

Frequently Asked Questions

I am a long-term survivor of Wilms tumor. Is it all right for me to be an organ donor?

Except for corneal transplantation, the answer unfortunately is “No.” This is for several reasons. The curative treatments you received may have damaged the organ to be donated. There might be nothing suspicious detected either on physical or imaging examinations, or on laboratory tests, but invisible, healed scarring of greater or lesser degree could nonetheless be present. The extent of the injury depends largely on the doses of the treatment used and the side effects of that treatment. Those invisible scars could lead to early failure of the transplanted organ. This is beside the fact that it needs to be able to withstand the shocks and stresses associated with the transplant process itself. Examples are the hidden damage to the liver and heart caused by dactinomycin (Actinomycin D) and doxorubicin (Adriamycin) respectively. The same can be said of the radiation therapy (RT) that injures every irradiated structure. The amount of RT damage depends on the dose delivered, as with the chemotherapy. Moreover RT can cause second cancers to develop in irradiated parts, usually after the passage of many years. Another point concerning delayed problems: late relapses in the lungs have been recorded in rare patients who appear to have been disease-free for as long as ten or more years. Transplanted lungs from individuals treated years ago for Wilms tumor could contain such unsuspected metastases. These could grow in the donated lungs with obviously very unfortunate consequences for the recipients.

Please go to our website www.nwtsg.org for more Frequently Asked Questions.



National Wilms Tumor Study

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