THE STATE OF SOUTH CAROLINA
In the Supreme Court

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APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

J. Mark Hayes, II, Circuit Court Judge



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Appellate Case No. 2017-002388

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Lisa McKaughan, Individually and as Personal Representative of the Estate of William Farr, ..... Respondent

v.

Upstate Lung and Critical Care Specialists, P.C. and Sau-Yin Wan, M.D.

..... Petitioners.

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**RETURN TO PETITION FOR WRIT OF CERTIORARI**

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## STATEMENT OF THE CASE

Decedent William Farr died from lung cancer two-and-a-half years after the cancer appeared on his January 2010 chest x-ray ordered and interpreted by Respondent Sau-Yin Wan, M.D. of Respondent Upstate Lung and Critical Care Specialists, P.C. Although Dr. Wan is a pulmonologist and not a radiologist, she chose to interpret Mr. Farr's x-ray herself. (R. p. 363, lines 17-23). A radiology expert testified at trial that Dr. Wan breached the standard of care when she failed to identify an "abnormal density" in Mr. Farr's right lung that was "readily apparent" on the x-ray. (R. p. 298, lines 15-21; 301, lines 5-16) Since Dr. Wan interpreted the x-ray as normal, no additional tests or treatment were ordered, and Mr. Farr's right lung tumor grew from 2-3 cm in diameter to approximately 9 cm when it was finally diagnosed by a different doctor in the fall of 2010. (R. p. 203-04). The tumor was surgically removed in December 2010 and his doctors recommended post-surgical adjuvant treatment including chemotherapy and radiation treatment. (R. p. 207, lines 17-25). Although the tumor was removed, cancer cells from it remained in Mr. Farr's body. (R. p. 276). A few months later, Mr. Farr's doctors discovered more cancer in Mr. Farr's left lung. (R. p. 209-12). Many of his medical records refer to the left lung tumor as a "recurrence" of cancer. (R. p. 273-75). Despite treatment and an additional surgery, Mr. Farr's condition deteriorated and he died on June 19, 2012. (R. p. 627) The only ailment listed on his death certificate is "metastatic lung cancer." Id.

Respondent Lisa McKaughan, Mr. Farr's daughter and the personal representative of his estate, filed a medical negligence action alleging Dr. Wan breached the standard of care in interpreting Mr. Farr's January 2010 x-ray and that her failures were a proximate cause of Mr. Farr's death. (R. p. 8-9 at ¶¶ 16-23). At trial, Respondent called three expert witnesses including radiologist Dr. William Woodruff, oncologist Dr. Barry Singer, and pathologist Dr. Willard

Milby. Dr. Woodruff testified that Dr. Wan's failure to identify the abnormality on the x-ray and her report identifying the x-ray as essentially normal prevented follow-up testing to diagnose and treat the tumor at a small size and early stage. (R. p. 298-303). Dr. Singer and Dr. Milby testified that the nine months of unchecked tumor growth attributable to Dr. Wan's failure to properly interpret the x-ray was a proximate cause of Mr. Farr's death.

Dr. Singer concluded the approximately 6 cm growth in Mr. Farr's right lung tumor following the January 2010 x-ray and before the tumor was diagnosed greatly increased the risk that the cancer would metastasize, an oncological term referring to instances where cancer cells from an existing tumor break off, relocate, and grow in another location. (R. p. 204-05; 206, lines 17-25). While Mr. Farr's right lung tumor was surgically removed and his left lung tumor was discovered later, Dr. Singer testified that the left lung tumor was a metastasis. (R. p. 214, lines 2-12). Dr. Singer reached this conclusion because both tumors were the same cancer type and because of the short time frame between the development of the right and left lung tumors. (R. p. 211, line 17 – 212, line 8). In short, Dr. Singer concluded that there was a 95% likelihood that Mr. Farr's cancer had metastasized, that the right and left lung tumors were "the same cancer," and that Dr. Wan's breaches of the standard of care caused Mr. Farr's death. (R. p. 211, lines 13-21; 217, line 25 - 218, line 6; 218, lines 10-17).

Dr. Milby also testified that Mr. Farr's left lung tumor was a metastasis. (R. p. 498, lines 4-8). Dr. Milby explained to the jury that he conducted a microscopic, side-by-side comparison of tissue samples from Mr. Farr's right and left lung tumors. (R. p. 499, line 21 – 500, line 18). Dr. Milby presented the jury with images of the tumor cells and showed that precisely the same three cancer cell subtypes were present (in different proportions) in both tumors. (R. pp. 531-39). He also presented higher magnification images of the cancer cells to demonstrate that the two

tumors' cells had nearly indistinguishable nuclei. (R. p. 538, line 6 – 539, line 8). The appearance of the cancer cell nuclei was the "signature" of Mr. Farr's cancer. (R. p. 539, lines 3-8). His examination of the cells and other factors led Dr. Milby to conclude that there was a 95-99% likelihood that Mr. Farr's left lung tumor was a metastasis. (Tr. of Record at 540, lines 1-2).

Following Appellant's case-in-chief, Petitioners moved for a directed verdict on the causation element of Appellant's medical negligence claim. (R. p. 597, line 14 – 600, line 20). The circuit court agreed and entered a verdict in Petitioners favor. The Court of Appeals reversed in a unanimous opinion, finding Dr. Singer's testimony was sufficient to create a jury question on causation. McKaughan v. Upstate Lung & Critical Care Specialists, P.C., 421 S.C. 185, 805 S.E.2d 212 (Ct. App. 2017). Petitioners' request for rehearing was denied on October 19, 2017, and the petition for writ of certiorari was served on November 20, 2017.

## ARGUMENT

Mr. Farr died from lung cancer after Dr. Wan failed to identify a mass on an x-ray of Mr. Farr's lung. In the medical negligence action arising from his death, Petitioners' defense centered on the notion that Mr. Farr developed cancer on two individual occasions—i.e. the tumor that killed him was unrelated to the tumor Dr. Wan misdiagnosed. Before Petitioners even began to explain this unusual defense, the circuit court directed a verdict in their favor citing a perceived lack of proximate cause evidence. The Court of Appeals reversed in a unanimous opinion based on medical records showing the two tumors were the same form of cancer with precisely the same three cancer cell types. McKaughan, 421 S.C. at 191-93, 805 S.E.2d at 215-16. The opinion also referenced expert testimony concluding with near certainty that Mr. Farr died from metastatic lung cancer flowing from the tumor Dr. Wan missed. Petitioners now ask the Court to review the Court of Appeals' ruling by looking past this evidence toward a second expert whose testimony the circuit court excluded under Rule 702, SCRE. Petitioners contend the Court of Appeals somehow jeopardized the established Rule 702 framework by relying on the cited causation evidence and reversing the directed verdict without wading into the parties' dispute over the second expert. The Petition argues certiorari is needed to "expand the current jurisprudence" on Rule 702. Pet. at 11.

However, even if Petitioners were correct in arguing South Carolina's expert reliability standard needs clarification or expansion, this case is a poor vehicle for doing so. This is not a Rule 702 case. All the evidence required to defeat Petitioners' directed verdict motion was properly in evidence unchallenged either at trial or in Petitioners' appellate brief. Contrary to Petitioners' suggestions, the Court of Appeals' ruling does not undermine or otherwise threaten the circuit court's gatekeeping duties for expert testimony because the Court of Appeals offered

no comment on this issue. The Court of Appeals faulted the circuit court's ruling not for its Rule 702 analysis of Respondent's pathology expert (Dr. Willard Milby) but for basing its directed verdict on that analysis without considering the competent, substantial, and unchallenged causation testimony of Respondent's oncology expert (Dr. Barry Singer). Dr. Singer, who has treated thousands of lung cancer patients over his forty-year career, testified there was a greater than 95% probability Mr. Farr died from the same adenocarcinoma (with the same three cancer cell types) that Dr. Wan misdiagnosed two years earlier.

Thus, what Petitioners ask the Court to review is not a groundbreaking decision that impairs a key evidentiary principle but rather a garden variety application of South Carolina's "most probably" rule of causation and "scintilla of evidence" standard for directed verdicts. Neither the rule nor the standard is controversial or underdeveloped in South Carolina case law and both were faithfully applied to the facts in the record. At its core, Petitioners' argument is that Dr. Singer's testimony was just not enough to submit Respondent's claim to a jury and, as a result, the Court of Appeals erred by declining to delve into Dr. Milby's testimony. The Petition alludes to an improper standard of review and an ignored reliability analysis but the opinion was properly limited to measuring Dr. Singer's unchallenged expert testimony by the established directed verdict standard. The Court of Appeals' ruling on this fact-intensive issue is substantively correct, in line with this Court's precedents, and creates no new legal principle warranting review.

Ultimately, the Petition makes three bold but inaccurate charges regarding the Court of Appeals' ruling— (1) the court "inexplicably" ignored the "essence" of the circuit court's directed verdict by failing to defer to the circuit court's ruling on Dr. Milby's testimony; (2) the opinion "stripped" the circuit court of its gatekeeping role in evaluating the reliability of expert

testimony; and (3) Dr. Singer offered only "speculat[ion]" and could not meet the "most probably" rule of causation. Petitioners are incorrect on the merits and their arguments do not support certiorari.

### 1. The Court of Appeals Applied the Correct Standard of Review for a Directed Verdict.

Petitioners contend the Court of Appeals was required to rule on Dr. Milby's testimony because it was the essence of the appeal. Petitioners push this argument a step further by asserting the Court used the wrong standard of review and owed the circuit court more deference in reviewing an evidentiary ruling. Pet. at 9. However, these arguments ignore the appeal's procedural posture. Petitioners moved for and were granted a directed verdict. No South Carolina authority supports the notion that a directed verdict is subject to an enhanced standard of review or that appellate courts owe deference to a circuit court's ruling on a directed verdict. The Court of Appeals correctly stated that a court may not enter a directed verdict if the evidence "yields more than one inference" on a disputed issue when considered in the light most favorable to the non-moving party. McKaughan, 421 S.C. at 189, 805 S.E.2d at 214 (citing Burnett v. Family Kingdom, Inc., 387 S.C. 183, 188, 691 S.E.2d 170, 173 (Ct. App. 2010)). Even Petitioners' brief to the Court of Appeals acknowledges the "scintilla of evidence" standard applies to directed verdict motions. Resp'ts. Br. to Ct. App. at 19 n. 1 (quoting Jones v. Sun Publ'g Co., Inc., 278 S.C. 12, 292 S.E. 23 (1982)). As required by settled precedent, the Court of Appeals did not defer to the earlier ruling but rather applied anew the well-established directed verdict standard. Elam v. S.C. Dep't of Transp., 361 S.C. 9, 27-28, 602 S.E.2d 772, 782 (2004).

### 2. The Court of Appeals' Ruling Properly Declined to Address Expert Reliability.

The Court of Appeals' ruling neither "stripped" the circuit court of its power to rule on expert reliability nor "rejected the results of the trial judge's gatekeeping role" in this case. Pet.

at 12, 16. These suggestions misrepresent the opinion's text. The Court of Appeals offered no comment on the results of the circuit court's reliability analysis for Dr. Milby's testimony. McKaughan, 421 S.C. at 194 n. 1, 805 S.E.2d at 216 n. 1 (citing Futch v. McAllister Towing of Georgetown, Inc., 335 S.C. 598, 613, 518 S.E.2d 591, 598 (1999)). In other words, the Court did not reject the results of that analysis, it simply held that analysis need not be examined because the circuit court's error in weighing Dr. Singer's causation testimony was enough to decide the appeal. By claiming the Court of Appeals should have been compelled to address Dr. Milby anyway, Petitioners attack Futch directly on a principle for which it has been cited dozens of times for nearly twenty years. The judicial restraint embodied in Futch is well-established by our appellate courts which consistently hold that "a court usually should refrain from deciding unnecessary questions." I'on, LLC v. Town of Mt. Pleasant, 338 S.C. 406, 419-20, 526 S.E.2d 716, 723 (2000).

Petitioners go on to suggest an analysis of Dr. Milby's testimony was essential for reviewing the directed verdict because he was the only causation expert offered at trial. Pet. at 11 ("The Court of Appeals failed to recognize that [Respondent] presented Dr. Willard Milby, a pathologist, as her causation expert"). However, Dr. Milby was not *the* causation expert for Respondent, he was only *a* causation expert. Both Dr. Milby and Dr. Singer were offered to provide causation testimony. The suggestion that Dr. Singer was not offered to address causation contradicts the record and Petitioners' arguments to the circuit court. In their motions in limine, Petitioners argued Dr. Singer was "strictly offering causation testimony" and cited an excerpt from Dr. Singer's deposition to support this conclusion. (R. p. 1497). Moreover, Respondent has consistently maintained that Dr. Singer's testimony was sufficient on its own to create a jury question on causation. Appellant's Br. to Ct. App. at 12 (arguing circuit court "gave no

consideration to substantial evidence of metastasis offered by Dr. Singer"); at 24 (concluding Dr. Singer's medical records review "demonstrated that the second tumor was a metastasis"). Therefore, the Court of Appeals was correct in finding "Singer's testimony *alone* provided a basis" for finding proximate cause thereby mooting the parties' dispute over Dr. Milby for directed verdict purposes. McKaughan, 421 S.C. at 194, 805 S.E.2d at 216 (emphasis added).

The Court should also reject Petitioners' suggestion that the Court of Appeals was required to conduct a reliability analysis for Dr. Singer's testimony. Pet. at 12. The reliability of Dr. Singer's testimony was never challenged. In fact, Petitioners made the conscious choice not to challenge Dr. Singer on reliability. Petitioners' motions in limine presented a nine-page argument on the reliability of Dr. Milby's testimony.[1] However, Petitioners never even hinted that Dr. Singer's testimony was based on unreliable scientific methods. The same was true at trial. Dr. Singer was qualified as an oncology expert without objection (R. p. 198, lines 9-12) and there was no reliability challenge to Dr. Singer's reliability either immediately after his testimony or in Petitioners' directed verdict motion. (R. p. 596-600).

Petitioners' brief also failed to raise a reliability challenge to Dr. Singer's testimony. Petitioners argued only Dr. Singer "never offered an opinion" on causation and, to the extent he did, Dr. Singer's testimony was "conclusory" so as not to meet the "most probably" rule of causation for medical negligence claims. Resp'ts. Br. to Ct. App. at 18. Despite now claiming the Court of Appeals' ruling "strips" away the circuit court's gatekeeping role, Petitioners' brief asked the Court to consider Dr. Singer's testimony for sufficiency only—not qualification or reliability. While Petitioners (as Respondents below) were free to raise additional sustaining

[1] For the reasons detailed in her briefs, Respondent maintains that Dr. Milby's standard microscopic examination of Mr. Farr's tumor cells using standard pathology techniques meets Rule 702, SCRE's reliability requirement. Appellant's Br. to Ct. App. at 14-24; Reply Br. at 1-5.

grounds in their brief, they may not do so for the first time after the appellate court has ruled. I'On, 338 S.C. at 420, 526 S.E.2d at 723 (holding that "a respondent may abandon an additional sustaining ground . . . by failing to raise it in the appellate brief") (citations omitted). Moreover, Dr. Singer provided reliable testimony based on his oncological education/training, forty years as a practicing oncologist during which he has examined numerous lung cancer patients, and his thorough review of Mr. Farr's medical records. (R. p. 197, lines 4-5; 199, lines 15-21).

### 3. The Court of Appeals Followed this Court's Precedent in Ruling Dr. Singer's Testimony Met the "Most Probably" Rule.

Petitioners err in arguing the Court of Appeals ignored South Carolina's causation standard for medical negligence claims. Pet. at 13-16. As the opinion plainly states, expert medical testimony must meet the "most probably" rule of causation. McKaughan, 421 S.C. at 190, 805 S.E.2d at 214 (quoting Hoard ex rel. Hoard v. Roper Hosp., 387 S.C. 539, 546, 694 S.E.2d 1, 5 (2010)). Petitioners rest their argument on the rule's requirement of a "significant causal link," which Petitioners claim required Dr. Singer to trace the progress of Mr. Farr's cancer inch-by-inch from the site where Dr. Wan failed to diagnose it to the location where it ultimately settled and killed him. Pet. at 13. Petitioners further argue the 95% probability Dr. Singer cited in his causation testimony was speculation and not a link "significant" enough to get the proximate cause issue to a jury. This Court has previously rejected similar attempts to interpret the "most probably" rule as Petitioner suggests and previously approved similar cancer-related causation testimony ***by this specific expert***. Thus, the Petition should be denied because it attacks precedent that is both settled and well-reasoned.

While it is true the "most probably" rule demands a "significant causal link," the rule has never been interpreted to require a certain form of expert testimony or the kind of detail Petitioners would demand. "Significant causal link" is used only to separate competent causation

testimony from opinions suggesting only "a tenuous or hypothetical connection." Ellis v. Oliver, 323 S.C. 121, 125, 473 S.E.2d 793, 795 (1996). A connection is "tenuous" when an expert cannot state the defendant's conduct was the likely cause of injury and "hypothetical" if offered without reference to the case's known facts. Dr. Singer's testimony was not tenuous or hypothetical. He spoke in definitive terms and grounded his conclusions in specifics from Mr. Farr's medical records. Since the tumor Dr. Wan failed to diagnose and the tumor Mr. Farr suffered from at death were both the same form of lung cancer (adenocarcinoma), there was a 95% probability they were the same cancer. (R. p. 211, lines 13-21).

The causal connection was even stronger when Dr. Singer considered additional facts including the timing of the second tumor's discovery relative to the first. (R. p. 212, lines 3-8). Dr. Singer also strongly linked Dr. Wan's conduct to Mr. Farr's death by testifying Mr. Farr would have had a 70-75% chance of total cure had Dr. Wan met the standard of care. (R. p. 205, lines 5-14). This testimony easily meets the "most probably" rule's substantive requirements. See e.g., Scroggins v. McClellion, 321 S.C. 264, 268, 468 S.E.2d 12, 15 (Ct. App. 1996) (finding rule does not require use of the phrase "most probably" so long as expert's testimony shows the advocated cause is "most likely among the possible causes"); Madison v. Brantley, 302 S.C. 282, 284, 395 S.E.2d 190, 191 (Ct. App. 1990) (finding "more likely than not" testimony satisfies rule). By finding the circuit court "imposed too high a burden" when it rejected Dr. Singer's testimony, the Court of Appeals followed the "most probably" rule. McKaughan, 421 S.C. at 193, 805 S.E.2d at 216.

This Court has already rejected efforts like Respondents' to elevate the "most probably" rule to a certitude requirement and to interpret "significant causal link" to mean an exhaustive explanation of every microscopic detail. In Ellis, an auto accident victim was paralyzed not from

the accident itself but from a doctor's multiple unsuccessful efforts at oral intubation in the emergency room hours later. 323 S.C. at 123-24, 473 S.E.2d at 794. The victim's estate called multiple experts at trial to establish the doctor's poor intubation techniques and their connection to the victim's paralysis. After a plaintiff's verdict, the doctor appealed arguing the victim's experts violated the "most probably" rule in part because they could not determine precisely which of the five intubation attempts paralyzed the victim. Id. at 125, 473 S.E.2d at 795. This Court rejected the doctor's arguments and held the victim's medical negligence claim was not contingent on identifying the culpable intubation attempt. Id. at 127 n. 7, 473 S.E.2d at 796 n. 7. Specifying this exact mechanism of injury may have completed an exhaustive causal chain but it was not necessary to create a jury question on proximate cause since the experts had definitively linked the error and injury using a reliable medical records review. Id. at 127, 473 S.E.2d at 796.

Finally, Petitioners argue the Court erred in evaluating Dr. Singer's testimony because he was "only speculating" in his causation opinions. Pet. at 14-16. This argument both misrepresents Dr. Singer's testimony and fails to account for important precedent. Petitioners contend Dr. Singer testified only that cancer cells from Mr. Farr's first tumor "may" have broken off and relocated elsewhere in his body. Pet. at 14. Petitioners also fault Dr. Singer's testimony for a statistic he referenced which indicates 30% of lung cancer patients whose initial tumor was removed with clear margins and negative lymph nodes will die from metastatic lung cancer. Pet. at 14-15. However, Petitioners' examples do not provide an accurate representation of Dr. Singer's testimony. Speaking in the abstract, Dr. Singer testified that a lung cancer patient's tumor cells "may" break off. When referencing Mr. Farr specifically, Dr. Singer spoke definitively. It was "[a]bsolutely not" true that surgically resecting Mr. Farr's first tumor removed every cancer cell from his body. (R. p. 276, lines 8-10). Dr. Singer cited Mr. Farr's

post-resection chemotherapy and radiation treatments as evidence his treating physicians were concerned about a recurrence. (R. p. 208-09).

Petitioners' reliance on the 30% statistic is also misleading. Dr. Singer was referencing an aggregate statistic for lung cancer patients. The very next question asked him specifically about Mr. Farr. Dr. Singer testified that, "more likely than not," Mr. Farr died from metastatic lung cancer caused by cells breaking off the primary tumor even though the primary tumor had been removed with negative margins and lymph nodes. (R. p. 276, lines 15-17). This testimony was sufficient on its own to meet the "most probably" rule. See supra at 10 (citing Scroggins and Madison). Moreover, Dr. Singer's entire testimony demonstrates his conclusions were definitive. He testified that there was a 95% likelihood that Mr. Farr's cancer had metastasized, that the right and left lung tumors were "the same cancer," and that Petitioners' breaches of the standard of care caused Mr. Farr's death. (R. p. 211, lines 13-21; 217, line 25 - 218, line 6; 218, lines 10-17).

By attacking Dr. Singer's 95% testimony and demanding more to meet the "most probably" rule, Petitioners overlook one additional precedent. South Carolina courts have previously approved similar causation testimony by the same expert. Haselden v. Davis, 341 S.C. 486, 534 S.E.2d 295 (Ct. App. 2000) *aff'd* 353 S.C. 481, 579 S.E.2d 293 (2003). In Haselden, Dr. Singer met the "most probably" rule when, based on a medical records review, he determined a cancer patient had a 70-90% chance of cure before the missed cancer diagnosis and less than 20% when the tumor was finally discovered. Id. at 494, 534 S.E.2d at 299-300. The Court of Appeals rejected the defendant doctor's suggestion that statistic-based causation testimony violated the rule and held that any doubts the defendant raised about Dr. Singer's conclusions could be raised in arguments to the jury. Id. at 494 n. 5, 534 S.E.2d at 300 n. 5. There is no need

for the Court to grant certiorari because Petitioners' objections to Dr. Singer's testimony have been fully considered and rejected in a similar context involving the same expert.

## CONCLUSION

Based on the arguments stated above, the Petition for Writ of Certiorari should be denied. Petitioners argue Respondent had to explain every intricate detail of metastasis to prove causation but that argument is at odds with Ellis. Petitioners then argue Dr. Singer failed to meet the "most probably" rule with his statistics-based causation testimony but that argument was rejected in Haselden. Finally, Petitioners argue the Court of Appeals was required to consider Dr. Milby's testimony regardless of what Dr. Singer said but that argument is foreclosed by Futch. In sum, the Court of Appeals corrected the circuit court's error by recognizing Dr. Singer's causation testimony was sufficient to defeat a directed verdict motion, and this case presents no issue warranting further review.

Respectfully submitted,

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December 15, 2017
Rock Hill, SC

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**CERTIFICATE OF SERVICE**

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The undersigned hereby certifies that on this 15th day of December, 2017, he served counsel for the Respondents with a copy of the Return to Petition for Writ of Certiorari in this matter by mailing a copy by United States Mail with first class postage prepaid to the following addresses:

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