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**](mailto:SCC@giftoflife.on.ca)

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| --- | --- | --- | --- | --- | --- |
| ***Please Complete this Section for All Applications*** | | | | | |
| **General Information** | **Reason for SCC Application for Medically Urgent Status:** | Loss of Dialysis Access  Other: Click here to enter text.  Uremic Cardiomyopathy | | | |
| **TGLN Number:** | Click here to enter text. | **Date of Application:** | Click here to enter a date. | |
| **Urgent Decision Required (within 48 Hours):** | Yes 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:** | Male  Female | |
| **cPRA:** | Click here to enter text. | **Blood Group:** | Choose an item. | |
| **Current Allocation Points:** | Click here to enter text. | **ECD Candidate:** | Yes  No | |
| **Primary Kidney Transplant:** | Yes No | **Listing Date:** | Click here to enter a date. | |
| **Most Recent Chronic Dialysis Start Date:** | Enter date here | **Patient had Previous Transplant:** | Yes 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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| ***Please Complete Only if Application is for Cardiomyopathy Associated Uremia*** | | | | | |
| **Assessment- Cardiomyopathy Associated Uremia** | **Current Location of Dialysis Access:** | Upper Body  Peritoneal  Other: Click to enter text. | | | Femoral  Translumbar |
| **Current Dialysis Frequency:** | Daily | | | Choose an item. |
| **Disease History:** | History of Cardiac Disease | |  | History of Valvular Disease |
| **Was there an attempt to improve LVEF with More Intense Dialysis?** | Click here to enter text. | | | |
| **Additional Comments:** |  | | | |
| **Please Attach the Following Supporting Documentation** | | | | |
| Cardiology Consultation, Click here to enter date.  ECHO, Click here to enter date.  Coronary Angiogram, Click here to enter date. | | 12-Lead ECG, Click here to enter date.  Stress Test, Click here to enter date.  Other: Click here to enter text., Click here to enter date. | | |

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| ***Please Complete Only if Application is for Loss of Dialysis Access*** | | | | |
| **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** | Upper Vascular Access Reason: Click here to enter text. | | |
| Peritoneal Dialysis Reason: Click here to enter text. | | |
| Non-vascular/Femoral Access Reason: Click here to enter text. | | |
| **Surgical Contraindications to remaining access:** | Click here to enter text. | | |
| **Evidence for Loss of Access Supported by: (Select all that Apply)** | | | |
| Venography Results | | Surgical Consult Letter | Other: Click here to enter text. |
| Angioplasty Results | | Dialysis Centre Letter |  |
| Cardiovascular Surgeon Letter | | Interventional Radiology Results |  |
| **Additional Comments:** | Click here to enter text. | | |

**Appendix A – Guidelines for Loss of Dialysis Access Reasons**

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| **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) |