

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: oh-tgln_specialcasecommittee@ontariohealth.ca

Please Complete this Section for All Applications

General Information	Reason for SCC Application for Medically Urgent Status:	☐ Loss of Dialysis Access ☐ Other: ☐ Uremic Cardiomyopathy (where there is demonstration of a reasonable attempt to intensify dialysis)		
	TGLN Number:		Date of Application:	
	Urgent Decision Required (within 48 Hours):	☐ Yes ☐ No	Transplant Centre:	
	Responsible Physician Name:		Contact Phone Number:	
	Contact Email (SCC decision will be sent to this address):		SCC Case Presenter Name:	
Patient Background	Age:		Gender:	☐ Male ☐ Female
	cPRA:		Blood Group:	
	Current Allocation Points:		ECD Candidate:	☐ Yes ☐ No
	Primary Kidney Transplant:	☐ Yes ☐ No	Listing Date:	
	Most Recent Chronic Dialysis Start Date:		Patient had Previous Transplant:	☐ Yes ☐ No
	Relevant Medical History:			
Request	Clearly describe the rationale for requesting SCC approval, and information on risk factors if denied			

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Please Complete <u>Only if</u> Application is for Cardiomyopathy Associated Uremia			
Assessment- Cardiomyopathy Associated Uremia	Current Location of Dialysis Access:	☐ Upper Body ☐ Peritoneal ☐ Other:	☐ Femoral ☐ Translumbar
	Current Dialysis Frequency:	☐ Daily ☐	
	Disease History:	☐ History of Cardiac Disease ☐ History of Valvular Diseases	
	Describe Attempt to intensify Dialysis		
	Additional Comments:		
Please Attach the Following Supporting Documentation and Include Date			
☐ Cardiology Consultation, ☐ ECHO, ☐ Coronary Angiogram, ☐ 12-Lead ECG, ☐ Stress Test, ☐ Other:			

Please Complete <u>Only if</u> Application is for Loss of Dialysis Access			
Assessment-Loss of Dialysis Access	Generally, to be a candidate for medically urgent status, criteria 1 & 2 OR criteria 3 is required: 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 OR 3) Failing or limited femoral or trans-lumbar venous HD access		
	Indicate Loss of Dialysis Access Type and Reason - See Appendix A for Guidelines	☐ Upper Vascular Access ☐ Peritoneal Dialysis ☐ Non-vascular/Femoral Access	Reason: Reason: Reason:
	Surgical Contraindications to remaining access:		
	Evidence for Loss of Access Supported by: (Select all that Apply)		
	☐ Venography Results ☐ Angioplasty Results ☐ Cardiovascular Surgeon Letter ☐ Surgical Consult Letter ☐ Dialysis Centre Letter ☐ Interventional Radiology Results ☐ Other:		
	Additional Comments:		

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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)