Guidance Notes for Gamma Knife Charitable Fund Application

Background

GKCF (previously known as Brain Met Fund) was established in 2006 as part of the charitable arm of the Brain Centre Foundation. The objective was to provide financial assistance for patients with brain metastasis to receive Gamma Knife Radiosurgery treatment. The fund has now extended its financial support to include patients with other types of brain tumours.

<u>Eligibility</u>

- 1. The patient may be referred by a doctor in the Hospital Authority (HA), the Private Sector, an NGO or apply directly to the Fund.
- 2. Patient must be a resident of Hong Kong and a HKID card holder.
- 3. Applicants must pass a household based financial assessment according to criteria setup by the Fund and Medical Social Workers.

Financial Assessment

All applicants are to be assessed on a **household basis**, taking into account the monthly income and assets of the patient and his/her family members living under the same roof who have been included in the financial assessment.

The definition of "**household**" is first to determine whether the patient is a *dependent* member of the household or not. A dependent is defined as a person who is unmarried AND either (i) under 18 years old; or (ii) 18-25 years old receiving a full time education. The patient who does not fulfil the above requirements is classified as a *non-dependent* patient.

Patient Type	Household and core family member definitions
Dependent patient	The patient, his / her parents ¹ / legal guardians, and dependent ² siblings living under the same roof.
Non-dependent patient	If married ³ – the patient, his/her spouse, and dependent ² children ¹ (but not parents/legal guardians or siblings) living under the same roof or non-dependent adult children of the patient under the same roof or elsewhere.
	If unmarried – the patient would be treated as a single person household (irrespective of whether parents / legal guardians or siblings are living under the same roof)

The following table lists out the definitions of household and core family member:

- ² A dependent is defined as a person who is unmarried AND either (1) under 18 years old; or (ii) 18-25 years old receiving full-time education.
- ³ Including patient who is separated, divorced, undergoing legal proceedings to divorce or widowed.

When there are other family members who are living with the patient's household and their basic necessity is maintained by patient's household (e.g. the family member is an elderly or an adult with low/no income unable to sustain independent living) the patient can include them to offset their income amount and they will be taken into account in the calculation of the Median Monthly Domestic Household Income (MMDHI).

The Fund's MSW will have discretion to adjust household size on a case-by-case basis in the light of special familial circumstances.

The patient's household income of at least 6 months should include salary, pension, regular financial contribution from relatives or friends "not" living together, income from assets and /or properties of the patient and his/her core family members living together). Financial assistance from the HKSAR Government should NOT be taken into account (Table 1).

Table 1: 1.5 times of Median Monthly Domestic Household Income(as at 6 December 2023)

Household Size	1.5 times of Median Monthly Domestic Household Income (HK\$) (3rd Quarter 2023)	
1	17,100	
2	31,950	
3	52,800	
4	73,500	
5	93,900	
6 or above	102,750	

^ The figures are subject to quarterly review

Having satisfied the income limit (as defined above) the patient's total household assets⁴ will be used to determine the amount of subsidy available to the patient.

Full subsidy will be granted if the patient's CSSA status is valid during the time of application submission for GKCF subsidy.

ATTENTION

Acquiring Gamma Knife Charitable Fund (GKCF) Assistance by deception is a criminal offence. In addition to not being ineligible for the Fund Assistance, the patient / the applicant / the patient's househould members shall be liable on conviction to imprisonment under the Theft Ordinance (Chapter 210 of the Laws of Hong Kong)

⁴ include available bank savings, ownership of properties and other assets such as stock, shares, bonds, investment funds and insurance policies

The Karnofsky Performance Scale Index allows patients to be classified as to their functional impairment. This can be used to compare effectiveness of different therapies and to assess the prognosis in individual patients. The lower the Karnofsky score, the worse the survival for most serious illnesses.

KARNOFSKY PERFORMANCE STATUS SCALE DEFINITIONS RATING (%) CRITERIA

Able to carry on normal activity and to work; no special care needed.		Normal no complaints; no evidence of disease.
		Able to carry on normal activity; minor signs or symptoms of disease.
		Normal activity with effort; some signs or symptoms of disease.
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed.		Cares for self; unable to carry on normal activity or to do active work.
		Requires occasional assistance, but is able to care for most of his personal needs.
	50	Requires considerable assistance and frequent medical care.
	40	Disabled; requires special care and assistance.
Unable to care for self; requires equivalent of		Severely disabled; hospital admission is indicated although death not imminent.
institutional or hospital care; disease may be progressing rapidly.	20	Very sick; hospital admission necessary; active supportive treatment necessary.
		Moribund; fatal processes progressing rapidly.
		Dead

References:

Crooks, V, Waller S, et al. The use of the Karnofsky Performance Scale in determining outcomes and risk in geriatric outpatients. J Gerontol. 1991; 46: M139-M144.

de Haan R, Aaronson A, et al. Measuring quality of life in stroke. Stroke. 1993; 24:320-327.

Hollen PJ, Gralla RJ, et al. Measurement of quality of life in patients with lung cancer in multicenter trials of new therapies. Cancer. 1994; 73: 2087-2098.

O'Toole DM, Golden AM. Evaluating cancer patients for rehabilitation potential. West J Med. 1991; 155:384-387.

Oxford Textbook of Palliative Medicine, Oxford University Press. 1993;109.

Schag CC, Heinrich RL, Ganz PA. Karnofsky performance status revisited: Reliability, validity, and guidelines. J Clin Oncology. 1984; 2:187-193.