

## NY man's kidney transplant gave him woman's cancer

May 27 2010, By JENNIFER PELTZ , Associated Press Writer

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(AP) -- The scenario was unique, as far as doctors could tell: A man had gotten a transplanted kidney from a woman who had uterine cancer and didn't know it.

Vincent Liew decided to keep the kidney after his transplant surgeon concluded there was only a slim chance he could be sickened by the feminine cancer - advice that gambled with Liew's life and lost, a lawyer for his widow told jurors Thursday in what experts say may be the only known case of uterine cancer being transmitted by transplant.

Jurors began deliberating the case against NYU Langone Medical Center Thursday afternoon and were to return on Friday.

Langone should be held responsible "for taking a huge risk with Vincent Liew's life" by not urging him to have the kidney removed at once, Daniel Buttafuoco said during closing arguments in the medical-malpractice case, which is refreshing longstanding questions about [organ transplant](#) risks and rewards.

NYU Langone Medical Center says it advised Liew of the risk, honored his choice and aggressively monitored the kidney for signs of cancer. Though tests found nothing, Liew suffered back pain and ultimately had the kidney removed about six months after the 2002 transplant. He died about three weeks later of cancer that came from his donor, his [autopsy](#) said, without specifying the type of cancer. He was 37.

"This should not have happened, but it's not NYU Medical Center's fault. It's not ([transplant surgeon](#) Dr. Thomas) Diflo's fault. It's not Mr. Liew's fault," the hospital's lawyer, Robert Elliott, said in his summation. "The best care that could have been provided was."

Liew's widow, Kimberly, is seeking more than \$3 million in damages in her lawsuit against the hospital.

Liew, originally from Singapore, worked in the Hong Kong Economic and Trade Office in New York. A diabetic since his teens who was on three-times-a-week [dialysis](#), he had been awaiting a kidney for about five years when he got the transplant Feb. 25, 2002.

The donor, Sandy Cabrera, 50, had died of a stroke about a day earlier in Newburgh, N.Y. "No one knew she had cancer," her boyfriend, Michael Daniels, said in a telephone interview.

An autopsy in the days after her death found that she had uterine cancer that had begun to spread to her lungs.

The news didn't reach Diflo until mid-April 2002, according to trial testimony. The hospital that treated Cabrera, St. Luke's Cornwall, declined to comment.

The organization that arranged the transplant, the New York Organ Donor Network, referred inquiries on Thursday to a national transplant group, the United Network for Organ Sharing, that declined comment.

With no medical literature available on uterine cancer being transmitted by transplant, Diflo testified that he told Liew the safest plan was removing the [kidney](#), but that the odds of Liew developing the cancer were slight.

In dueling testimony from cancer specialists, the two sides have disputed whether it was indeed uterine cancer that killed Liew, though both acknowledge the malignancy derived from the transplant and caused his death.

A cancer expert who reviewed Liew's records and testified for NYU, Dr. Jeffrey Schneider of Winthrop University Hospital in Mineola, said Thursday he believed Liew suffered from a type of immune-system cancer that sometimes afflicts transplant patients.

The federal Centers for Disease Control and Prevention estimate that 1 percent of U.S. organ transplants are suspected of transmitting illnesses, though data are sparse.

Some 23 transplant recipients in 2007 - out of about 28,000 recipients nationwide that year - were judged to have at least possibly contracted cancers, HIV, tuberculosis and other diseases from their donors, according to a 2009 article in the American Journal of Transplantation. Twelve of the recipients died, according to the article, which examined reports made to the national Organ Procurement and Transplantation Network.

Potential donors are screened for various diseases, and those with active cancers generally are eliminated from consideration. But some cancers and other diseases can't always be detected in the short time frame transplants require, usually within a day, said Dr. Jeffrey D. Pugh, the University of Michigan Health Systems' transplant chief.

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