

Kidney Special Case Committee (SCC) Application Form

The purpose of the Special Case Committee (SCC) is to review cases that fall outside the scope of existing allocation and listing policies. The SCC will respond to requests for listing patients as medically urgent (patients with cardiomyopathy associated with uremia, or loss of dialysis access in patient with reasonable survival expectation) on the Ontario kidney wait list. The committee will also review requests for listing and awarding or reinstating wait time for unique cases that fall outside of the established criteria as defined in the Kidney and Kidney Pancreas Transplantation Allocation Algorithm.

Once the SCC has reached a decision, the submitting transplant program will be notified of the SCC review and decision immediately via email. The program will also be notified as to whether or not the change should be made by the program or if it will be made by TGLN. This notification will be sent to the individual who submitted the request. Upon receipt, the program will have to confirm receipt and verify that the patients listing information is accurately captured in TOTAL.

The Kidney SCC 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 to SCC@giftoflife.on.ca

Please Complete this Section for All Applications

General Information	Reason for SCC Application for Medically Urgent Status:	<input type="checkbox"/> Loss of Dialysis Access <input type="checkbox"/> Other: Click here to enter text. <input type="checkbox"/> Uremic Cardiomyopathy		
	TGLN Number:	Click here to enter text.	Date of Application:	Click here to enter a date.
	Urgent Decision Required (within 48 Hours):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transplant Centre:	Click here to enter text.
	Responsible Physician Name:	Click here to enter text.	Contact Phone Number:	Click here to enter text.
	Contact Email (SCC decision will be sent to this address):	Click here to enter text.	SCC Case Presenter Name:	Click here to enter text.
Patient Background	Age:	Click here to enter text.	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	cPRA:	Click here to enter text.	Blood Group:	Choose an item.
	Current Allocation Points:	Click here to enter text.	ECD Candidate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Primary Kidney Transplant:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Listing Date:	Click here to enter a date.
	Most Recent Chronic Dialysis Start Date:	Enter date here	Patient had Previous Transplant:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Relevant Medical History:	Click here to enter text.		
Request	Clearly describe the rationale for requesting SCC approval, and information on risk factors if denied			
	Click here to enter text.			

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<i>Please Complete <u>Only</u> if Application is for Cardiomyopathy Associated Uremia</i>	
Assessment- Cardiomyopathy Associated Uremia	Current Location of Dialysis Access: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Upper Body <input type="checkbox"/> Peritoneal <input type="checkbox"/> Other: Click to enter text. </div> <div style="width: 45%;"> <input type="checkbox"/> Femoral <input type="checkbox"/> Translumbar </div> </div>
	Current Dialysis Frequency: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Daily </div> <div style="width: 45%;"> <input type="checkbox"/> Choose an item. </div> </div>
	Disease History: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> History of Cardiac Disease </div> <div style="width: 45%;"> <input type="checkbox"/> History of Valvular Disease </div> </div>
	Was there an attempt to improve LVEF with More Intense Dialysis? <div style="margin-top: 5px;"> Click here to enter text. </div>
	Additional Comments:
	Please Attach the Following Supporting Documentation
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 45%; margin-right: 5px;"> <input type="checkbox"/> Cardiology Consultation, Click here to enter date. </div> <div style="width: 45%; margin-right: 5px;"> <input type="checkbox"/> 12-Lead ECG, Click here to enter date. </div> <div style="width: 45%; margin-right: 5px;"> <input type="checkbox"/> ECHO, Click here to enter date. </div> <div style="width: 45%; margin-right: 5px;"> <input type="checkbox"/> Stress Test, Click here to enter date. </div> <div style="width: 45%; margin-right: 5px;"> <input type="checkbox"/> Coronary Angiogram, Click here to enter date. </div> <div style="width: 45%;"> <input type="checkbox"/> Other: Click here to enter text., Click here to enter date. </div> </div>	

<i>Please Complete <u>Only</u> if Application is for Loss of Dialysis Access</i>		
Assessment-Loss of Dialysis Access	Generally, to be a candidate for medically urgent status, both 1 & 2 OR 3 is required: <ol style="list-style-type: none"> 1) Limited options for standard HD access including tunneled line, AVF, or AVG in the internal jugular and subclavian positions due to venous stenosis or occlusion 2) Unattainable PD access or a history of failed PD 3) Failing or limited femoral or trans-lumbar venous HD access 	
	Indicate Loss of Dialysis Access Type and Reason - See Appendix A for Guidelines <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Upper Vascular Access <input type="checkbox"/> Peritoneal Dialysis <input type="checkbox"/> Non-vascular/Femoral Access </div> <div style="width: 45%;"> Reason: Click here to enter text. Reason: Click here to enter text. Reason: Click here to enter text. </div> </div>	
	Surgical Contraindications to remaining access: <div style="margin-top: 5px;"> Click here to enter text. </div>	
	Evidence for Loss of Access Supported by: (Select all that Apply)	
	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 30%; margin-right: 5px;"> <input type="checkbox"/> Venography Results </div> <div style="width: 30%; margin-right: 5px;"> <input type="checkbox"/> Surgical Consult Letter </div> <div style="width: 30%;"> <input type="checkbox"/> Other: Click here to enter text. </div> <div style="width: 30%; margin-right: 5px;"> <input type="checkbox"/> Angioplasty Results </div> <div style="width: 30%; margin-right: 5px;"> <input type="checkbox"/> Dialysis Centre Letter </div> <div style="width: 30%;"> <input type="checkbox"/> Cardiovascular Surgeon Letter </div> <div style="width: 30%; margin-right: 5px;"> <input type="checkbox"/> Interventional Radiology Results </div> </div>	
	Additional Comments:	Click here to enter text.

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Appendix A – Guidelines for Loss of Dialysis Access Reasons

Peritoneal Dialysis	Loss of Access Reasons
PD Catheter	Repeated infection
	Issues with catheter drain
	Physical Conditions
Hemodialysis	Loss of Access Reasons
Upper Vascular Access • CVC, AV fistula, AV graft	Axillary vein stenosis
	Subclavian vein stenosis
	Brachiocephalic/innominate vein stenosis
	SVC stenosis
	Arterial insufficiency
Non Vascular/ Femoral Access	Iliac stenosis
	IVC stenosis
	Arterial insufficiency
	CVC via a non-standard site (e.g. translumbar, transhepatic, other)