

Liver and Liver/Bowel Special Case Committee (SCC) Exception Application Form

Na MELD application and approvals process

The Liver Special Case Committee 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. Special case committee members will review the material submitted and hold a teleconference, 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 Special Case Committee review for the patient's case. For non-urgent cases the teleconference will typically occur within two weeks of the completed submission.

Once the Special Case Committee has reached a decision, the transplant program will be notified immediately. Adjustments will be made by TGLN if a higher Na MELD score is approved. Transplant programs will be notified of the Special Case Committee review and decision via e-mail. This notification will be sent to the individual who submitted the request. Upon receipt, transplant programs will have to confirm receipt and verify that the patients listing information is accurately captured in TOTAL.

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 Special Case Committee 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 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 to SCC@giftoflife.on.ca



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General Information

Situation	Date completed application received (TGLN USE ONLY)		
	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		
	Request for adjusted Na MELD		Check one of the boxes below
<input type="checkbox"/> Adult exception status with SMC = 22			
<input type="checkbox"/> Adult exception status with SMC >22			
<input type="checkbox"/> Pediatric SMC/PELD			
		<input type="checkbox"/> Other	

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										



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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		



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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
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