

Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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### **User Guide**

This report contains a wide range of useful information about the kidney transplant program at Mayo Clinic Hospital (AZMC). The report has three main sections:

- A. Program Summary
- B. Waiting List Information
- C. Transplant Information

The Program Summary is a one-page summary highlighting characteristics of the program, including the number of candidates on the waiting list, the number of transplants performed at the program, the number of patients being cared for by the program, and patient outcomes, including outcomes while on the waiting list (the transplant rate and the death rate while on the waiting list) and outcomes after transplant (patient and graft survival probabilities). If the program performed transplants in both adults and children, survival probabilities for adults and children (pediatrics) are provided separately. For each of the outcomes measures presented, a comparison is provided showing what would be expected at this program if it were performing as similar programs around the country perform when treating similar patients. As part of this comparison, we provide a measure of how certain we are that this program is performing as expected or significantly better or worse than expected. These statements of certainty are provided as footnotes to the figures, so please interpret the numbers in the figures carefully after considering the information in the footnotes. More details regarding these outcome measures are provided in Sections B and C of the report.

The Waiting List Information section contains more detailed information on how many candidates are on the waiting list at the program, the types of candidates on the waiting list, how long candidates typically have to wait for a transplant at this program, how frequently candidates successfully receive a transplant, and how often candidates on the waiting list die before receiving a transplant.

Table B1 shows the activity on this program's waiting list during two recent 1-year periods and provides comparisons to all programs within this program's OPTN region (see http://optn.transplant.hrsa.gov/members/regions.asp for information on OPTN regions) and the nation as a whole. Tables B2 and B3 describe the candidates on the waiting list at this program, with comparisons to candidates waiting in the same donor service area (OPO/DSA) the OPTN region, and the nation as a whole.

Table B4 shows how many candidates were removed from the waiting list because they received a transplant. The program's transplant rate is calculated as the number of candidates who received a transplant divided by the person-years observed at the program (person-years is a combination of how many candidates were on the waiting list along with how long each candidate was followed since some candidates are not on the waiting list for the entire year). The transplant rate and comparisons to what would be expected at this center are presented in Figures B1 and B2. Figure B1 shows the transplant rate compared to what was expected at this program. The expected transplant rate is an estimate of what we would expect at this program if it were performing transplants at rates similar to other programs in the US with similar candidates on their waiting lists. The expected rate is only an estimate, and is made with a certain level of uncertainty. This uncertainty is shown in Figure B2. Figure B2 displays the ratio of the observed to the expected transplant rate. A ratio of 1 indicates that the observed transplant rate was equal to the expected transplant rate, while a ratio less than 1 indicates the observed rate was lower than expected rate and a ratio greater than 1 indicates the observed rate



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http://www.srtr.org

### **User Guide**

was higher than the expected rate. However, the level of uncertainty must be considered when interpreting these numbers. The 95% confidence interval is also shown on Figure B2. This confidence interval provides a range within which the true ratio of observed to expected transplant rates is likely to be. If this confidence interval includes (crosses) 1.0, then we cannot sy that this program's observed transplant rate is different from what would be expected. The observed transplant rate at this program was 35.6 per 100 person-years, and this was higher than would be expected with a 95% confidence interval of [1.82, 2.27] for the ratio of observed to expected transplant rates. Transplant rates are also provided for adult and pediatric patients separately along with comparisons to adult and pediatric rates in the DSA, the OPTN region, and the nation. Transplant rates are also presented excluding transplants from a living donor (Table B4D and Figures B1D-B3D). Please refer to the PSR Technical Methods documentation available at http://www.srtr.org for more detail regarding how expected rates are calculated.

The death rate (also known as the mortality rate) for candidates on the waiting list is presented in Table B5 and Figures B4-B6. These data are presented in the same way as the transplant rate data in the previous section. The intent of these tables and figures is to describe risk of death once candidates are listed rather than while they are listed. Therefore, time at risk and deaths after removal from the waiting list for reasons other than transplant, transfer to another transplant program, or recovery (no longer needing a transplant), and before any subsequent transplant, are included. As with transplant rates, mortality rates should be interpreted carefully taking into consideration the confidence interval displayed in Figure B5. For a complete description of how observed and expected mortality rates are calculated, please refer to the technical documentation available at http://www.srtr.org.

Table B6 presents information on what happens to candidates on the waiting list by three different time points after listing: 6 months, 12 months, and 18 months. The table displays percentages of candidates who have died, been removed from the waiting list, been transplanted, or been transferred or lost-to-follow-up. Tables B7 and B8 provide more detail regarding how many candidates have received a deceased donor transplant by certain time points during the first 3 years after being put on the transplant waiting list. Each row of Tables B7 and B8 presents the percent of candidates who received a deceased donor transplant by each time point. Table B9 presents data on the time it took for different percentages of patients to be transplanted for candidates added to the list between 07/01/2010 and 12/31/2015. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this center was 1.5 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 06/30/2016 to calculate a particular percentile of transplant times.

The Transplant Information section begins with descriptions of transplant recipients in Tables C1 and C2. Data on recipients of deceased donor transplants are presented (Tables C1D and C2D); if applicable, data on recipients of living donor transplants are presented separately (Tables C1L and C2L). Comparisons to the region and the nation as a whole are provided. A description of the deceased donors used at this program is provided in Table C3D, along with characteristics of living donors in Table C3L, if applicable. Finally, information on the transplant procedure for deceased and living donor transplants is presented in Tables C4D and C4L, respectively.

Starting with Table C5, transplant outcomes are presented along with comparisons to what would be expected at this program and what happened in the nation as a whole. Tables C5-C10 present information on graft survival (survival of the transplanted organ), with data presented separately for



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

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SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

### **User Guide**

adult and pediatric recipients. Patients are followed from the time of transplant until either failure of the transplanted organ or death, whichever comes first. Please refer to the technical methods for more information on these calculations (http://www.srtr.org).

While Tables C5-C10 present data on graft survival, Tables C11-C16 present information on patient survival. For these tables, patients are followed from the time of transplant until death, regardless of whether the transplant is functioning or the patient required another transplant to survive.

Additional information regarding the technical methods and the risk adjustment models used to estimate expected event rates is available on the SRTR website at http://www.srtr.org. We welcome and encourage feedback on these reports. Please feel free to share feedback with the SRTR at the following e-mail: srtr@srtr.org.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

### **Table of Contents**

Section	Page
User Guide	i
A. Program Summary	
Program Summary	1
B. Waiting List Information	
Waiting list activity	2
Demographic characteristics of waiting list candidates	3
Medical characteristics of waiting list candidates	4
Transplant rates	5
Deceased donor transplant rates	6
Waiting list mortality rates	7
Waiting list candidate status after listing	8
Percent of candidates with deceased donor transplants: demographic characterist	tics 9
Percent of candidates with deceased donor transplants: medical characteristics	10
Time to transplant for waiting list candidates	11
C. Transplant Information	
Deceased donor transplant recipient demographic characteristics	12
Living donor transplant recipient demographic characteristics	13
Deceased donor transplant recipient medical characteristics	14
Living donor transplant recipient medical characteristics	15
Deceased donor characteristics	16
Living donor characteristics	17
Deceased donor transplant characteristics	18
Living donor transplant characteristics	19
Graft survival	20
Patient survival	38
D. Living Donor Information	
Living donor follow-up summary	56



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

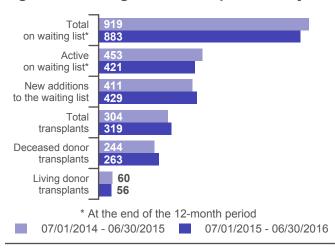
Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787)

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## **A. Program Summary**

Figure A1. Waiting list and transplant activity

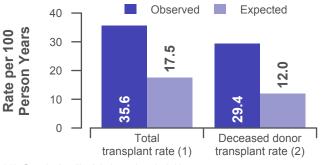


**Table A1. Census of transplant recipients** 

Recipients	07/01/2014- 06/30/2015	07/01/2015- 06/30/2016
Transplanted at this center	304	319
Followed by this center*	1,007	1,117
transplanted at this program	n 994	1,099
transplanted elsewhere	13	18

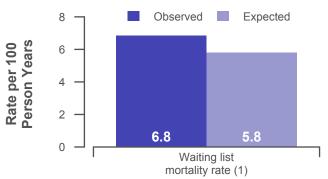
<sup>\*</sup> Recipients followed are transplant recipients for whom the center has submitted a post-transplant follow-up form for a transplant that took place before the 12-month interval for each column.

Figure A2. Transplant rates 07/01/2015 - 06/30/2016



- (1) Statistically higher (p<0.01)
- (2) Statistically higher (p<0.01)

Figure A3. Waiting list mortality rates 07/01/2015 - 06/30/2016



(1) Not significantly different (p=0.217)

Figure A4. First-year adult graft and patient survival: 07/01/2013 - 12/31/2015

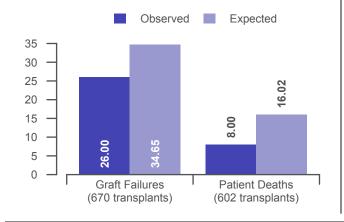


Figure A5. First-year pediatric graft and patient survival: 07/01/2013 - 12/31/2015



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

Table B1. Waiting list activity summary: 07/01/2014 - 06/30/2016

		its for center	Activity for 07/01/2015 to 06/30/2016 as percent of registrants on waiting list on 07/01/2015			
Waiting List Registrations	07/01/2014- 06/30/2015	07/01/2015- 06/30/2016	This Center (%)	OPTN Region (%)	U.S. (%)	
On waiting list at start Additions	976	919	100.0	100.0	100.0	
New listings at this center	411	429	46.7	28.0	34.0	
Removals						
Transferred to another center	7	7	8.0	0.9	1.5	
Received living donor transplant*	57	55	6.0	3.7	5.2	
Received deceased donor transplant*	244	261	28.4	10.4	12.0	
Died	52	51	5.5	4.2	4.0	
Transplanted at another center	10	16	1.7	2.0	2.6	
Deteriorated	47	30	3.3	3.0	4.3	
Recovered	2	2	0.2	0.1	0.2	
Other reasons	49	43	4.7	3.8	5.6	
On waiting list at end of period	919	883	96.1	99.8	98.5	

<sup>\*</sup> These patients were removed from waiting list with removal code indicating transplant; this may not equal the number of transplants performed at this center during the specified period.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787)

http://www.srtr.org

Table B2. Demographic characteristics of waiting list candidates
Candidates registered on the waiting list between 07/01/2015 and 06/30/2016

Domographia Characteristic		iting List Regi 015 to 06/30/2		All Waiting List Registrations on 06/30/2016 (%)			
Demographic Characteristic	This Center (N=429)	OPTN Region (N=6,209)	U.S. (N=36,177)	This Center (N=883)	OPTN Region (N=22,127)	U.S. (N=104,931)	
All (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Ethnicity/Race (%)*							
White	47.8	28.8	44.0	41.9	23.4	36.4	
African-American	12.6	11.2	28.4	13.8	12.8	33.6	
Hispanic/Latino	24.0	39.1	18.4	23.9	40.5	19.5	
Asian	7.2	17.7	7.7	6.1	20.4	8.9	
Other	8.4	3.1	1.6	14.3	2.9	1.6	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Age (%)							
<2 years	0.0	0.3	0.2	0.0	0.2	0.1	
2-11 years	0.0	1.0	1.1	0.0	0.6	0.5	
12-17 years	0.2	1.8	1.6	0.1	1.1	8.0	
18-34 years	10.5	12.9	11.1	10.8	12.6	11.4	
35-49 years	23.5	25.3	25.9	28.4	27.6	28.7	
50-64 years	40.3	42.1	41.7	42.6	44.1	43.4	
65+ years	25.4	16.7	18.4	18.1	13.8	15.1	
Other (includes prenatal)	0.0	0.0	0.0	0.0	0.0	0.0	
Gender (%)							
Male	58.7	62.2	62.0	63.1	61.2	60.8	
Female	41.3	37.8	38.0	36.9	38.8	39.2	

<sup>\*</sup> Race and ethnicity are reported together as a single data element, reflecting their data collection (either race or ethnicity is required, but not both). Patients formerly coded as white and Hispanic are coded as Hispanic. Race and ethnicity sum to 100%.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787)

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Table B3. Medical characteristics of waiting list candidates
Candidates registered on the waiting list between 07/01/2015 and 06/30/2016

Medical Characteristic		iting List Regis 2015 to 06/30/2			All Waiting List Registrations on 06/30/2016 (%)			
medical characteristic	This Center (N=429)	OPTN Region (N=6,209)	U.S. (N=36,177)	This Center (N=883)	OPTN Region (N=22,127)	U.S. (N=104,931)		
AII (%)	100.0	100.0	100.0	100.0	100.0	100.0		
Blood Type (%)								
0	52.0	51.3	49.0	57.5	54.4	52.7		
A	28.9	30.2	32.7	26.2	27.2	28.0		
В	14.9	14.6	14.6	14.3	15.9	16.6		
AB	4.2	3.8	3.7	2.0	2.5	2.7		
Unknown	0.0	0.0	0.0	0.0	0.0	0.0		
Previous Transplant (%)								
Yes	13.5	11.9	13.2	13.8	11.3	14.7		
No	86.5	88.1	86.8	86.2	88.7	85.3		
Unknown	0.0	0.0	0.0	0.0	0.0	0.0		
Initial CPRA (%)								
0-9%	69.5	79.4	81.4	75.3	83.3	81.6		
10-79%	18.4	13.2	11.2	15.5	11.0	10.9		
80+%	12.1	7.4	7.2	9.2	5.7	7.4		
Unknown	0.0	0.0	0.3	0.0	0.0	0.1		
Primary Disease (%)*								
Glomerular Diseases	18.4	20.2	20.1	19.9	19.0	19.2		
Tubular and Interstitial Diseases	2.3	3.2	3.7	2.4	2.7	3.4		
Polycystic Kidneys	6.8	5.9	7.8	7.4	5.7	7.0		
Congenital, Familial, Metabolic	0.7	2.4	2.1	0.7	1.6	1.6		
Diabetes	30.5	37.4	32.5	35.3	41.2	34.1		
Renovascular & Vascular Diseases	s 0.0	0.1	0.2	0.1	0.1	0.1		
Neoplasms	0.7	0.5	0.3	0.9	0.3	0.3		
Hypertensive Nephrosclerosis	5.8	14.6	20.8	6.7	16.8	23.7		
Other	34.7	15.1	11.8	26.6	11.9	10.0		
Missing*	0.0	0.6	0.5	0.0	0.7	0.5		

<sup>\*</sup> When "retransplant" is indicated, the primary disease is passed forward from the prior transplant in order to indicate the initial primary disease causing organ failure. "Missing" may include some patients for whom retransplant is indicated but no prior diagnosis can be found.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

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SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

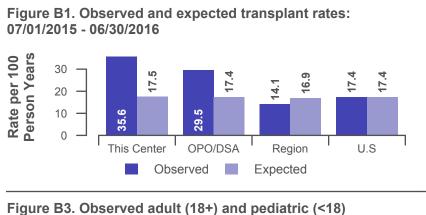
## **B.** Waiting List Information

Table B4. Transplant rates: 07/01/2015 - 06/30/2016

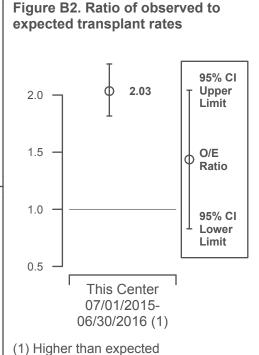
Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	919	1,923	22,133	106,312
Person Years**	888.3	1,929.1	22,112.0	105,587.4
Removals for Transplant	316	569	3,112	18,373
Adult (18+) Candidates				
Count on waiting list at start*	919	1,915	21,875	105,340
Person Years**	888.2	1,920.4	21,815.6	104,480.9
Removals for transpant	316	562	3,014	17,613
Pediatric (<18) Candidates				
Count on waiting list at start*	0	8	258	972
Person Years**	0.1	8.7	296.4	1,106.5
Removals for transplant	0	7	98	760

<sup>\*</sup> Counts in this table may be lower than similar counts in other waiting list tables, such as Table B1. A small percentage (~1%) of patients are found to have died or been transplanted before being removed from the waiting list, so these patients are excluded if the event occurs prior to the start of the study period. Inactive time on the waiting list is included in the calculations for this table.

<sup>\*\*</sup> Person years are calculated as days (converted to fractional years). The number of days from July 1 or from the date of first wait listing until death, transplant, removal from the waiting list or June 30.



transplant rates: 07/01/2015 - 06/30/2016 Person Years 80 Rate per 100 30 60 33. 20 40 35.6 10 20 0 Adult (18+) Pediatric (<18) This Center OPO/DSA Region



(p<0.01, 95% CI=[1.82, 2.27])



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

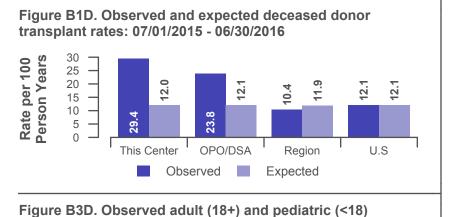
## **B.** Waiting List Information

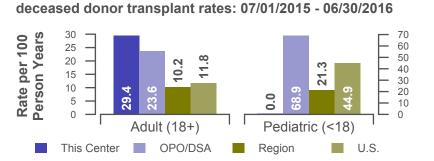
Table B4D. Deceased donor transplant rates: 07/01/2015 - 06/30/2016

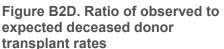
Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	919	1,923	22,133	106,312
Person Years**	888.3	1,929.1	22,112.0	105,587.4
Removals for Transplant	261	459	2,296	12,800
Adult (18+) Candidates				
Count on waiting list at start*	919	1,915	21,875	105,340
Person Years**	888.2	1,920.4	21,815.6	104,480.9
Removals for transpant	261	453	2,233	12,303
Pediatric (<18) Candidates				
Count on waiting list at start*	0	8	258	972
Person Years**	0.1	8.7	296.4	1,106.5
Removals for transplant	0	6	63	497

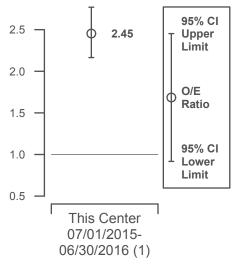
<sup>\*</sup> Counts in this table may be lower than similar counts in other waiting list tables, such as Table B1. A small percentage (~1%) of patients are found to have died or been transplanted before being removed from the waiting list, so these patients are excluded if the event occurs prior to the start of the study period. Inactive time on the waiting list is included in the calculations for this table.

<sup>\*\*</sup> Person years are calculated as days (converted to fractional years). The number of days from July 1 or from the date of first wait listing until death, transplant, removal from the waiting list or June 30.









(1) Higher than expected (p<0.01, 95% CI=[2.16, 2.77])



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

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SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

## **B.** Waiting List Information

Table B5. Waiting list mortality rates: 07/01/2015 - 06/30/2016

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	919	1,923	22,133	106,312
Person Years**	922.4	1,983.1	22,767.7	110,274.6
Number of deaths	63	103	1,167	5,835
Adult (18+) Candidates				
Count on waiting list at start*	919	1,915	21,875	105,340
Person Years**	922.3	1,974.4	22,469.7	109,138.7
Number of deaths	63	103	1,165	5,821
Pediatric (<18) Candidates				
Count on waiting list at start*	0	8	258	972
Person Years**	0.1	8.7	297.9	1,135.9
Number of deaths	0	0	2	14

<sup>\*</sup> Counts in this table may be lower than similar counts in other waiting list tables, such as Table B1. A small percentage (~1%) of patients are found to have died or been transplanted before being removed from the waiting list, so these patients are excluded if the event occurs prior to the start of the study period. Inactive time on the waiting list is included in the calculations for this table.



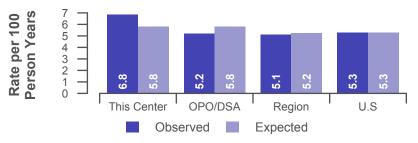


Figure B6. Observed adult (18+) and pediatric (<18) waiting list mortality rates: 07/01/2015 - 06/30/2016

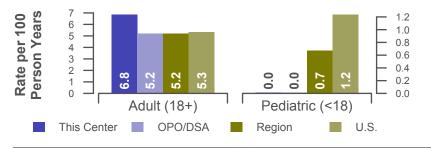
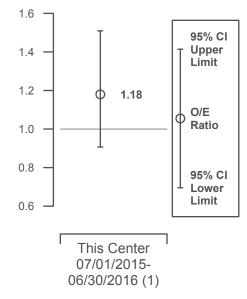


Figure B5. Ratio of observed to expected waiting list mortality rates



(1) Not significantly different (p=0.217, 95% CI=[0.91, 1.51])

<sup>\*\*</sup> Person years are calculated as days (converted to fractional years). The number of days from July 1 or from the date of first wait listing until death, transplant, 60 days after recovery, transfer or June 30.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

## **B.** Waiting List Information

Table B6. Waiting list candidate status after listing Candidates registered on waiting list between 01/01/2014 and 12/31/2014

Waiting list status (survival status)		Center (Na ns Since L 12	,		6. (N=37,0 ns Since L 12	,
Alive on waiting list (%)	80.6	66.1	50.5	83.7	71.7	61.7
Died on the waiting list without transplant (%)	8.0	2.0	3.6	1.4	2.6	3.7
Removed without transplant (%):						
Condition worsened (status unknown)	1.0	1.5	3.6	8.0	1.6	2.6
Condition improved (status unknown)	0.3	0.3	0.3	0.1	0.1	0.2
Refused transplant (status unknown)	0.0	0.0	0.0	0.0	0.1	0.2
Other	0.5	1.3	1.8	0.6	1.5	2.7
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	5.4	8.9	8.2	5.8	8.8	7.5
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.0	0.0	0.0	0.0	0.1	0.1
Status Yet Unknown**	0.0	0.5	3.3	0.0	0.4	3.4
Transplant (deceased donor) (%):						
Functioning (alive)	11.0	17.9	18.1	6.0	9.5	9.3
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.0	0.3	0.3	0.2	0.3	0.5
Status Yet Unknown*	0.5	1.3	10.2	1.0	2.3	6.3
Lost or Transferred (status unknown) (%)	0.0	0.0	0.3	0.3	1.0	1.7
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	0.8	2.3	3.8	1.6	2.9	4.3
Total % known died or removed as unstable	1.8	3.8	7.4	2.3	4.5	6.9
Total % removed for transplant	16.8	28.8	40.1	13.0	21.4	27.1
Total % with known functioning transplant (alive)	16.3	26.8	26.3	11.8	18.3	16.8

<sup>\*</sup> Follow-up form covering specified time period not yet completed, and possibly has not become due.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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Table B7. Percent of candidates with deceased donor transplants: demographic characteristics Candidates registered on the waiting list between 07/01/2010 and 06/30/2013

				ransplar	nted at t	time per			_	
Characteristic		Th	nis Cen	ter			Un	ited Sta	ites	
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	973	1.5	10.5	23.9	33.7	90,740	2.0	10.1	16.5	22.6
Ethnicity/Race*										
White	442	1.8	11.1	28.3	38.5	37,752	2.5	12.2	19.5	25.9
African-American	108	0.0	12.0	21.3	29.6	28,700	1.4	8.4	14.2	20.3
Hispanic/Latino	220	1.8	11.4	25.5	35.5	15,903	2.0	9.3	15.2	20.8
Asian	42	0.0	4.8	11.9	19.0	6,981	1.3	7.8	13.9	19.5
Other	161	1.9	8.1	14.9	24.8	1,404	1.3	8.0	14.0	20.4
Unknown	0					0				
Age										
<2 years	0					140	5.7	40.7	62.1	70.7
2-11 years	0					739	9.1	52.4	66.7	73.2
12-17 years	0					1,332	10.0	51.1	63.7	68.6
18-34 years	87	0.0	3.4	19.5	25.3	9,383	1.4	7.8	14.8	22.3
35-49 years	256	0.8	9.4	17.6	28.1	23,394	1.5	8.2	14.0	20.4
50-64 years	411	2.4	12.7	27.5	37.5	39,731	2.0	9.4	15.6	21.4
65+ years	219	1.4	10.5	26.5	36.5	16,021	1.7	10.1	17.0	22.6
Other (includes prenatal)	0					0				
Gender										
Male	575	1.2	9.2	21.9	31.0	55,124	2.0	9.9	16.2	22.2
Female	398	2.0	12.3	26.9	37.7	35,616	1.9	10.4	17.0	23.3

<sup>\*</sup> Race and ethnicity are reported together as a single data element, reflecting their data collection (either race or ethnicity is required, but not both). Patients formerly coded as white and Hispanic are coded as Hispanic. Race and ethnicity sum to 100%.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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## **B.** Waiting List Information

Table B8. Percent of candidates with deceased donor transplants: medical characteristics Candidates registered on the waiting list between 07/01/2010 and 06/30/2013

Characteristic			ercent t	ransplaı ter	nted at t	ime per		ice listi	_	
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	973	1.5	10.5	23.9	33.7	90,740	2.0	10.1	16.5	22.6
Blood Type										
Ο	516	1.2	6.4	10.3	21.7	44,613	1.8	8.6	13.3	18.7
A	322	2.2	15.5	44.1	50.6	29,155	2.3	12.4	21.3	28.9
В	111	1.8	9.0	20.7	34.2	13,597	1.3	7.3	12.4	17.0
AB	24	0.0	37.5	62.5	62.5	3,375	3.3	21.4	34.9	43.2
Previous Transplant										
Yes	143	0.7	16.8	28.0	35.7	13,489	1.8	10.8	17.5	23.5
No	830	1.7	9.4	23.3	33.4	77,251	2.0	10.0	16.4	22.5
Peak PRA/CPRA										
0-9%	773	1.4	10.0	23.9	33.9	75,465	2.0	9.7	16.0	22.0
10-79%	117	1.7	11.1	23.1	34.2	8,984	1.5	11.7	19.3	26.3
80+%	82	1.2	13.4	24.4	30.5	6,275	1.7	12.2	18.9	24.4
Unknown	1	100.0	100.0	100.0	100.0	14	100.0	100.0	100.0	100.0
Primary Disease*										
Glomerular Diseases	198	2.5	12.1	26.3	32.8	16,441	1.8	11.4	18.8	26.1
Tubular & Interstitial Diseases	31	0.0	16.1	35.5	54.8	3,469	3.7	14.6	22.1	28.1
Polycystic Kidneys	64	0.0	12.5	26.6	35.9	5,803	1.6	10.5	19.3	27.6
Congenital, Familial, Metabolic	6	0.0	33.3	33.3	50.0	1,541	3.7	25.6	36.7	44.2
Diabetes	399	8.0	7.3	20.1	29.6	31,131	1.2	7.0	12.3	17.3
Renovascular & Vascular Diseases	1	0.0	0.0	0.0	0.0	147	1.4	8.8	15.6	21.8
Neoplasms	6	0.0	16.7	16.7	16.7	293	1.0	9.6	18.1	27.0
Hypertensive Nephrosclerosis	76	1.3	11.8	30.3	40.8	21,426	1.2	8.2	14.5	20.8
Other	187	3.2	12.8	24.6	36.9	10,081	5.7	17.3	23.9	29.6
Missing*	5	0.0	0.0	20.0	20.0	408	1.7	7.1	10.8	16.2

<sup>\*</sup> When "retransplant" is indicated, the primary disease is passed forward from the prior transplant in order to indicate the initial primary disease causing organ failure. "Missing" may include some patients for whom retransplant is indicated but no prior diagnosis can be found.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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## **B.** Waiting List Information

Table B9. Time to transplant for waiting list candidates\*

Candidates registered on the waiting list between 07/01/2010 and 12/31/2015

		Months to 7	Fransplant**	
Percentile	Center	OPO/DSA	Region	U.S.
5th	1.5	1.5	2.2	1.8
10th	3.0	3	5.1	4.2
25th	9.2	10.3	18.8	15.3
50th (median time to transplant)	29.5	38.3	Not Observed	Not Observed
75th	Not Observed	Not Observed	Not Observed	Not Observed

<sup>\*</sup> If cells contain "Not Observed" fewer than that percentile of patients had recieved a transplant. For example, the 50th percentile of time to transplant is the time when 50% of candidates have received transplants. If waiting times are long, then the 50th percentile may not be observed during the follow-up period for this table. Also, if more than 50% of candidates are removed from the list due to death or other reasons before receiving transplants, then the 50th percentile of time to transplant will not be observed.

<sup>\*\*</sup> Censored on 06/30/2016. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had recieved a transplant.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

## **C. Transplant Information**

# Table C1D. Deceased donor transplant recipient demographic characteristics Patients transplanted between 07/01/2015 and 06/30/2016

	Perce	Percentage in each category		
Characteristic	Center (N=263)	Region (N=2,299)	U.S. (N=12,815)	
Ethnicity/Race (%)*				
White	45.2	26.6	38.0	
African-American	11.0	12.9	34.0	
Hispanic/Latino	28.1	42.1	19.1	
Asian	6.5	15.2	7.3	
Other	9.1	3.2	1.6	
Unknown	0.0	0.0	0.0	
Age (%)				
<2 years	0.0	0.0	0.0	
2-11 years	0.0	0.9	1.5	
12-17	0.0	1.7	2.1	
18-34	5.3	11.7	11.6	
35-49 years	19.8	25.8	26.0	
50-64 years	42.6	39.1	39.2	
65+ years	32.3	20.7	19.6	
Unknown	0.0	0.0	0.0	
Gender (%)				
Male	59.3	58.6	59.6	
Female	40.7	41.4	40.4	

<sup>\*</sup> Race and ethnicity are reported together as a single data element, reflecting their data collection (either race or ethnicity is required, but not both). Patients formerly coded as white and Hispanic are coded as Hispanic. Race and ethnicity sum to 100%.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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## **C. Transplant Information**

# Table C1L. Living donor transplant recipient demographic characteristics Patients transplanted between 07/01/2015 and 06/30/2016

	Perce	Percentage in each category		
Characteristic	Center (N=56)	Region (N=823)	U.S. (N=5,644)	
Ethnicity/Race (%)*				
White	64.3	48.4	66.2	
African-American	8.9	6.4	11.8	
Hispanic/Latino	19.6	30.0	15.2	
Asian	1.8	13.5	5.8	
Other	5.4	1.7	1.0	
Unknown	0.0	0.0	0.0	
Age (%)				
<2 years	0.0	0.1	0.3	
2-11 years	0.0	1.7	2.1	
12-17	0.0	2.2	2.1	
18-34	10.7	18.0	16.8	
35-49 years	25.0	26.5	26.6	
50-64 years	46.4	36.7	37.1	
65+ years	17.9	14.8	15.1	
Unknown	0.0	0.0	0.0	
Gender (%)				
Male	60.7	60.3	63.3	
Female	39.3	39.7	36.7	

<sup>\*</sup> Race and ethnicity are reported together as a single data element, reflecting their data collection (either race or ethnicity is required, but not both). Patients formerly coded as white and Hispanic are coded as Hispanic. Race and ethnicity sum to 100%.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787)

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## **C. Transplant Information**

# Table C2D. Deceased donor transplant recipient medical characteristics Patients transplanted between 07/01/2015 and 06/30/2016

	Percentage in each category		
Characteristic	Center (N=263)	Region (N=2,299)	U.S. (N=12,815)
Blood Type (%)			
0	51.3	50.3	46.0
A	33.1	33.6	35.8
В	11.8	10.9	13.4
AB	3.8	5.2	4.9
Previous Transplant (%)			
Yes	9.5	16.1	15.8
No	90.5	83.9	84.2
Peak PRA/CPRA Prior to Transplant (%)			
0-9%	59.7	55.6	58.5
10-79%	26.6	21.2	20.9
80+ %	13.7	23.1	20.6
Unknown	0.0	0.0	0.0
Body Mass Index (%)			
0-20	8.0	12.0	11.3
21-25	28.5	31.8	28.6
26-30	33.1	33.5	31.0
31+	30.4	22.1	28.3
Unknown	0.0	0.5	0.8
Primary Disease (%)*			
Glomerular Diseases	19.0	24.1	22.4
Tubular and Interstitial Disease	3.8	3.3	4.0
Polycystic Kidneys	6.8	5.8	6.6
Congenital, Familial, Metabolic	0.8	2.7	3.3
Diabetes	37.3	29.0	25.9
Renovascular & Vascular Diseases	0.4	0.3	0.2
Neoplasms	0.8	0.6	0.4
Hypertensive Nephrosclerosis	12.2	19.2	25.6
Other Kidney	18.3	14.0	11.2
Missing*	0.8	1.0	0.5

<sup>\*</sup> When "retransplant" is indicated, the primary disease is passed forward from the prior transplant in order to indicate the initial primary disease causing organ failure. "Missing" may include some patients for whom retransplant is indicated but no prior diagnosis can be found.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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## **C. Transplant Information**

# Table C2L. Living donor transplant recipient medical characteristics Patients transplanted between 07/01/2015 and 06/30/2016

	Percentage in each category		
Characteristic	Center (N=56)	Region (N=823)	U.S. (N=5,644)
Blood Type (%)			
0	44.6	44.8	44.2
A	35.7	37.4	38.6
В	14.3	14.3	13.3
AB	5.4	3.4	4.0
Previous Transplant (%)			
Yes	8.9	10.0	11.3
No	91.1	90.0	88.7
Peak PRA/CPRA Prior to Transplant (%)			
0-9%	75.0	74.2	76.3
10-79%	19.6	19.2	18.3
80+ %	5.4	6.3	5.2
Unknown	0.0	0.2	0.2
Body Mass Index (%)			
0-20	7.1	17.7	13.1
21-25	28.6	31.0	30.4
26-30	33.9	27.9	30.1
31+	30.4	23.2	25.9
Unknown	0.0	0.1	0.5
Primary Disease (%)*			
Glomerular Diseases	26.8	35.0	30.2
Tubular and Interstitial Disease	3.6	3.5	4.7
Polycystic Kidneys	16.1	11.4	13.0
Congenital, Familial, Metabolic	1.8	3.3	4.1
Diabetes	30.4	21.5	21.3
Renovascular & Vascular Diseases	0.0	0.4	0.5
Neoplasms	0.0	0.2	0.6
Hypertensive Nephrosclerosis	7.1	14.2	16.3
Other Kidney	14.3	10.0	8.8
Missing*	0.0	0.5	0.5

<sup>\*</sup> When "retransplant" is indicated, the primary disease is passed forward from the prior transplant in order to indicate the initial primary disease causing organ failure. "Missing" may include some patients for whom retransplant is indicated but no prior diagnosis can be found.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787)

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## **C. Transplant Information**

## Table C3D. Deceased donor characteristics Transplants performed between 07/01/2015 and 06/30/2016

	Percentage in each category		
Donor Characteristic	Center (N=263)	Region (N=2,299)	U.S. (N=12,815)
Cause of Death (%)			
Deceased: Stroke	17.5	27.9	26.5
Deceased: MVA	8.4	15.6	16.2
Deceased: Other	74.1	56.5	57.3
Ethnicity/Race (%)*			
White	68.1	58.0	68.6
African-American	12.2	8.5	14.7
Hispanic/Latino	16.0	26.2	13.3
Asian	2.7	5.7	2.7
Other	1.1	1.6	0.7
Not Reported	0.0	0.0	0.0
Age (%)			
<2 years	1.5	2.2	1.2
2-11 years	2.3	3.6	3.9
12-17	1.5	4.0	5.2
18-34	32.3	32.0	35.4
35-49 years	27.4	30.2	28.9
50-64 years	25.9	24.7	23.0
65+ years	9.1	3.3	2.4
Unknown	0.0	0.0	0.0
Gender (%)			
Male	60.5	61.6	61.5
Female	39.5	38.4	38.5
Blood Type (%)			
0	52.5	52.5	48.1
A	35.7	34.9	37.4
В	9.9	9.4	11.5
AB	1.9	3.2	3.0
Unknown	0.0	0.0	0.0
Expanded Criteria Donor (%)	3.3	3.0	3.0
Yes	22.4	13.8	12.9
No	77.6	86.2	87.1

<sup>\*</sup> Race and ethnicity are reported together as a single data element, reflecting their data collection (either race or ethnicity is required, but not both). Patients formerly coded as white and Hispanic are coded as Hispanic. Race and ethnicity sum to 100%.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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## **C. Transplant Information**

Table C3L. Living donor characteristics
Transplants performed between 07/01/2015 and 06/30/2016

	Percei	Percentage in each category		
Donor Characteristic	Center	Region	U.S.	
	(N=56)	(N=823)	(N=5,644)	
Ethnicity/Race (%)*				
White	75.0	53.8	70.7	
African-American	5.4	5.5	9.3	
Hispanic/Latino	16.1	27.5	14.3	
Asian	3.6	10.9	4.5	
Other	0.0	2.3	1.1	
Not Reported	0.0	0.0	0.0	
Age (%)				
0-11 years	0.0	0.0	0.0	
12-17	0.0	0.0	0.0	
18-34	19.6	28.4	27.2	
35-49 years	33.9	36.6	38.9	
50-64 years	35.7	30.6	30.7	
65+ years	10.7	4.4	3.2	
Unknown	0.0	0.0	0.0	
Gender (%)				
Male	28.6	34.9	36.6	
Female	71.4	65.1	63.4	
Blood Type (%)				
0	66.1	62.7	62.9	
A	28.6	27.6	27.9	
В	5.4	9.0	8.0	
AB	0.0	0.7	1.2	
Unknown	0.0	0.0	0.0	

<sup>\*</sup> Race and ethnicity are reported together as a single data element, reflecting their data collection (either race or ethnicity is required, but not both). Patients formerly coded as white and Hispanic are coded as Hispanic. Race and ethnicity sum to 100%.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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## **C. Transplant Information**

Table C4D. Deceased donor transplant characteristics
Transplants performed between 07/01/2015 and 06/30/2016

Transplants performed between 07/01/2015 and 06/30/2016	Percentage in each category		tegory
Transplant Characteristic	Center (N=263)	Region (N=2,299)	U.S. (N=12,815)
Cold Ischemic Time (Hours): Local (%)			
Deceased: 0-11 hr	46.2	33.9	37.7
Deceased: 12-21 hr	28.2	47.9	46.4
Deceased: 22-31 hr	21.8	14.2	12.2
Deceased: 32-41 hr	1.3	2.9	2.1
Deceased: 42+ hr	0.0	0.4	0.5
Not Reported	2.6	0.7	1.1
Cold Ischemic Time (Hours): Shared (%)			
Deceased: 0-11 hr	1.6	5.1	8.8
Deceased: 12-21 hr	41.6	37.8	37.5
Deceased: 22-31 hr	51.9	40.3	36.0
Deceased: 32-41 hr	4.3	11.8	12.9
Deceased: 42+ hr	0.0	4.7	3.7
Not Reported	0.5	0.3	1.0
Level of Mismatch (%)	0.5	0.5	1.0
A Locus Mismatches (%)	12.2	14.2	10.5
0			12.5
1	40.3	40.1	39.4
2 Not Deported	47.5	45.1	47.4
Not Reported	0.0	0.7	0.6
B Locus Mismatches (%)	0.4	0.0	- 4
0	9.1	8.6	7.1
1	29.3	27.6	26.3
2	61.6	63.1	66.0
Not Reported	0.0	0.7	0.6
DR Locus Mismatches (%)			
0	16.0	19.1	16.7
1	52.9	47.0	47.2
2	31.2	33.3	35.5
Not Reported	0.0	0.7	0.6
Total Mismatches (%)			
0	7.2	6.3	4.5
1	0.4	1.1	1.4
2	3.0	5.2	5.2
3	13.7	17.1	14.6
4	31.9	26.9	27.7
5	34.6	29.4	31.2
6	9.1	13.3	14.7
Not Reported	0.0	0.7	0.6
Procedure Type (%)			
Kidney alone	95.4	94.3	93.6
Kidney and another organ	4.6	5.7	6.4
Dialysis in First Week After Transplant (%)	4.0	0.7	0.4
Yes	61.2	38.5	28.3
No	38.8	61.4	71.5
Not Reported	0.0	0.0	0.2
	0.0	0.0	0.2
Sharing (%)	20.7	EO 1	60.7
Local	29.7	59.1	69.7
Shared	70.3	40.9	30.3
Median Time in Hospital After Transplant*	3.0 Days	5.0 Days	5.0 Days

<sup>\*</sup> Multiple organ transplants are excluded from this statistic.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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## **C. Transplant Information**

Table C4L. Living donor transplant characteristics
Transplants performed between 07/01/2015 and 06/30/2016

	Percentage in each category		
Transplant Characteristic	Center (N=56)	Region (N=823)	U.S. (N=5,644)
Relation with Donor (%)	(11 00)	(11 020)	(11 0,011)
Related	48.2	47.9	45.8
Unrelated	51.8	52.1	54.2
Not Reported	0.0	0.0	0.0
Level of Mismatch (%)	0.0	0.0	0.0
A Locus Mismatches (%)			
0	7.1	20.4	18.6
1	62.5	50.5	50.4
2	30.4	27.6	30.5
Not Reported	0.0	1.5	0.6
B Locus Mismatches (%)	0.0	1.5	0.0
0	8.9	11.9	11.9
1	44.6	45.9	45.1
2	46.4	40.7	42.5
		1.5	0.6
Not Reported	0.0	1.5	0.0
DR Locus Mismatches (%)	19.6	18.6	17.1
0			
1	55.4	47.6	50.7
2 Not Deported	25.0	32.3	31.6
Not Reported	0.0	1.5	0.5
Total Mismatches (%)	<b>5</b> 4	7.0	0.4
0	5.4	7.2	6.4
1	5.4	3.8	3.8
2	7.1	14.9	13.3
3	28.6	23.2	24.1
4	17.9	17.4	18.1
5	25.0	19.9	21.6
6	10.7	12.2	12.0
Not Reported	0.0	1.5	0.6
Procedure Type (%)			
Kidney alone	100.0	100.0	100.0
Kidney and another organ	0.0	0.0	0.0
Dialysis in First Week After Transplant (%)			
Yes	1.8	3.6	3.2
No	98.2	96.4	96.6
Not Reported	0.0	0.0	0.2
Median Time in Hospital After Transplant*	2.0 Days	4.0 Days	4.0 Days

<sup>\*</sup> Multiple organ transplants are excluded from this statistic.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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## C. Transplant Information

Table C5. Adult (18+) 1-month survival with a functioning graft Single organ transplants performed between 07/01/2013 and 12/31/2015 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZMC	U.S.
Number of transplants evaluated	670	40,128
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.96%	98.34%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.19%	
Number of observed graft failures (including deaths) during the first month after transplant	7	666
Number of expected graft failures (including deaths) during the first month after transplant	12.17	
Estimated hazard ratio*	0.64	
95% credible interval for the hazard ratio**	[0.29, 1.11]	

<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If AZMC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

Figure C1. Adult (18+) 1-month graft failure HR estimate

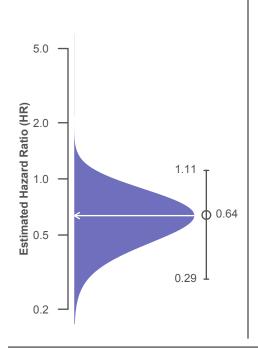
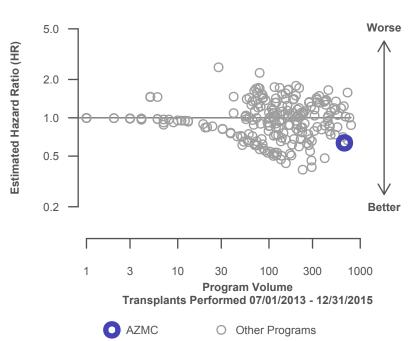


Figure C2. Adult (18+) 1-month graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.29, 1.11], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 36% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 71% reduced risk up to 11% increased risk.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

## C. Transplant Information

Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2013 and 12/31/2015 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZMC	U.S.
Number of transplants evaluated	501	26,635
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.60%	97.96%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.87%	
Number of observed graft failures (including deaths) during the first month after transplant	7	544
Number of expected graft failures (including deaths) during the first month after transplant	10.71	
Estimated hazard ratio*	0.71	
95% credible interval for the hazard ratio**	[0.32, 1.24]	

<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If AZMC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

Figure C1D. Adult (18+) 1-month deceased donor graft failure HR estimate

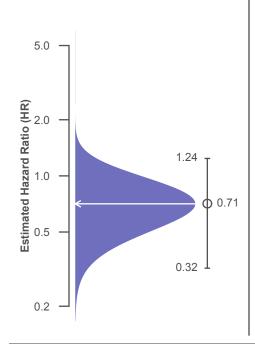
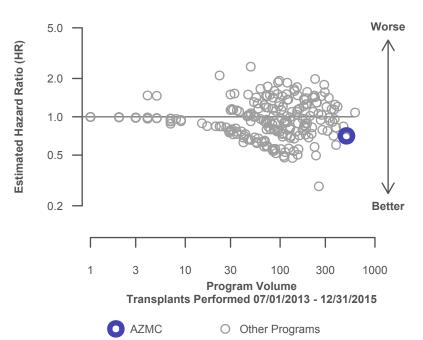


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.32, 1.24], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 29% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 68% reduced risk up to 24% increased risk.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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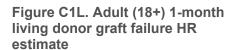
## C. Transplant Information

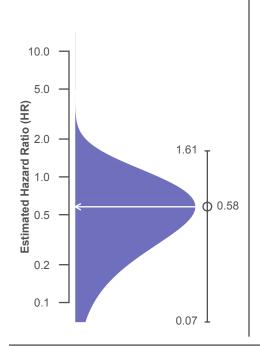
Table C5L. Adult (18+) 1-month survival with a functioning living donor graft Single organ transplants performed between 07/01/2013 and 12/31/2015 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZMC	U.S.
Number of transplants evaluated	169	13,493
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.10%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.14%	
Number of observed graft failures (including deaths) during the first month after transplant	0	122
Number of expected graft failures (including deaths) during the first month after transplant	1.46	
Estimated hazard ratio*	0.58	
95% credible interval for the hazard ratio**	[0.07, 1.61]	

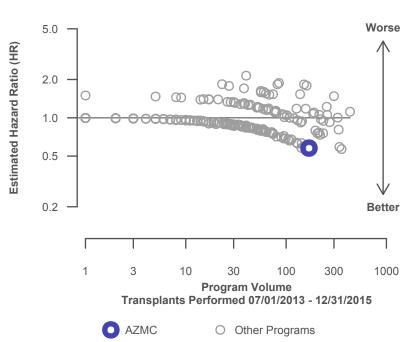
<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If AZMC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.07, 1.61], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 42% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 93% reduced risk up to 61% increased risk.





# Figure C2L. Adult (18+) 1-month living donor graft failure HR program comparison





Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

## C. Transplant Information

Table C6. Adult (18+) 1-year survival with a functioning graft Single organ transplants performed between 07/01/2013 and 12/31/2015 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZMC	U.S.
Number of transplants evaluated	670	40,128
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	95.94%	95.04%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	94.56%	
Number of observed graft failures (including deaths) during the first year after transplant	26	1,868
Number of expected graft failures (including deaths) during the first year after transplant	34.65	
Estimated hazard ratio*	0.76	
95% credible interval for the hazard ratio**	[0.51, 1.07]	

<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If AZMC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

Figure C3. Adult (18+) 1-year graft failure HR estimate

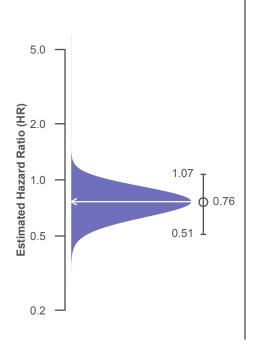
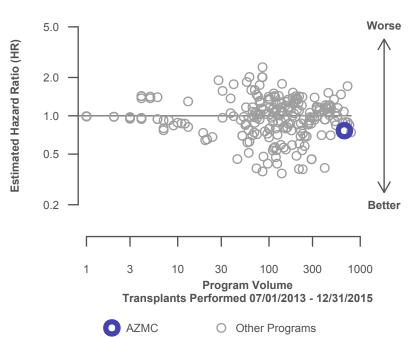


Figure C4. Adult (18+) 1-year graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.51, 1.07], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 24% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 49% reduced risk up to 7% increased risk.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

## C. Transplant Information

Table C6D. Adult (18+) 1-year survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2013 and 12/31/2015 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZMC	U.S.
Number of transplants evaluated	501	26,635
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	95.22%	93.76%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	93.50%	
Number of observed graft failures (including deaths) during the first year after transplant	23	1,565
Number of expected graft failures (including deaths) during the first year after transplant	31.02	
Estimated hazard ratio*	0.76	
95% credible interval for the hazard ratio**	[0.49, 1.08]	

<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If AZMC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

Figure C3D. Adult (18+) 1-year deceased donor graft failure HR estimate

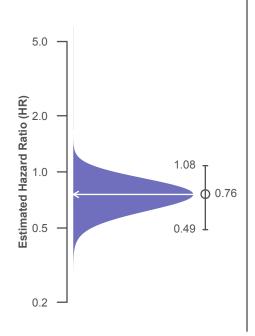
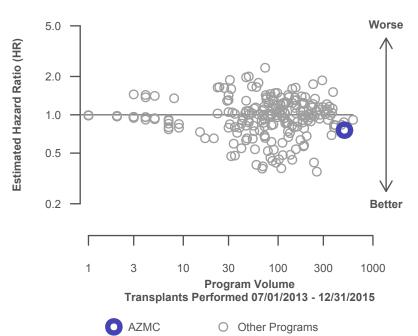


Figure C4D. Adult (18+) 1-year deceased donor graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.49, 1.08], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 24% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 51% reduced risk up to 8% increased risk.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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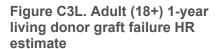
## **C. Transplant Information**

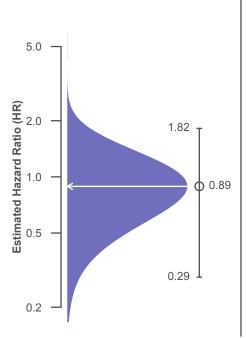
Table C6L. Adult (18+) 1-year survival with a functioning living donor graft Single organ transplants performed between 07/01/2013 and 12/31/2015 Deaths and retransplants are considered graft failures

AZMC	U.S.
169	13,493
98.07%	97.58%
97.70%	
3	303
3.62	
0.89	
[0.29, 1.82]	
	169 98.07% 97.70% 3 3.62 0.89

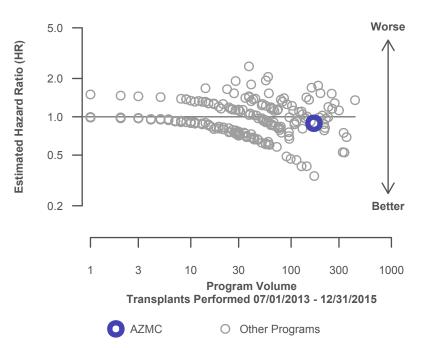
<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If AZMC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.29, 1.82], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 11% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 71% reduced risk up to 82% increased risk.





# Figure C4L. Adult (18+) 1-year living donor graft failure HR program comparison





Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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## C. Transplant Information

Table C7. Adult (18+) 3-year survival with a functioning graft Single organ transplants performed between 01/01/2011 and 06/30/2013 Deaths and retransplants are considered graft failures

AZMC	U.S.
551	38,368
90.93%	88.05%
89.09%	
50	4,586
61.62	
0.82	
[0.61, 1.05]	
	551 90.93% 89.09% 50 61.62 0.82

<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If AZMC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

Figure C5. Adult (18+) 3-year graft failure HR estimate

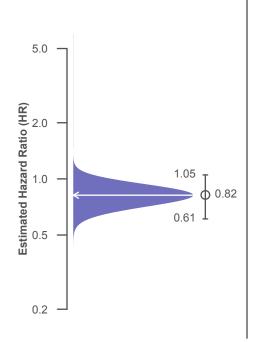
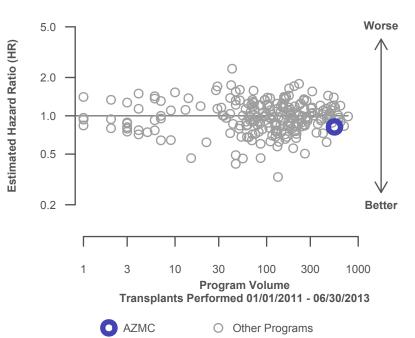


Figure C6. Adult (18+) 3-year graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.61, 1.05], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 18% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 39% reduced risk up to 5% increased risk.



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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## C. Transplant Information

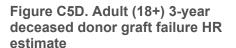
Table C7D. Adult (18+) 3-year survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2011 and 06/30/2013

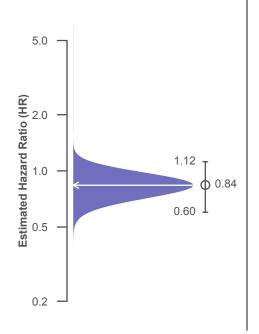
Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZMC	U.S.
Number of transplants evaluated	319	24,932
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	88.09%	85.62%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	86.09%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	38	3,586
Number of expected graft failures (including deaths) during the first 3 years after transplant	45.76	
Estimated hazard ratio*	0.84	
95% credible interval for the hazard ratio**	[0.60, 1.12]	

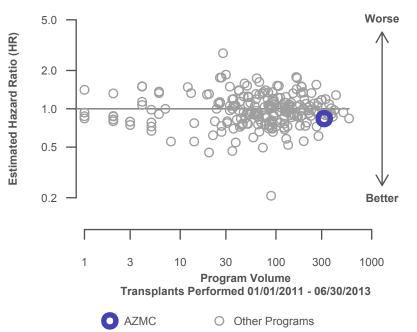
<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If AZMC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.60, 1.12], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 16% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 40% reduced risk up to 12% increased risk.





## Figure C6D. Adult (18+) 3-year deceased donor graft failure HR program comparison





Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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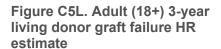
## C. Transplant Information

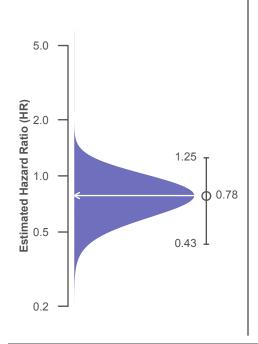
Table C7L. Adult (18+) 3-year survival with a functioning living donor graft Single organ transplants performed between 01/01/2011 and 06/30/2013 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered grant failures	AZMC	U.S.
Number of transplants evaluated	232	13,436
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	94.83%	92.56%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	93.20%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	12	1,000
Number of expected graft failures (including deaths) during the first 3 years after transplant	15.85	
Estimated hazard ratio*	0.78	
95% credible interval for the hazard ratio**	[0.43, 1.25]	

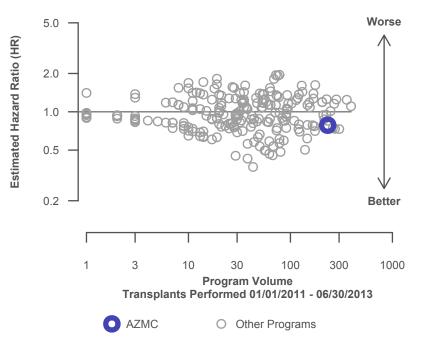
<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If AZMC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.43, 1.25], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 22% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 57% reduced risk up to 25% increased risk.





# Figure C6L. Adult (18+) 3-year living donor graft failure HR program comparison





Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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## **C. Transplant Information**

Table C8. Pediatric (<18) 1-month survival with a functioning graft Single organ transplants performed between 07/01/2013 and 12/31/2015 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2013-12/31/2015

Figure C7. Pediatric (<18)
1-month graft failure HR estimate

Figure C8. Pediatric (<18) 1-month graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2013-12/31/2015



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

## **C. Transplant Information**

Table C8D. Pediatric (<18) 1-month survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2013 and 12/31/2015 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2013-12/31/2015

Figure C7D. Pediatric (<18)
1-month deceased donor graft failure HR estimate

Figure C8D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2013-12/31/2015



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

## **C. Transplant Information**

Table C8L. Pediatric (<18) 1-month survival with a functioning living donor graft Single organ transplants performed between 07/01/2013 and 12/31/2015 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2013-12/31/2015

Figure C7L. Pediatric (<18)
1-month living donor graft failure
HR estimate

Figure C8L. Pediatric (<18) 1-month living donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2013-12/31/2015



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

## **C. Transplant Information**

Table C9. Pediatric (<18) 1-year survival with a functioning graft
Single organ transplants performed between 07/01/2013 and 12/31/2015
Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2013-12/31/2015

Figure C9. Pediatric (<18) 1-year graft failure HR estimate

Figure C10. Pediatric (<18) 1-year graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2013-12/31/2015



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

# **C. Transplant Information**

Table C9D. Pediatric (<18) 1-year survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2013 and 12/31/2015 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2013-12/31/2015

Figure C9D. Pediatric (<18) 1-year deceased donor graft failure HR estimate Figure C10D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2013-12/31/2015



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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# **C. Transplant Information**

Table C9L. Pediatric (<18) 1-year survival with a functioning living donor graft Single organ transplants performed between 07/01/2013 and 12/31/2015 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2013-12/31/2015

Figure C9L. Pediatric (<18) 1-year living donor graft failure HR estimate

Figure C10L. Pediatric (<18) 1-year living donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2013-12/31/2015



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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# **C. Transplant Information**

Table C10. Pediatric (<18) 3-year survival with a functioning graft
Single organ transplants performed between 01/01/2011 and 06/30/2013
Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2011-06/30/2013

Figure C11. Pediatric (<18) 3-year graft failure HR estimate

Figure C12. Pediatric (<18) 3-year graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 01/01/2011-06/30/2013



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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## C. Transplant Information

Table C10D. Pediatric (<18) 3-year survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2011 and 06/30/2013 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2011-06/30/2013

Figure C11D. Pediatric (<18) 3-year deceased donor graft failure HR estimate

Figure C12D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 01/01/2011-06/30/2013



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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# **C. Transplant Information**

Table C10L. Pediatric (<18) 3-year survival with a functioning living donor graft Single organ transplants performed between 01/01/2011 and 06/30/2013 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2011-06/30/2013

Figure C11L. Pediatric (<18)
3-year living donor graft failure
HR estimate

Figure C12L. Pediatric (<18) 3-year living donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 01/01/2011-06/30/2013



Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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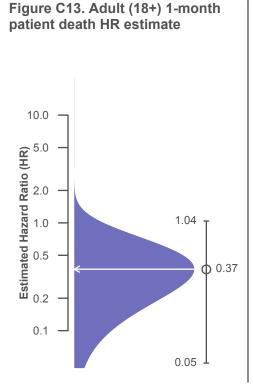
## **C. Transplant Information**

Table C11. Adult (18+) 1-month patient survival
Single organ transplants performed between 07/01/2013 and 12/31/2015
Retransplants excluded

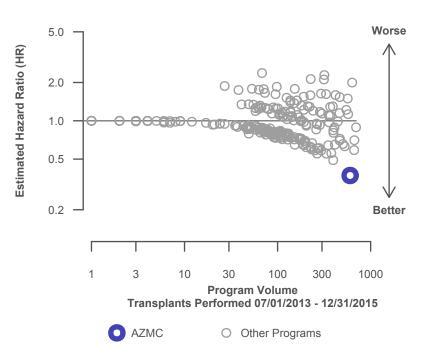
Estimated probability of surviving at 1 month	S.
(unadjusted for patient and donor characteristics)  Expected probability of surviving at 1 month	869
	18%
(adjusted for patient and donor characteristics)	-
Number of observed deaths during the first month after transplant 0 18	33
Number of expected deaths during the first month after transplant 3.38	-
Estimated hazard ratio* 0.37	-
95% credible interval for the hazard ratio** [0.05, 1.04]	-

<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If AZMC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.05, 1.04], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 63% lower risk of patient death compared to an average program, but AZMC's performance could plausibly range from 95% reduced risk up to 4% increased risk.









Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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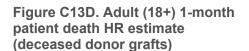
# C. Transplant Information

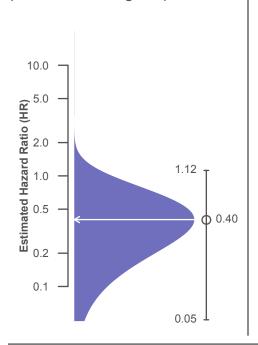
Table C11D. Adult (18+) 1-month patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2013 and 12/31/2015
Retransplants excluded

Retransplants excluded	AZMC	U.S.
Number of transplants evaluated	449	22,815
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.35%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.34%	
Number of observed deaths during the first month after transplant	0	149
Number of expected deaths during the first month after transplant	2.97	
Estimated hazard ratio*	0.40	
95% credible interval for the hazard ratio**	[0.05, 1.12]	

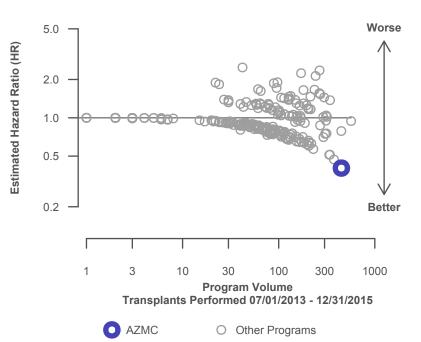
<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If AZMC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.05, 1.12], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 60% lower risk of patient death compared to an average program, but AZMC's performance could plausibly range from 95% reduced risk up to 12% increased risk.





# Figure C14D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)





Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787)

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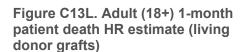
# C. Transplant Information

Table C11L. Adult (18+) 1-month patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2013 and 12/31/2015 Retransplants excluded

Retransplants excluded	AZMC	U.S.
Number of transplants evaluated	153	12,054
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.72%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.73%	
Number of observed deaths during the first month after transplant	0	34
Number of expected deaths during the first month after transplant	0.41	
Estimated hazard ratio*	0.83	
95% credible interval for the hazard ratio**	[0.10, 2.31]	

<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If AZMC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.10, 2.31], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 17% lower risk of patient death compared to an average program, but AZMC's performance could plausibly range from 90% reduced risk up to 131% increased risk.



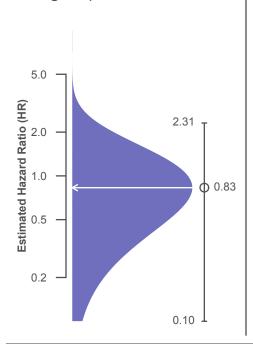
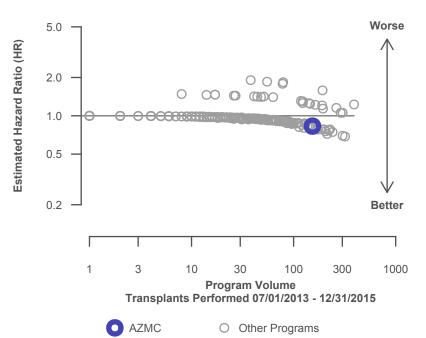


Figure C14L. Adult (18+) 1-month patient death HR program comparison (living donor grafts)





Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787)

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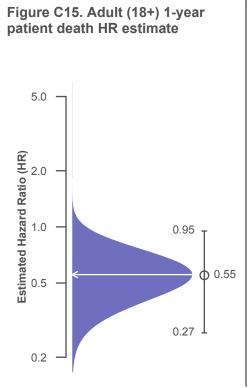
## **C. Transplant Information**

Table C12. Adult (18+) 1-year patient survival
Single organ transplants performed between 07/01/2013 and 12/31/2015
Retransplants excluded

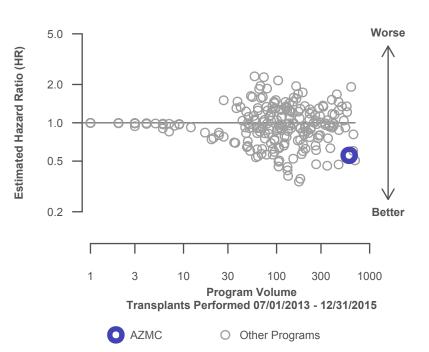
Retransplants excluded	AZMC	U.S.
Number of transplants evaluated	602	34,869
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	98.52%	97.34%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	97.13%	
Number of observed deaths during the first year after transplant	8	853
Number of expected deaths during the first year after transplant	16.02	
Estimated hazard ratio*	0.55	
95% credible interval for the hazard ratio**	[0.27, 0.95]	

<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If AZMC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.27, 0.95], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 45% lower risk of patient death compared to an average program, but AZMC's performance could plausibly range from 73% reduced risk up to 5% reduced risk.









Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787)

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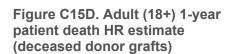
# C. Transplant Information

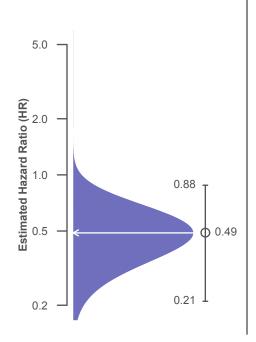
Table C12D. Adult (18+) 1-year patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2013 and 12/31/2015

Retransplants excluded	AZMC	U.S.
Number of transplants evaluated	449	22,815
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	98.44%	96.59%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	96.56%	
Number of observed deaths during the first year after transplant	6	717
Number of expected deaths during the first year after transplant	14.38	
Estimated hazard ratio*	0.49	
95% credible interval for the hazard ratio**	[0.21, 0.88]	

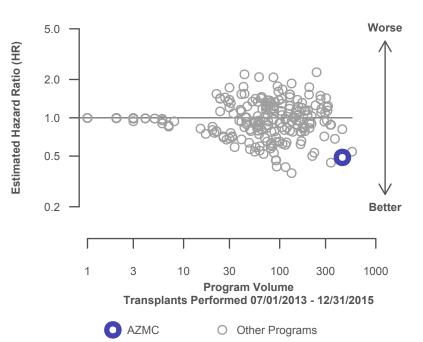
<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If AZMC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.21, 0.88], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 51% lower risk of patient death compared to an average program, but AZMC's performance could plausibly range from 79% reduced risk up to 12% reduced risk.





# Figure C16D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)





Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787)

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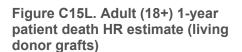
# **C. Transplant Information**

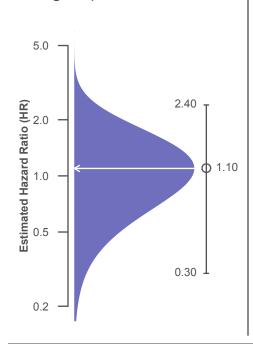
Table C12L. Adult (18+) 1-year patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2013 and 12/31/2015 Retransplants excluded

Retransplants excluded	AZMC	U.S.
Number of transplants evaluated	153	12,054
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	98.69%	98.75%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	98.81%	
Number of observed deaths during the first year after transplant	2	136
Number of expected deaths during the first year after transplant	1.65	
Estimated hazard ratio*	1.10	
95% credible interval for the hazard ratio**	[0.30, 2.40]	

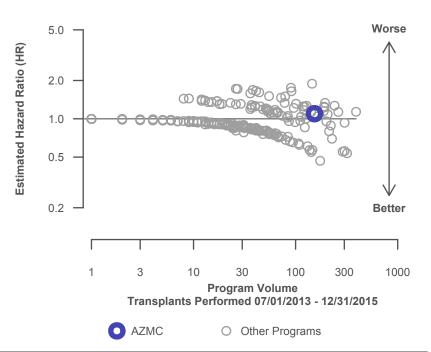
<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If AZMC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.30, 2.40], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 10% higher risk of patient death compared to an average program, but AZMC's performance could plausibly range from 70% reduced risk up to 140% increased risk.





# Figure C16L. Adult (18+) 1-year patient death HR program comparison (living donor grafts)





Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787)

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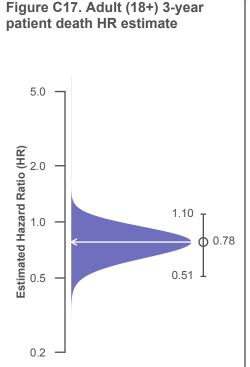
# C. Transplant Information

Table C13. Adult (18+) 3-year patient survival
Single organ transplants performed between 01/01/2011 and 06/30/2013
Retransplants excluded

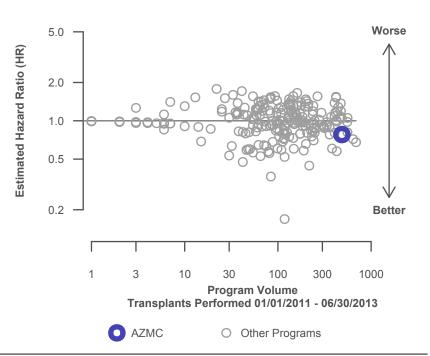
excluded AZM	C U.S.
ants evaluated 486	33,622
lity of surviving at 3 years tient and donor characteristics)  94.86	93.27%
ity of surviving at 3 years nt and donor characteristics) 93.43	%
ed deaths during the first 3 years after transplant 25	2,264
ed deaths during the first 3 years after transplant 32.6	5
ratio* 0.78	
val for the hazard ratio** [0.51, 1	.10]
lity of surviving at 3 years tient and donor characteristics)  ity of surviving at 3 years nt and donor characteristics)  ed deaths during the first 3 years after transplant 25 ed deaths during the first 3 years after transplant 32.6 ratio*  94.86  93.43	93.27° 98.27° 98.27° 2,264 5 3

<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If AZMC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.51, 1.10], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 22% lower risk of patient death compared to an average program, but AZMC's performance could plausibly range from 49% reduced risk up to 10% increased risk.









Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787)

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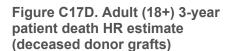
## C. Transplant Information

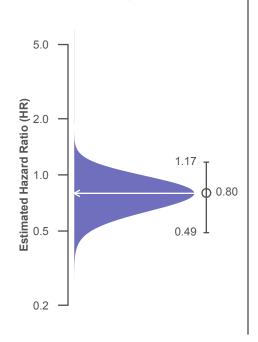
Table C13D. Adult (18+) 3-year patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2011 and 06/30/2013

Retransplants excluded	AZMC	U.S.
Number of transplants evaluated	273	21,623
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	93.04%	91.74%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	91.31%	
Number of observed deaths during the first 3 years after transplant	19	1,787
Number of expected deaths during the first 3 years after transplant	24.37	
Estimated hazard ratio*	0.80	
95% credible interval for the hazard ratio**	[0.49, 1.17]	

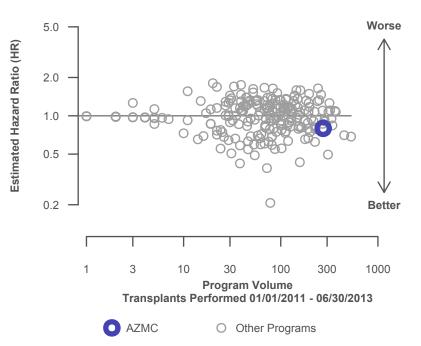
<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If AZMC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.49, 1.17], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 20% lower risk of patient death compared to an average program, but AZMC's performance could plausibly range from 51% reduced risk up to 17% increased risk.





# Figure C18D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)





Center Code: AZMC

Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787)

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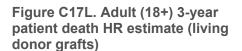
# **C. Transplant Information**

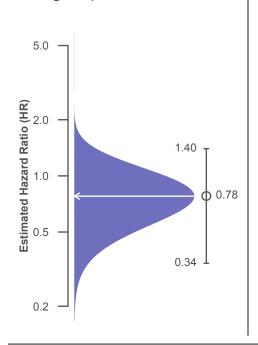
Table C13L. Adult (18+) 3-year patient survival (living donor graft recipients) Single organ transplants performed between 01/01/2011 and 06/30/2013 Retransplants excluded

Retransplants excluded	AZMC	U.S.
Number of transplants evaluated	213	11,999
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	97.18%	96.02%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	96.16%	
Number of observed deaths during the first 3 years after transplant	6	477
Number of expected deaths during the first 3 years after transplant	8.28	
Estimated hazard ratio*	0.78	
95% credible interval for the hazard ratio**	[0.34, 1.40]	

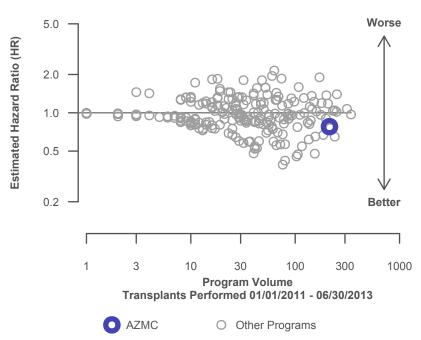
<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If AZMC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.34, 1.40], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 22% lower risk of patient death compared to an average program, but AZMC's performance could plausibly range from 66% reduced risk up to 40% increased risk.





# Figure C18L. Adult (18+) 3-year patient death HR program comparison (living donor grafts)





Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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## **C. Transplant Information**

Table C14. Pediatric (<18) 1-month patient survival
Single organ transplants performed between 07/01/2013 and 12/31/2015
Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2013-12/31/2015

Figure C19. Pediatric (<18) 1-month patient death HR estimate Figure C20. Pediatric (<18) 1-month patient death HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2013-12/31/2015



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

# **C. Transplant Information**

Table C14D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2013 and 12/31/2015 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2013-12/31/2015

Figure C19D. Pediatric (<18)
1-month patient death HR
estimate (deceased donor grafts)

Figure C20D. Pediatric (<18) 1-month patient death HR program comparison (deceased donor grafts)

This center did not perform any transplants relevant to this figure during 07/01/2013-12/31/2015



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

# **C. Transplant Information**

Table C14L. Pediatric (<18) 1-month patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2013 and 12/31/2015 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2013-12/31/2015

Figure C19L. Pediatric (<18) 1-month patient death HR estimate (living donor grafts) Figure C20L. Pediatric (<18) 1-month patient death HR program comparison (living donor grafts)

This center did not perform any transplants relevant to this figure during 07/01/2013-12/31/2015



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

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# **C. Transplant Information**

Table C15. Pediatric (<18) 1-year patient survival
Single organ transplants performed between 07/01/2013 and 12/31/2015
Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2013-12/31/2015

Figure C21. Pediatric (<18) 1-year patient death HR estimate

Figure C22. Pediatric (<18) 1-year patient death HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2013-12/31/2015



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

## **C. Transplant Information**

Table C15D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2013 and 12/31/2015 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2013-12/31/2015

Figure C21D. Pediatric (<18)
1-year patient death HR estimate (deceased donor grafts)

Figure C22D. Pediatric (<18) 1-year patient death HR program comparison (deceased donor grafts)

This center did not perform any transplants relevant to this figure during 07/01/2013-12/31/2015



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

# **C. Transplant Information**

Table C15L. Pediatric (<18) 1-year patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2013 and 12/31/2015 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2013-12/31/2015

Figure C21L. Pediatric (<18)
1-year patient death HR estimate (living donor grafts)

Figure C22L. Pediatric (<18) 1-year patient death HR program comparison (living donor grafts)

This center did not perform any transplants relevant to this figure during 07/01/2013-12/31/2015



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

# **C. Transplant Information**

Table C16. Pediatric (<18) 3-year patient survival
Single organ transplants performed between 01/01/2011 and 06/30/2013
Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2011-06/30/2013

Figure C23. Pediatric (<18) 3-year patient death HR estimate

Figure C24. Pediatric (<18) 3-year patient death HR program comparison

This center did not perform any transplants relevant to this figure during 01/01/2011-06/30/2013



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 5, 2017

Based on Data Available: October 31, 2016

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

## **C. Transplant Information**

Table C16D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2011 and 06/30/2013 Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2011-06/30/2013

Figure C23D. Pediatric (<18)
3-year patient death HR estimate (deceased donor grafts)

Figure C24D. Pediatric (<18) 3-year patient death HR program comparison (deceased donor grafts)

This center did not perform any transplants relevant to this figure during 01/01/2011-06/30/2013



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## **C. Transplant Information**

Table C16L. Pediatric (<18) 3-year patient survival (living donor graft recipients) Single organ transplants performed between 01/01/2011 and 06/30/2013 Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2011-06/30/2013

Figure C23L. Pediatric (<18)
3-year patient death HR estimate (living donor grafts)

Figure C24L. Pediatric (<18) 3-year patient death HR program comparison (living donor grafts)

This center did not perform any transplants relevant to this figure during 01/01/2011-06/30/2013



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# **D. Living Donor Information**

Table D1. Living donor summary: 07/01/2013 - 06/30/2016

	This Center United State		es			
Living Donor Follow-Up	07/2013- 06/2014	07/2014- 06/2015	07/2015- 12/2015	07/2013- 06/2014	07/2014- 06/2015	07/2015- 12/2015
Number of Living Donors	75	64	36	5,652	5,558	2,934
<b>6-Month Follow-Up</b> Donors due for follow-up	75	64	21	5,650	5,555	1,451
Timely clinical data	45 60.0%	64 100.0%	19 90.5%	4,289 75.9%	4,605 82.9%	1,237 85.3%
Timely lab data	45 60.0%	64 100.0%	19 90.5%	4,075 72.1%	4,321 77.8%	1,167 80.4%
<b>12-Month Follow-Up</b> Donors due for follow-up	75	43		5,650	4,142	
Timely clinical data	57 76.0%	42 97.7%		4,105 72.7%	3,184 76.9%	
Timely lab data	57 76.0%	42 97.7%		3,800 67.3%	2,916 70.4%	
<b>24-Month Follow-Up</b> Donors due for follow-up	56			4,273		
Timely clinical data	44 78.6%			2,950 69.0%		
Timely lab data	44 78.6%			2,568 60.1%		

Follow-up completion standards through 2 years post-donation were implemented in policy on February 1, 2013.