

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: | <input type="checkbox"/> Loss of Dialysis Access <input type="checkbox"/> Uremic Cardiomyopathy | <input type="checkbox"/> Other: | |
| | TGLN Number: | | Date of Application: | |
| | Urgent Decision Required (within 48 Hours): | <input type="checkbox"/> Yes <input type="checkbox"/> 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: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | cPRA: | | Blood Group: | |
| | Current Allocation Points: | | ECD Candidate: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Primary Kidney Transplant: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Listing Date: | |
| | Most Recent Chronic Dialysis Start Date: | | Patient had Previous Transplant: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Relevant Medical History: | | | |
| Request | Clearly describe the rationale for requesting SCC approval, and information on risk factors if denied | | | |
| | | | | |

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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: </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;"> <input type="checkbox"/> Daily <input type="checkbox"/> </div> |
| | Disease History: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> History of Cardiac Disease <input type="checkbox"/> History of Valvular Disease </div> |
| | Was there an attempt to improve |
| | Additional Comments: |
| Please Attach the Following Supporting Documentation and Include Date | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Cardiology Consultation, <input type="checkbox"/> ECHO, <input type="checkbox"/> Coronary Angiogram, </div> <div style="width: 45%;"> <input type="checkbox"/> 12-Lead ECG, <input type="checkbox"/> Stress Test, <input type="checkbox"/> Other: </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: 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: Reason: Reason: </div> </div> | |
| | Surgical Contraindications to remaining access: | |
| | Evidence for Loss of Access Supported by: (Select all that Apply) | |
| | <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Venography Results <input type="checkbox"/> Angioplasty Results <input type="checkbox"/> Cardiovascular Surgeon Letter </div> <div style="width: 35%;"> <input type="checkbox"/> Surgical Consult Letter <input type="checkbox"/> Dialysis Centre Letter <input type="checkbox"/> Interventional Radiology Results </div> <div style="width: 30%;"> <input type="checkbox"/> Other: </div> </div> | |
| 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) |