

Dkt. 611-5, 65 of 517

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
SAN FRANCISCO DIVISION

PLANNED PARENTHOOD FEDERATION )	
OF AMERICA, INC., et al., )	
Plaintiffs, )	
vs. )	CASE NO. 3:16-cv-00236
CENTER FOR MEDICAL PROGRESS, )	(WHO)
et al., )	
Defendants. )	

---

C O N F I D E N T I A L  
VIDEO RECORDED DEPOSITION OF  
DEBORAH NUCATOLA, M.D.  
IRVINE, CALIFORNIA  
APRIL 4, 2019

Reported by:  
DEBBIE STRICKLAND  
CSR 9036  
No. 19-76852

Dkt. 611-5, 75 of 517

CONFIDENTIAL ATTORNEYS' EYES ONLY

1 I'm going to start it from the beginning, actually,  
2 which is 12:45:33, frame zero.

3 (Video played.)

4 BY MR. JONNA:

02:48 5 Q Okay. So I'm going to stop it at frame 2802.

6 Since she's not transcribing what's being  
7 said, I'm just going to summarize. You said that a  
8 lot of people want liver. Most providers use  
9 ultrasound guidance, and the rate limiting stuff is  
02:49 10 the calvarium. Most of the other stuff can come out  
11 intact. You're cognizant of where you put the  
12 graspers, and you can try to go above and below the  
13 thorax so you're not going to crush that part, you're  
14 going to crush above and crush below.

02:49 15 Did you hear that?

16 A I did.

17 Q Okay. So, first of all, I want to ask you,  
18 do you use ultrasound guidance when you're doing a  
19 case that involves fetal tissue donation?

02:49 20 A Yes.

21 Q Why is that?

22 A I use it for all of my cases.

23 Q And why is that?

24 A That's how I was trained.

02:49 25 Q By who?

Dkt. 611-5, 76 of 517

CONFIDENTIAL ATTORNEYS' EYES ONLY

1 A Many people.

2 Q Okay. And why were you -- do you know why  
3 you were trained to use ultrasound guidance?

4 MR. KAMRAS: Calls for speculation.

02:49 5 THE WITNESS: I don't.

6 BY MR. JONNA:

7 Q Do you find it helpful?

8 A I do.

9 Q Why is that?

02:49 10 A Because I'm aware of what I'm doing. I have  
11 a -- it makes a blind procedure a procedure that I can  
12 see what's happening.

13 Q Okay.

14 The -- when you say most of the other stuff  
02:50 15 can come out intact, what do you mean by that?

16 A I mean that generally there's enough dilation  
17 to remove other pieces of the fetus intact.

18 Q And then you described that you can go above  
19 and below the thorax so you're not going to crush that  
02:50 20 part, crush above, crush below. What do you mean when  
21 you said that?

22 A I mean you can go above and below the thorax.

23 Q In order to get intact fetal tissue?

24 A If that's the desire, yes.

02:50 25 Q And do you do that?

## CONFIDENTIAL ATTORNEYS' EYES ONLY

1           A    I haven't done that in -- since I  
2 participated in tissue donation.

3           Q    Okay. But when you did, you would do that as  
4 a general matter?

02:50   5           A    If I was aware that it was a donation case,  
6 yes.

7           Q    But you don't consider that a change in  
8 procedure?

9                   MR. KAMRAS: Objection. Asked and answered.

02:50   10           THE WITNESS: It's not a change in the  
11 procedure.

12                   MR. JONNA: Okay. I'm going to keep playing  
13 the video.

14                   (Video played.)

02:51   15 BY MR. JONNA:

16           Q    Okay. I stopped it at frame 3845.

17                   You were talking about, with the calvariums,  
18 people try to change the presentations so it's not  
19 vertex, and there are steps that can be taken  
02:51   20 converting to breach and change the presentation.

21                   Did you hear that in the video?

22                   MR. KAMRAS: The video speaks for itself.

23                   THE WITNESS: Yes.

24 BY MR. JONNA:

02:51   25           Q    Okay. What were you describing?