laundry and shoe shining services, and a large business center replete with printers, photo copying, and express mail, all for a starting rate of just $170.

Additionally, counsel anticipates hundreds of additional PPI filings over the coming months. These drugs have been sold and consumed across the nation so there will be no single congregation of constituents in any one district. Similarly, Plaintiffs name numerous Defendants involved with the manufacture, marketing, and sale of PPIs over the past 20 years. These Defendants are headquartered in several different districts and, upon information and belief, experts, witnesses, and relevant documents will be found in several more states. There will be no clear geographical nexus to this litigation. When there is a geographic dispersal of actions like described above, the Panel has taken geographic centrality and ease of access into consideration as weighing in favor of a particular transferee forum.[16] Louisiana provides that geographic centrality without the crowded dockets and crowded travel logistics of other centrally located districts.

In sum, the Middle District of Louisiana would be an excellent choice for this MDL and any of its judges would provide the fair and experienced leadership needed to guide this complex litigation. Each of the major factors: docket, experience, and convenience are met. Plaintiffs'

[16] *See* Transfer Order in *In re Teflon Products Liability Litigation*, MDL No. MDL No. 1733, No. 4:06-md-01733.

counsel anticipates that the parties will be content with the choice of the Middle District of Louisiana.

3. As an Alternative to the Middle District of Louisiana, additional Appropriate Venues include the District of New Jersey, Southern District of Illinois, the District of Kansas or the Western District of Louisiana

If the Panel decides against the Middle District of Louisiana as an appropriate venue for this MDL, several other viable options exist.

The District of New Jersey stands as an additional convenient venue for the PPI MDL with the Honorable Claire Cecchi being an effective choice to handle this MDL. Judge Cecchi has served for over five years and has managed an MDL.[17] There are currently two PPI actions pending before Judge Cecchi.[18] The Southern District of Illinois would allow this MDL to be consolidated before the Honorable Staci Yandle. Judge Yandle, the first African-American judge to sit on the federal bench in the Southern District, was appointed by President Barack Obama and has served for over two years. There is currently one PPI action pending before Judge Yandle.[19]

The District of Kansas would also be an appropriate choice. The Honorable Daniel Crabtree or the Honorable Kathryn Vratil would both be effective judges to handle this MDL. Judge Crabtree was appointed by President Barack Obama and has served for over two years. There is currently one PPI action pending before Judge Crabtree.[20] Judge Vratil served as a District Judge for 24 years, Chief Judge for six of those years, and assumed senior status in 2014. Judge Vratil has effectively handled MDLs including, most recently, the Ethicon Power

[17] *See* Transfer Order in *In re Insurance Brokerage Antitrust Litigation*, MDL No. 1663, No. 2:04-cv-5184.
[18] *LaKeisha Spratt v. AstraZeneca Pharmaceuticals LP, et al*, 2:16-cv-05523.
Steven Goodstein v. AstraZeneca Pharmaceuticals LP, et al, 2:16-cv-05143.
[19] *Harry Mason v. AstraZeneca Pharmaceuticals LP, et al*, 3:16-cv-00493.
[20] *Jackie Koon v. AstraZeneca Pharmaceuticals LP, et al*, 2:16-cv-02605.

Morcellator Products Liability MDL where nearly the entire docket was resolved within 6 months.[21]

Finally, the Western District of Louisiana would be an excellent choice with the Honorable Rebecca Doherty being an extremely experienced jurist and MDL Judge, who was assigned her first and only MDL on December 29, 2011. Judge Doherty pensively directed one of the most efficient and innovative MDLs to date, with numerous novel and complex issues. Yet, the first bellwether was tried to verdict in less than 2.5 years and a global resolution of the personal injury cancer cases was reached in less than 3.5 years.[22] Judge Doherty was appointed by former President George H.W. Bush and has served for 25 years.

The undersigned has consulted with the following attorneys who have been retained by individuals injured by PPIs or are investigating these matters, and who support this application as well as one or all of the proposed Judges and districts:

a) Jennie Anderson: Andrus Anderson LP, San Francisco, CA.
b) Richard Arsenault: Neblett, Beard & Arsenault, Alexandria, LA.
c) Camp Bailey: Bailey Peavy Bailey Cowan Heckaman, PLLC, Houston, TX.
d) Kirk Goza: Goza Honnold LLC, Leawood, KS.
e) Neil Overholtz: Aylstock, Witkin, Kreis & Overholtz, PLLC, Pensacola, FL

[21] *See* Transfer Order in *In re Power Morcellator Products Liability Litigation*, MDL No. 2652, No. 2:15-md-2652.
[22] *See* Transfer Order in *In re Actos (Pioglitazone) Products Liability Litigation*, MDL No. 2299, No. 6:11-md-2299.

WHEREFORE, for the reasons stated herein, Plaintiffs respectfully request that the Panel issue an order transferring all actions listed in the attached Schedule of Actions, as well as all subsequently filed related actions, for coordinated and consolidated pretrial proceedings to the United States District Court for the Middle District of Louisiana.

Dated: October 17, 2016

Respectfully submitted,

/s/ Paul J. Pennock
Paul J. Pennock, Esq.
WEITZ & LUXENBERG, P.C.
700 Broadway
New York, NY 10003
ppennock@weitzlux.com
Tel: (212) 558-5549
Fax: (212) 344-5461

Counsel for Plaintiffs Dinez Davis, Richard Foster, Anthony Hornfeck, Tagi Modicue, Isaac Ratshidaho, and Sharron Thomas