

Na MELD Score Exception Application Form Liver and Liver/Bowel Special Case Committee

Na MELD Application and Approvals Process

The Liver and Liver-Bowel Special Case Committee (SCC) provides a fair and neutral review of requests for patient listings and changes to Na MELD scores. Decisions are made based on the information submitted to support the medical need for the patient listing or increased Na MELD score as well as the case presentation. SCC members will review the material submitted and vote on the case presented. If required, a teleconference will be held, with the case presentation led by a representative involved in the care of the candidate. The Most Responsible Physician (MRP) may participate in the review meeting for the purposes of presenting the case to the committee; however, they will not be permitted to vote. The only exception to this rule is if the MRP is an SCC member.

The case presentation provides the physician the opportunity to articulate their request and discuss the patient's urgency. The presentation will follow the layout of the application form. Please ensure the application form is concise, complete and provides as much detail as needed. Incomplete applications will result in a delay in the scheduling of the SCC review for the patient's case. For non-urgent cases, the teleconference will typically occur within two weeks of the completed submission.

Once the SCC has reached a decision, the transplant centre will be notified immediately. Adjustments will be made by TGLN if a higher Na MELD score is approved. Transplant centres will be notified of the SCC review and decision via email. This notification will be sent to the individual who submitted the request. Upon receipt, transplant centres will need to confirm receipt and verify that the patients listing information has been accurately captured in the Organ Allocation and Transplant System (OATS).

Guidelines for Special Case Committee Review of Patients with Pruritus

(Please ensure the "Assessment for Pruritus" portion is filled out on the form)

The following guidelines will be used by the SCC to help determine if Na MELD exception points should be granted for cases where patients are experiencing pruritus:

- 1) Intractable pruritus secondary to underlying cholestatic liver disease, as shown by documented elevation of serum bile acid levels
- 2) Refractory or intolerant to all standard medical therapies (including pharmacologic and non-pharmacologic therapies), which include, but are not limited to the following:
 - i. First line treatment – Cholestyramine
 - ii. Second, third- and fourth-line treatment – Rifampicin, Naltrexone (opiate antagonists) and sertraline
 - iii. Experimental approaches – plasmapheresis, phototherapy, extracorporeal dialysis, nasobiliary drainage
- 3) Severely impacted/impaired quality-of-life

The Na MELD Score Exception Application Form can be completed in the following ways:

1. Electronically by entering information directly onto the form and emailing, OR
2. Manually by printing the form, entering the information, and scanning the document into email.

Submit a copy of the electronic or scanned PDF oh-tgln_specialcasecommittee@ontariohealth.ca and cc: Lucy Truong (lucy.truong@ontariohealth.ca).

Na MELD Score Exception Application Form

Liver and Liver/Bowel Special Case Committee

General Information

Patient TGLN Number			
Date of Application Submission			
Name of Transplant Centre			
Responsible Physician Name			
Case Presenter for SCC Review			
Urgent Decision Required (within 48 hours)			
Contact Email (SCC decision will be sent to this address)			
Contact Phone Number			
Type of Exception Request (fill in all that apply):	Adult or Paediatric SMC/PELD Adjustment		
	Requested Exception Points		
	Automatically Accrue 3 Points Every 90 Days	Yes	No
	Other Request (specify)		

Patient Information

Background	Age:		Gender:		ABO:		Height:		Weight:		
	Primary Liver Transplant				Date of Previous Transplant(s)						
	Has living donation been explored?				Listing Date						
	History of Encephalopathy										
	History of Ascites										

	Past Medical History		
Please complete the most recent results and test date			
Assessment		Date	Result
	Albumin		
	Bilirubin		
	Creatinine		
	INR		
	Sodium (Na)		
	Current Na MELD		
	Please indicate the impression from any pertinent imaging studies, if applicable		
		Date	Result
	CT Abdomen/Pelvis		
	U/S		
	Pathology Biopsy Report		
	Other Imaging		

Other information of interest		
	Number of hospitalizations in past 6 months	
	Number of days spent in critical care in past 6 months	
	Current Medications	
Please complete ONLY if application is for pruritus		
Assessment for Pruritus	Is the patient experiencing intractable pruritus that is secondary to an underlying cholestatic liver disease?	
	Does the patient have documentation of elevated serum bile acid levels? If yes, enter value.	
	Is the patient's pruritus refractory or intolerant to all standard medical therapies, including pharmacologic and non-pharmacologic therapies?	
	Does the patient have a severely impacted/impaired quality of life?	
Sponsoring physician requesting medical priority due to the following key factors		
Recommendation	Clearly describe the rationale for requesting SCC approval, and information on risk factors if denied	