Fabry Treatment Eligibility

Patient Initials:__________________

Patient DOB: __________________

Gender: ◯ **Male** ◯ **Female**

CFDI-NR # (if applicable):__________

Canadian Guidelines for Fabry Treatment

Please select all criteria that apply.

System	Criteria
Renal (1 major **OR** 2 minor)	**Major:** ☐ GFR < 60 ml/min/1.73m^2 (2 consistent estimates or measures over 2 months) ☐ GFR 60 – 90 ml/min/1.73m^2 (3 consistent estimates or measures over 4 months with GFR slope greater than age-related normal) ☐ GFR > 135 ml/min/1.73m^2 (15% decrease in GFR or GFR slope greater than age-related normal. Must be measured GFR) ☐ Persisting Proteinuria of 500 mg/day/1.73m^2 without any other causes ☐ Renal pathology (males only) **Minor:** ☐ Hyperfiltration (GFR ≥ 135 ml/min/1.73m^2, 2 consistent measured GFR at least 1 month apart) ☐ Isolated proteinuria of 300 mg/day/1.73m^2 or greater without cause ☐ Renal tubular dysfunction (Nephrogenic diabetes insipidus and/or Fanconi syndrome) ☐ Hypertension ☐ Renal pathology (females)
Cardiac (2)	☐ LV wall thickness >12 mm in males and >11 mm in females ☐ LVH by ECG; Estes ECG score must be > 5. ☐ LVMI by 2D echocardiogram 20% above normal for age. ☐ Diastolic filling abnormalities by 2D echo. Grade 2 or 3 diastolic dysfunction and or presence of speckle tracking abnormalities ☐ Increase of LV mass of at least 5 g/m2/year (3 measurements over a minimum 12 months) ☐ Abnormal base to apex circumferential strain gradient ☐ Increase of LA size on 2D echo. In parasternal long axis view (PLAX) >40 mm; Left atrial volume index> 34ml/m2 ☐ Cardiac conduction and rhythm abnormalities: AV block, short PR interval, LBBB, ventricular or atrial tachyarrhythmia's, sinus bradycardia (in the absence of drugs with negative chronotropic activity or other causes). ☐ Moderate to severe mitral or aortic insufficiency ☐ Late enhancement of LV wall on MRI. ☐ T1 values using a 1.5 Tesla magnet in males below 901 ms and females below 916 ms ☐ Increase of N-terminal pro-natriuretic brain peptide (NT-proBNP) OR increase in high sensitivity troponin more than two times the upper limit of normal range
Neuro (1)	☐ Stroke or TIA documented by a neurologist ☐ Acute onset unilateral hearing loss without other cause. ☐ Acute monocular visual loss without other cause
Gastrointestinal	☐ Chronic, intractable diarrhea and/or abdominal pain/cramps, refractory to standard management for at least 6 months
Pain	☐ Chronic, intractable neuropathic pain, refractory to analgesics and standard pain management for at least 6 months

Fabry Treatment Eligibility

Patient Initials:__________________

α-galactosidase levels: __________________ Reference Range: ____________________

DNA Mutation: ____

Please provide specific patient details:

Please provide a de-identified copy of any supporting investigations.

Physician Name: _________________________

Physician Institution: _________________________

Email: _________________________

Telephone: _________________________

Fax: _________________________

Physician Signature: _________________________ **Date:** __________________

Approved ☐ **Not approved** ☐

Reviewer's Name: _________________________

Signature: _________________________ Date: ____________________

FAX FORM TO CFDI NATIONAL OFFICE AT 902-473-8099