User Guide

This report contains a wide range of useful information about the kidney transplant program at Tampa General Hospital (FLTG). 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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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 33.8 per 100 person-years, and this was higher than would be expected with a 95% confidence interval of [1.55, 2.01] 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 1.6 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

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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.

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A. Program Summary

Figure A1. Waiting list and transplant activity

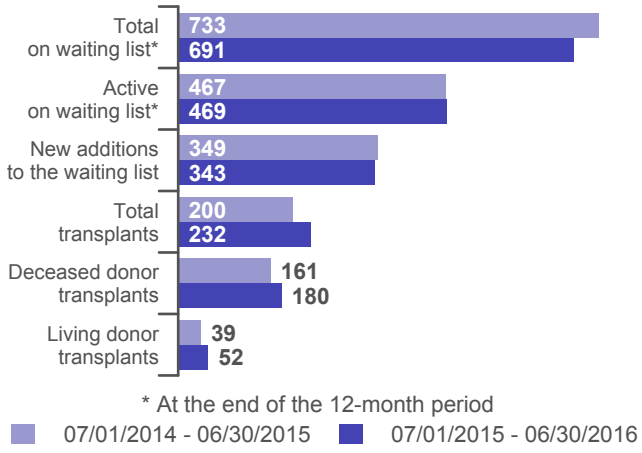
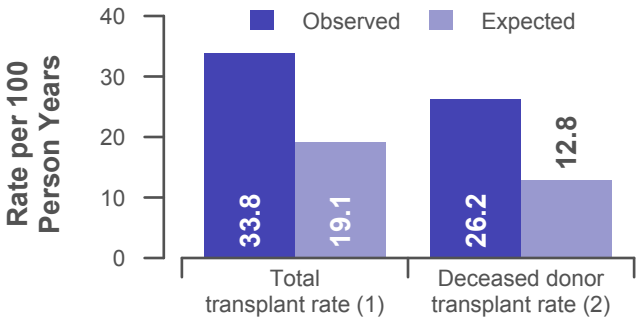


Table A1. Census of transplant recipients

Recipients	07/01/2014-06/30/2015	07/01/2015-06/30/2016
Transplanted at this center	200	232
Followed by this center*	1,797	1,807
...transplanted at this program	1,735	1,721
...transplanted elsewhere	62	86

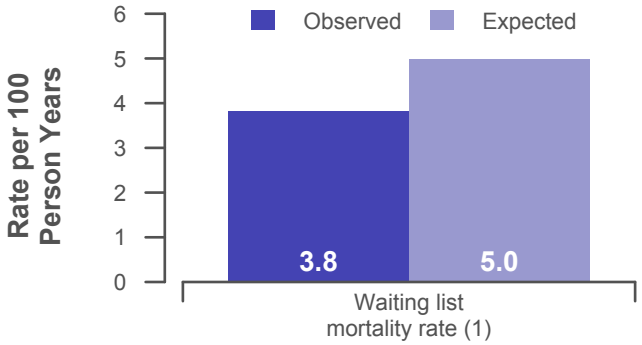
* Recipients followed are transplant recipients for whom the center has submitted a post-transplant follow-up form for a transplant that took place before the 12-month interval for each column.

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=0.180)

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

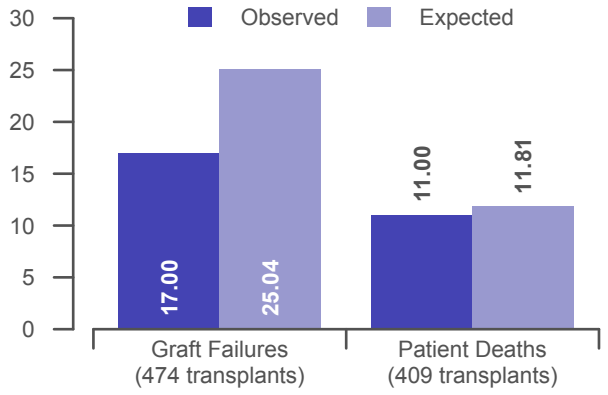
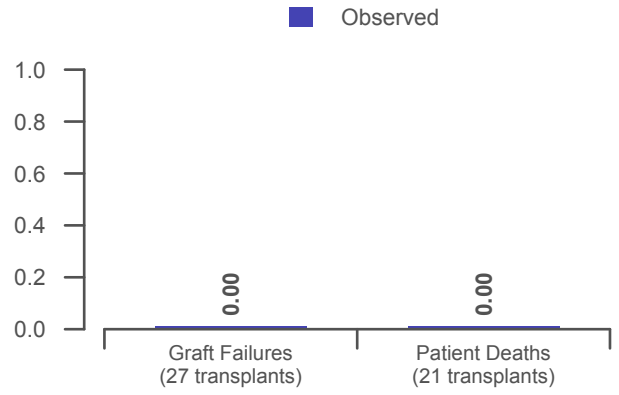


Figure A5. First-year pediatric graft and patient survival: 07/01/2013 - 12/31/2015



B. Waiting List Information

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

Waiting List Registrations	Counts for this center		Activity for 07/01/2015 to 06/30/2016 as percent of registrants on waiting list on 07/01/2015		
	07/01/2014-06/30/2015	07/01/2015-06/30/2016	This Center (%)	OPTN Region (%)	U.S. (%)
On waiting list at start	733	733	100.0	100.0	100.0
Additions					
New listings at this center	349	343	46.8	33.3	34.0
Removals					
Transferred to another center	8	8	1.1	1.3	1.5
Received living donor transplant*	39	52	7.1	3.7	5.2
Received deceased donor transplant*	161	180	24.6	11.4	12.0
Died	44	22	3.0	4.2	4.0
Transplanted at another center	23	26	3.5	2.8	2.6
Deteriorated	30	34	4.6	3.7	4.3
Recovered	5	2	0.3	0.1	0.2
Other reasons	39	61	8.3	7.4	5.6
On waiting list at end of period	733	691	94.3	98.6	98.5

* 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.

B. Waiting List Information

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

Demographic Characteristic	New Waiting List Registrations 07/01/2015 to 06/30/2016 (%)			All Waiting List Registrations on 06/30/2016 (%)		
	This Center (N=343)	OPTN Region (N=5,184)	U.S. (N=36,177)	This Center (N=691)	OPTN Region (N=15,341)	U.S. (N=104,931)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	58.6	36.0	44.0	55.9	29.5	36.4
African-American	21.0	47.6	28.4	25.3	56.8	33.6
Hispanic/Latino	14.3	12.5	18.4	13.2	10.5	19.5
Asian	5.5	3.3	7.7	5.4	2.7	8.9
Other	0.6	0.7	1.6	0.3	0.5	1.6
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Age (%)						
<2 years	0.6	0.2	0.2	0.0	0.0	0.1
2-11 years	0.9	0.9	1.1	0.1	0.3	0.5
12-17 years	3.5	1.6	1.6	2.3	0.6	0.8
18-34 years	8.5	11.1	11.1	8.7	12.3	11.4
35-49 years	25.1	27.3	25.9	25.9	31.4	28.7
50-64 years	36.4	39.9	41.7	42.3	41.1	43.4
65+ years	25.1	19.1	18.4	20.7	14.3	15.1
Other (includes prenatal)	0.0	0.0	0.0	0.0	0.0	0.0
Gender (%)						
Male	61.8	59.8	62.0	60.1	58.7	60.8
Female	38.2	40.2	38.0	39.9	41.3	39.2

* 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%.

B. Waiting List Information

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

Medical Characteristic	New Waiting List Registrations 07/01/2015 to 06/30/2016 (%)			All Waiting List Registrations on 06/30/2016 (%)		
	This Center (N=343)	OPTN Region (N=5,184)	U.S. (N=36,177)	This Center (N=691)	OPTN Region (N=15,341)	U.S. (N=104,931)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Blood Type (%)						
O	49.0	49.1	49.0	53.1	52.7	52.7
A	31.8	31.2	32.7	30.8	26.0	28.0
B	17.2	15.8	14.6	15.1	18.3	16.6
AB	2.0	3.9	3.7	1.0	3.0	2.7
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Previous Transplant (%)						
Yes	16.3	12.2	13.2	17.8	14.1	14.7
No	83.7	87.8	86.8	82.2	85.9	85.3
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Initial CPRA (%)						
0-9%	90.7	84.6	81.4	89.0	81.7	81.6
10-79%	5.0	7.9	11.2	4.3	9.8	10.9
80+%	4.4	6.5	7.2	6.7	8.1	7.4
Unknown	0.0	1.0	0.3	0.0	0.3	0.1
Primary Disease (%)*						
Glomerular Diseases	24.2	19.1	20.1	24.7	18.9	19.2
Tubular and Interstitial Diseases	8.5	2.8	3.7	6.8	2.4	3.4
Polycystic Kidneys	11.1	7.2	7.8	12.3	6.8	7.0
Congenital, Familial, Metabolic	4.4	1.7	2.1	3.2	1.3	1.6
Diabetes	24.5	29.4	32.5	23.7	29.5	34.1
Renovascular & Vascular Diseases	0.3	0.1	0.2	0.4	0.1	0.1
Neoplasms	0.0	0.1	0.3	0.0	0.2	0.3
Hypertensive Nephrosclerosis	19.5	29.7	20.8	18.4	32.7	23.7
Other	6.7	9.6	11.8	9.6	7.7	10.0
Missing*	0.9	0.3	0.5	0.9	0.3	0.5

* 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.

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*	733	990	15,527	106,312
Person Years**	686.5	947.5	15,477.8	105,587.4
Removals for Transplant	232	287	2,362	18,373
Adult (18+) Candidates				
Count on waiting list at start*	717	974	15,409	105,340
Person Years**	670.5	931.4	15,348.4	104,480.9
Removals for transpant	214	269	2,240	17,613
Pediatric (<18) Candidates				
Count on waiting list at start*	16	16	118	972
Person Years**	16.1	16.1	129.4	1,106.5
Removals for transplant	18	18	122	760

* 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.

** 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.

Figure B1. Observed and expected transplant rates: 07/01/2015 - 06/30/2016

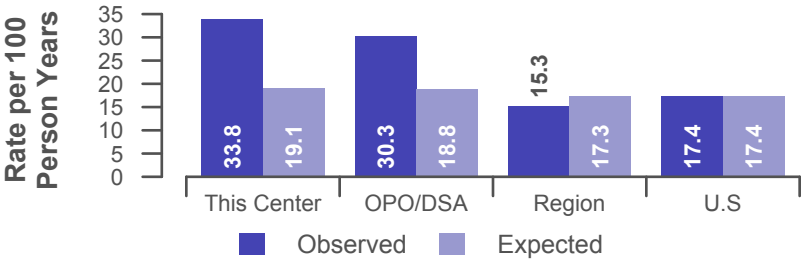
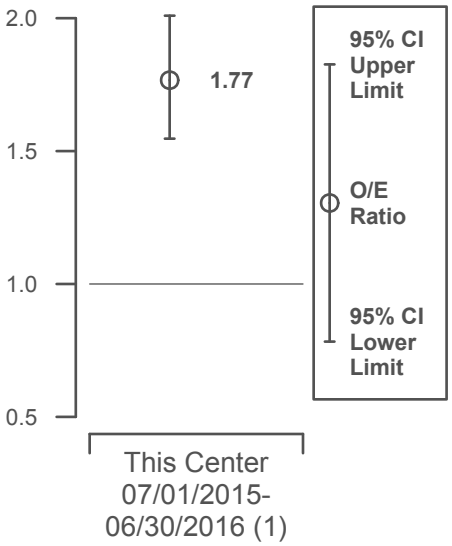
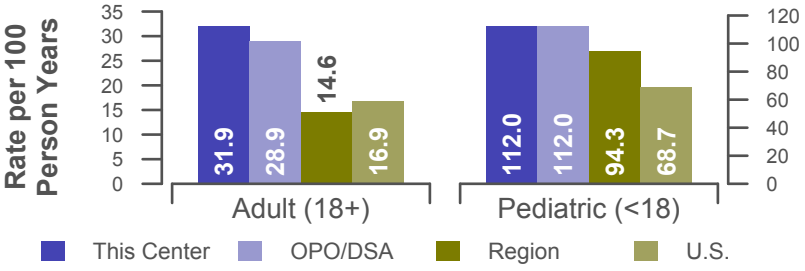


Figure B2. Ratio of observed to expected transplant rates



(1) Higher than expected (p<0.01, 95% CI=[1.55, 2.01])

Figure B3. Observed adult (18+) and pediatric (<18) transplant rates: 07/01/2015 - 06/30/2016



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*	733	990	15,527	106,312
Person Years**	686.5	947.5	15,477.8	105,587.4
Removals for Transplant	180	234	1,781	12,800
Adult (18+) Candidates				
Count on waiting list at start*	717	974	15,409	105,340
Person Years**	670.5	931.4	15,348.4	104,480.9
Removals for transpant	169	223	1,693	12,303
Pediatric (<18) Candidates				
Count on waiting list at start*	16	16	118	972
Person Years**	16.1	16.1	129.4	1,106.5
Removals for transplant	11	11	88	497

* 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.

** 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.

Figure B1D. Observed and expected deceased donor transplant rates: 07/01/2015 - 06/30/2016

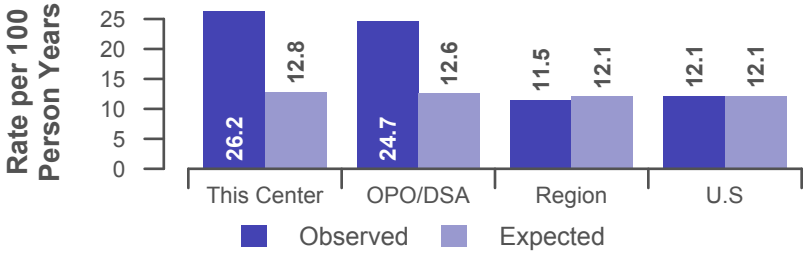


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 07/01/2015 - 06/30/2016

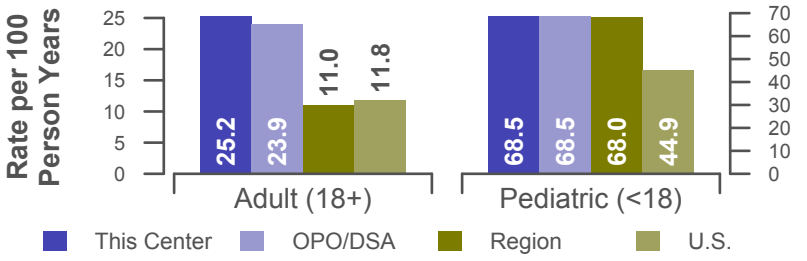
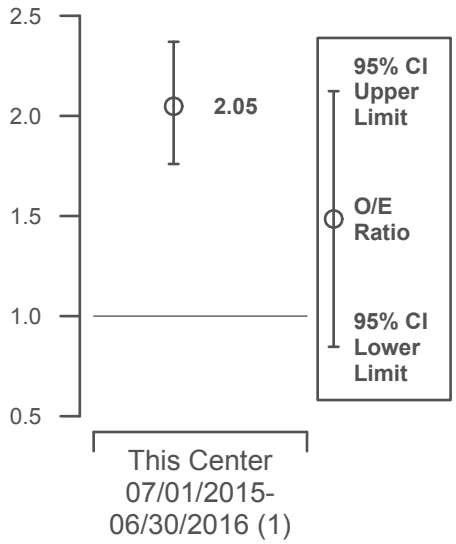


Figure B2D. Ratio of observed to expected deceased donor transplant rates



(1) Higher than expected (p<0.01, 95% CI=[1.76, 2.37])

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*	733	990	15,527	106,312
Person Years**	733.4	1,003.1	16,157.9	110,274.6
Number of deaths	28	46	965	5,835
Adult (18+) Candidates				
Count on waiting list at start*	717	974	15,409	105,340
Person Years**	717.4	987.1	16,026.5	109,138.7
Number of deaths	28	46	962	5,821
Pediatric (<18) Candidates				
Count on waiting list at start*	16	16	118	972
Person Years**	16.1	16.1	131.4	1,135.9
Number of deaths	0	0	3	14

* 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.

** 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.

Figure B4. Observed and expected waiting list mortality rates: 07/01/2015 - 06/30/2016

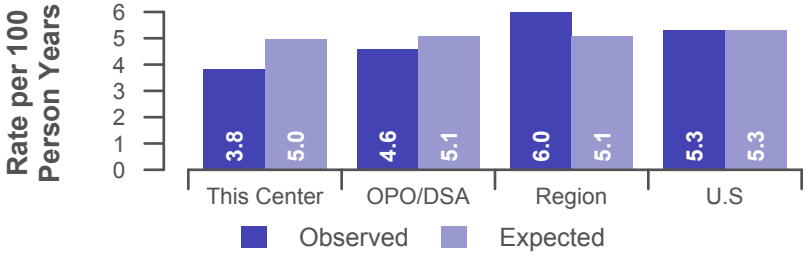
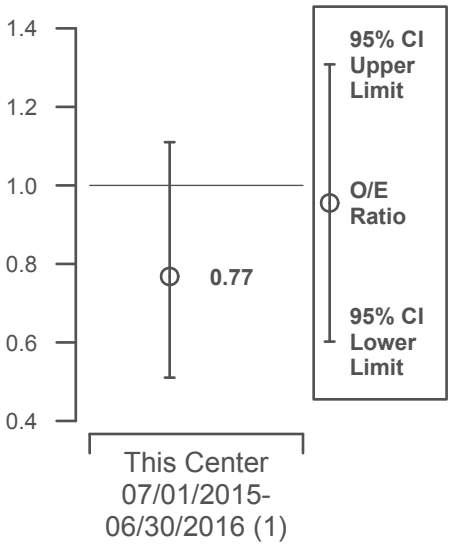
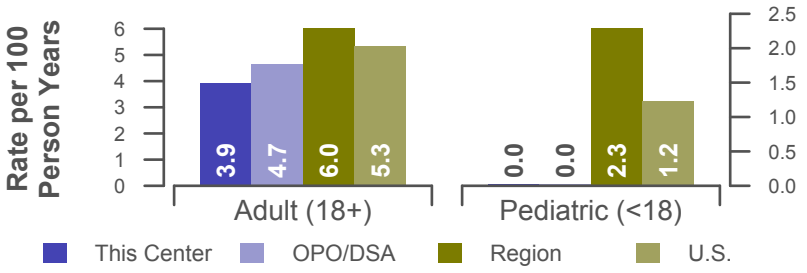


Figure B5. Ratio of observed to expected waiting list mortality rates



(1) Not significantly different (p=0.180, 95% CI=[0.51, 1.11])

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



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)	This Center (N=343) Months Since Listing			U.S. (N=37,046) Months Since Listing		
	6	12	18	6	12	18
Alive on waiting list (%)	82.8	65.9	53.6	83.7	71.7	61.7
Died on the waiting list without transplant (%)	1.2	2.3	4.7	1.4	2.6	3.7
Removed without transplant (%):						
Condition worsened (status unknown)	0.3	1.2	2.3	0.8	1.6	2.6
Condition improved (status unknown)	0.0	0.0	0.0	0.1	0.1	0.2
Refused transplant (status unknown)	0.0	0.6	1.2	0.0	0.1	0.2
Other	0.3	0.6	1.5	0.6	1.5	2.7
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	5.8	8.5	5.5	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	0.9	4.4	0.0	0.4	3.4
Transplant (deceased donor) (%):						
Functioning (alive)	9.0	16.6	14.6	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	0.3	0.0	0.0	0.0	0.0
Died	0.0	0.0	0.6	0.2	0.3	0.5
Status Yet Unknown*	0.6	2.3	9.9	1.0	2.3	6.3
Lost or Transferred (status unknown) (%)	0.0	0.9	1.7	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	1.2	2.3	5.2	1.6	2.9	4.3
Total % known died or removed as unstable	1.5	3.5	7.6	2.3	4.5	6.9
Total % removed for transplant	15.5	28.6	35.0	13.0	21.4	27.1
Total % with known functioning transplant (alive)	14.9	25.1	20.1	11.8	18.3	16.8

* Follow-up form covering specified time period not yet completed, and possibly has not become due.

B. Waiting List Information

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

Characteristic	Percent transplanted at time periods since listing									
	This Center					United States				
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	830	3.0	15.1	32.9	48.3	90,740	2.0	10.1	16.5	22.6
Ethnicity/Race*										
White	469	3.0	15.8	34.5	48.0	37,752	2.5	12.2	19.5	25.9
African-American	216	2.3	11.1	26.9	46.3	28,700	1.4	8.4	14.2	20.3
Hispanic/Latino	91	4.4	18.7	31.9	52.7	15,903	2.0	9.3	15.2	20.8
Asian	53	3.8	17.0	43.4	50.9	6,981	1.3	7.8	13.9	19.5
Other	1	0.0	100.0	100.0	100.0	1,404	1.3	8.0	14.0	20.4
Unknown	0	--	--	--	--	0	--	--	--	--
Age										
<2 years	2	0.0	50.0	100.0	100.0	140	5.7	40.7	62.1	70.7
2-11 years	9	0.0	55.6	88.9	100.0	739	9.1	52.4	66.7	73.2
12-17 years	12	8.3	66.7	83.3	83.3	1,332	10.0	51.1	63.7	68.6
18-34 years	87	1.1	17.2	37.9	55.2	9,383	1.4	7.8	14.8	22.3
35-49 years	192	3.1	10.4	28.1	45.8	23,394	1.5	8.2	14.0	20.4
50-64 years	347	3.7	15.9	32.3	46.7	39,731	2.0	9.4	15.6	21.4
65+ years	181	2.2	11.6	29.8	45.3	16,021	1.7	10.1	17.0	22.6
Other (includes prenatal)	0	--	--	--	--	0	--	--	--	--
Gender										
Male	500	2.8	13.2	30.2	45.4	55,124	2.0	9.9	16.2	22.2
Female	330	3.3	17.9	37.0	52.7	35,616	1.9	10.4	17.0	23.3

* 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%.

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	Percent transplanted at time periods since listing									
	This Center					United States				
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	830	3.0	15.1	32.9	48.3	90,740	2.0	10.1	16.5	22.6
Blood Type										
O	401	2.5	10.7	21.7	40.1	44,613	1.8	8.6	13.3	18.7
A	292	3.4	14.7	38.7	52.4	29,155	2.3	12.4	21.3	28.9
B	105	3.8	20.0	49.5	61.9	13,597	1.3	7.3	12.4	17.0
AB	32	3.1	56.2	65.6	68.8	3,375	3.3	21.4	34.9	43.2
Previous Transplant										
Yes	148	4.1	22.3	33.8	43.2	13,489	1.8	10.8	17.5	23.5
No	682	2.8	13.5	32.7	49.4	77,251	2.0	10.0	16.4	22.5
Peak PRA/CPRA										
0-9%	729	2.9	14.4	32.9	48.6	75,465	2.0	9.7	16.0	22.0
10-79%	46	2.2	17.4	34.8	56.5	8,984	1.5	11.7	19.3	26.3
80+%	55	5.5	21.8	30.9	38.2	6,275	1.7	12.2	18.9	24.4
Unknown	0	--	--	--	--	14	100.0	100.0	100.0	100.0
Primary Disease*										
Glomerular Diseases	184	3.8	14.7	32.1	48.4	16,441	1.8	11.4	18.8	26.1
Tubular & Interstitial Diseases	46	2.2	15.2	37.0	54.3	3,469	3.7	14.6	22.1	28.1
Polycystic Kidneys	89	1.1	19.1	42.7	55.1	5,803	1.6	10.5	19.3	27.6
Congenital, Familial, Metabolic	27	3.7	22.2	55.6	77.8	1,541	3.7	25.6	36.7	44.2
Diabetes	162	2.5	12.3	27.2	40.1	31,131	1.2	7.0	12.3	17.3
Renovascular & Vascular Diseases	4	0.0	0.0	0.0	0.0	147	1.4	8.8	15.6	21.8
Neoplasms	2	0.0	0.0	0.0	50.0	293	1.0	9.6	18.1	27.0
Hypertensive Nephrosclerosis	201	4.0	14.4	31.8	48.8	21,426	1.2	8.2	14.5	20.8
Other	114	2.6	16.7	31.6	45.6	10,081	5.7	17.3	23.9	29.6
Missing*	1	0.0	0.0	0.0	100.0	408	1.7	7.1	10.8	16.2

* 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.

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 Transplant**			
Percentile	**Center**	**OPO/DSA**	**Region**	**U.S.**
5th	1.6	1.6	1.9	1.8
10th	2.9	3.1	4.3	4.2
25th	9.4	10.4	16	15.3
50th (median time to transplant)	25.7	27.4	Not Observed	Not Observed
75th	Not Observed	Not Observed	Not Observed	Not Observed

* 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 tranplant will not be observed.

** 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.

C. Transplant Information

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

Characteristic	Percentage in each category		
	Center (N=180)	Region (N=1,783)	U.S. (N=12,815)
Ethnicity/Race (%)*			
White	43.9	30.5	38.0
African-American	32.8	49.7	34.0
Hispanic/Latino	18.9	16.2	19.1
Asian	4.4	3.1	7.3
Other	0.0	0.6	1.6
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	0.0	0.0	0.0
2-11 years	3.3	2.1	1.5
12-17	2.8	2.6	2.1
18-34	12.8	12.1	11.6
35-49 years	23.9	26.4	26.0
50-64 years	31.7	38.5	39.2
65+ years	25.6	18.3	19.6
Unknown	0.0	0.0	0.0
Gender (%)			
Male	56.7	58.1	59.6
Female	43.3	41.9	40.4

* 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%.

C. Transplant Information

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

Characteristic	Percentage in each category		
	Center (N=52)	Region (N=581)	U.S. (N=5,644)
Ethnicity/Race (%)*			
White	75.0	62.0	66.2
African-American	7.7	20.8	11.8
Hispanic/Latino	13.5	12.7	15.2
Asian	3.8	4.1	5.8
Other	0.0	0.3	1.0
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	0.0	0.2	0.3
2-11 years	7.7	2.8	2.1
12-17	5.8	2.8	2.1
18-34	7.7	17.6	16.8
35-49 years	30.8	28.9	26.6
50-64 years	32.7	35.1	37.1
65+ years	15.4	12.7	15.1
Unknown	0.0	0.0	0.0
Gender (%)			
Male	61.5	60.9	63.3
Female	38.5	39.1	36.7

* 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%.

C. Transplant Information

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

Characteristic	Percentage in each category		
	Center (N=180)	Region (N=1,783)	U.S. (N=12,815)
Blood Type (%)			
O	38.3	46.6	46.0
A	40.6	34.7	35.8
B	16.7	14.3	13.4
AB	4.4	4.4	4.9
Previous Transplant (%)			
Yes	17.2	13.9	15.8
No	82.8	86.1	84.2
Peak PRA/CPRA Prior to Transplant (%)			
0-9%	61.1	59.7	58.5
10-79%	16.7	21.3	20.9
80+ %	22.2	19.0	20.6
Unknown	0.0	0.1	0.0
Body Mass Index (%)			
0-20	15.6	11.8	11.3
21-25	31.7	28.6	28.6
26-30	27.2	29.4	31.0
31+	25.6	28.4	28.3
Unknown	0.0	1.8	0.8
Primary Disease (%)*			
Glomerular Diseases	24.4	22.3	22.4
Tubular and Interstitial Disease	6.1	3.6	4.0
Polycystic Kidneys	9.4	5.9	6.6
Congenital, Familial, Metabolic	5.0	3.3	3.3
Diabetes	20.6	21.0	25.9
Renovascular & Vascular Diseases	0.6	0.1	0.2
Neoplasms	0.0	0.6	0.4
Hypertensive Nephrosclerosis	23.9	32.2	25.6
Other Kidney	10.0	10.8	11.2
Missing*	0.0	0.2	0.5

* 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.

C. Transplant Information

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

Characteristic	Percentage in each category		
	Center (N=52)	Region (N=581)	U.S. (N=5,644)
Blood Type (%)			
O	42.3	42.9	44.2
A	42.3	40.4	38.6
B	7.7	12.7	13.3
AB	7.7	4.0	4.0
Previous Transplant (%)			
Yes	15.4	9.3	11.3
No	84.6	90.7	88.7
Peak PRA/CPRA Prior to Transplant (%)			
0-9%	88.5	75.7	76.3
10-79%	11.5	19.1	18.3
80+ %	0.0	5.2	5.2
Unknown	0.0	0.0	0.2
Body Mass Index (%)			
0-20	23.1	15.5	13.1
21-25	38.5	29.4	30.4
26-30	19.2	29.3	30.1
31+	19.2	23.9	25.9
Unknown	0.0	1.9	0.5
Primary Disease (%)*			
Glomerular Diseases	34.6	30.3	30.2
Tubular and Interstitial Disease	11.5	4.0	4.7
Polycystic Kidneys	9.6	12.9	13.0
Congenital, Familial, Metabolic	11.5	4.5	4.1
Diabetes	7.7	17.0	21.3
Renovascular & Vascular Diseases	0.0	0.2	0.5
Neoplasms	0.0	0.3	0.6
Hypertensive Nephrosclerosis	19.2	23.2	16.3
Other Kidney	5.8	7.2	8.8
Missing*	0.0	0.3	0.5

* 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.

C. Transplant Information

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

Donor Characteristic	Percentage in each category		
	Center (N=180)	Region (N=1,783)	U.S. (N=12,815)
Cause of Death (%)			
Deceased: Stroke	22.2	28.8	26.5
Deceased: MVA	27.2	20.9	16.2
Deceased: Other	50.6	50.3	57.3
Ethnicity/Race (%)*			
White	71.1	61.5	68.6
African-American	12.8	26.2	14.7
Hispanic/Latino	16.1	11.1	13.3
Asian	0.0	1.0	2.7
Other	0.0	0.2	0.7
Not Reported	0.0	0.0	0.0
Age (%)			
<2 years	0.0	1.3	1.2
2-11 years	5.6	3.9	3.9
12-17	6.1	5.4	5.2
18-34	34.4	34.4	35.4
35-49 years	20.6	29.7	28.9
50-64 years	29.4	23.1	23.0
65+ years	3.9	2.2	2.4
Unknown	0.0	0.0	0.0
Gender (%)			
Male	68.9	60.3	61.5
Female	31.1	39.7	38.5
Blood Type (%)			
O	41.1	48.3	48.1
A	40.6	36.6	37.4
B	16.1	12.5	11.5
AB	2.2	2.5	3.0
Unknown	0.0	0.0	0.0
Expanded Criteria Donor (%)			
Yes	15.0	12.4	12.9
No	85.0	87.6	87.1

* 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%.

C. Transplant Information

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

Donor Characteristic	Percentage in each category		
	Center (N=52)	Region (N=581)	U.S. (N=5,644)
Ethnicity/Race (%)*			
White	78.8	66.8	70.7
African-American	3.8	16.4	9.3
Hispanic/Latino	13.5	12.9	14.3
Asian	1.9	3.6	4.5
Other	1.9	0.3	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	32.7	27.9	27.2
35-49 years	44.2	46.3	38.9
50-64 years	19.2	22.9	30.7
65+ years	3.8	2.9	3.2
Unknown	0.0	0.0	0.0
Gender (%)			
Male	34.6	33.9	36.6
Female	65.4	66.1	63.4
Blood Type (%)			
O	63.5	63.2	62.9
A	28.8	28.7	27.9
B	7.7	7.2	8.0
AB	0.0	0.9	1.2
Unknown	0.0	0.0	0.0

* 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%.

C. Transplant Information

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

Transplant Characteristic	Percentage in each category		
	Center (N=180)	Region (N=1,783)	U.S. (N=12,815)
Cold Ischemic Time (Hours): Local (%)			
Deceased: 0-11 hr	31.6	32.3	37.7
Deceased: 12-21 hr	59.5	47.5	46.4
Deceased: 22-31 hr	8.9	14.7	12.2
Deceased: 32-41 hr	0.0	2.5	2.1
Deceased: 42+ hr	0.0	0.5	0.5
Not Reported	0.0	2.4	1.1
Cold Ischemic Time (Hours): Shared (%)			
Deceased: 0-11 hr	0.0	9.2	8.8
Deceased: 12-21 hr	45.5	39.2	37.5
Deceased: 22-31 hr	54.5	36.7	36.0
Deceased: 32-41 hr	0.0	10.3	12.9
Deceased: 42+ hr	0.0	3.4	3.7
Not Reported	0.0	1.3	1.0
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	10.0	11.4	12.5
1	42.2	37.4	39.4
2	47.8	49.3	47.4
Not Reported	0.0	1.9	0.6
B Locus Mismatches (%)			
0	7.8	5.5	7.1
1	29.4	27.3	26.3
2	62.8	65.3	66.0
Not Reported	0.0	1.9	0.6
DR Locus Mismatches (%)			
0	23.3	14.5	16.7
1	47.2	46.3	47.2
2	29.4	37.3	35.5
Not Reported	0.0	1.9	0.6
Total Mismatches (%)			
0	4.4	3.1	4.5
1	0.6	1.3	1.4
2	9.4	5.9	5.2
3	16.1	13.2	14.6
4	29.4	26.8	27.7
5	26.7	31.4	31.2
6	13.3	16.3	14.7
Not Reported	0.0	1.9	0.6
Procedure Type (%)			
Kidney alone	96.1	92.4	93.6
Kidney and another organ	3.9	7.6	6.4
Dialysis in First Week After Transplant (%)			
Yes	18.3	23.2	28.3
No	81.7	76.7	71.5
Not Reported	0.0	0.1	0.2
Sharing (%)			
Local	87.8	73.2	69.7
Shared	12.2	26.8	30.3
Median Time in Hospital After Transplant*	6.0 Days	5.0 Days	5.0 Days

* Multiple organ transplants are excluded from this statistic.

C. Transplant Information

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

Transplant Characteristic	Percentage in each category		
	Center (N=52)	Region (N=581)	U.S. (N=5,644)
Relation with Donor (%)			
Related	51.9	46.0	45.8
Unrelated	48.1	54.0	54.2
Not Reported	0.0	0.0	0.0
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	15.4	18.4	18.6
1	55.8	48.5	50.4
2	28.8	32.9	30.5
Not Reported	0.0	0.2	0.6
B Locus Mismatches (%)			
0	15.4	12.9	11.9
1	48.1	42.3	45.1
2	36.5	44.6	42.5
Not Reported	0.0	0.2	0.6
DR Locus Mismatches (%)			
0	26.9	16.0	17.1
1	48.1	50.8	50.7
2	25.0	33.0	31.6
Not Reported	0.0	0.2	0.5
Total Mismatches (%)			
0	9.6	6.0	6.4
1	3.8	4.0	3.8
2	17.3	12.6	13.3
3	21.2	24.1	24.1
4	15.4	17.0	18.1
5	26.9	23.8	21.6
6	5.8	12.4	12.0
Not Reported	0.0	0.2	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	3.8	3.8	3.2
No	96.2	95.9	96.6
Not Reported	0.0	0.3	0.2
Median Time in Hospital After Transplant*	5.0 Days	4.0 Days	4.0 Days

* Multiple organ transplants are excluded from this statistic.

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

	FLTG	U.S.
Number of transplants evaluated	474	40,128
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.73%	98.34%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.14%	--
Number of observed graft failures (including deaths) during the first month after transplant	6	666
Number of expected graft failures (including deaths) during the first month after transplant	8.87	--
Estimated hazard ratio*	0.74	--
95% credible interval for the hazard ratio**	[0.32, 1.33]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.32, 1.33], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 26% lower risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 68% reduced risk up to 33% increased risk.

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

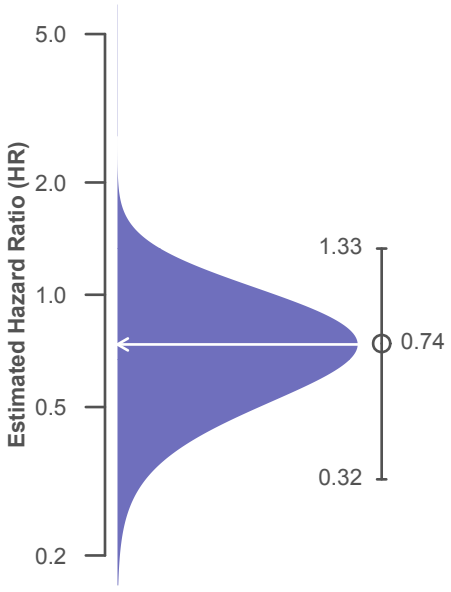
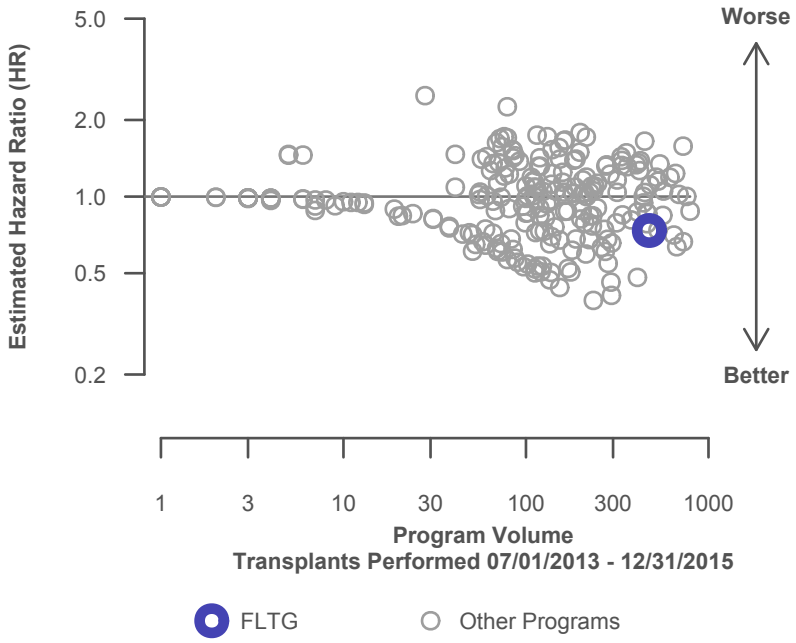


Figure C2. Adult (18+) 1-month graft failure HR program comparison



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

	FLTG	U.S.
Number of transplants evaluated	366	26,635
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.63%	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	5	544
Number of expected graft failures (including deaths) during the first month after transplant	7.87	--
Estimated hazard ratio*	0.71	--
95% credible interval for the hazard ratio**	[0.29, 1.32]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.29, 1.32], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 29% lower risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 71% reduced risk up to 32% increased risk.

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

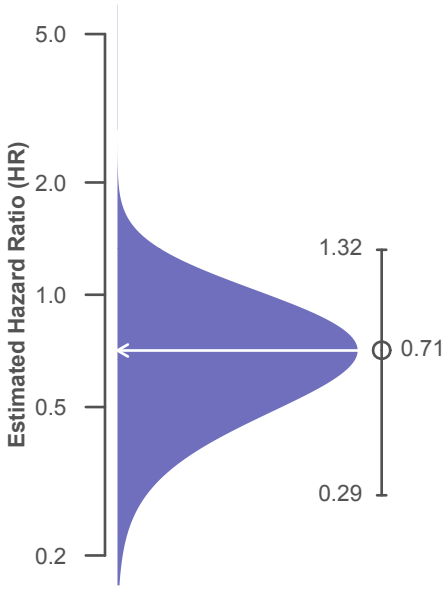
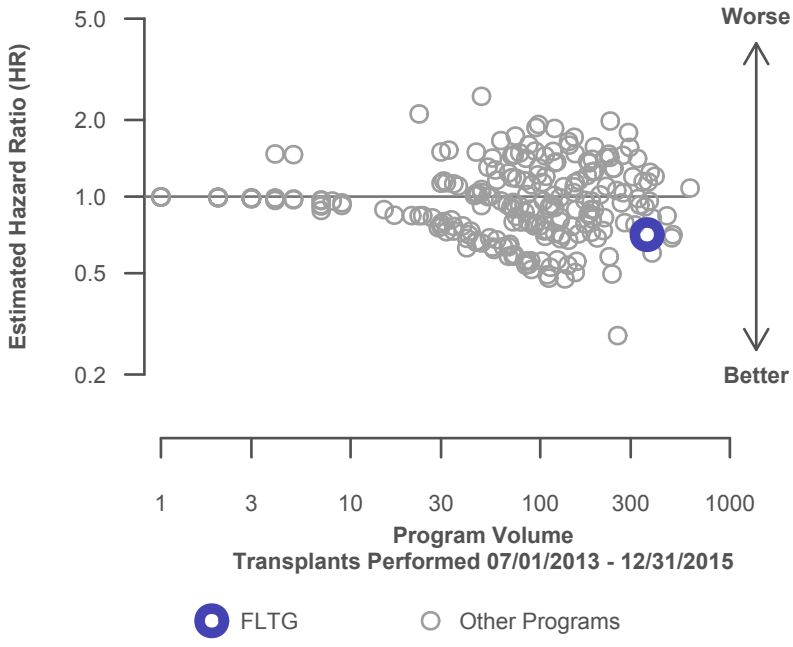


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison



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

	FLTG	U.S.
Number of transplants evaluated	108	13,493
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	99.07%	99.10%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.08%	--
Number of observed graft failures (including deaths) during the first month after transplant	1	122
Number of expected graft failures (including deaths) during the first month after transplant	1.00	--
Estimated hazard ratio*	1.00	--
95% credible interval for the hazard ratio**	[0.21, 2.41]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.21, 2.41], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 0% higher risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 79% reduced risk up to 141% increased risk.

Figure C1L. Adult (18+) 1-month living donor graft failure HR estimate

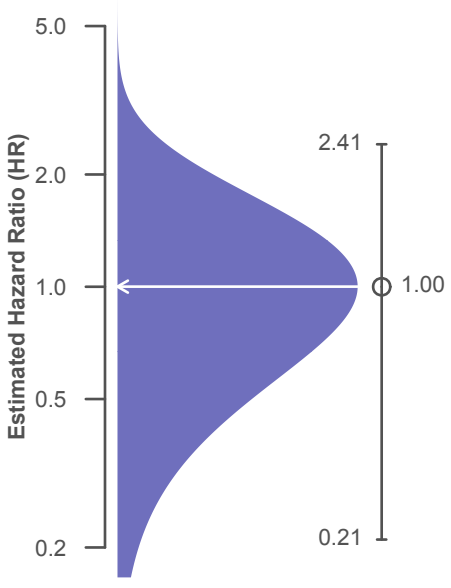
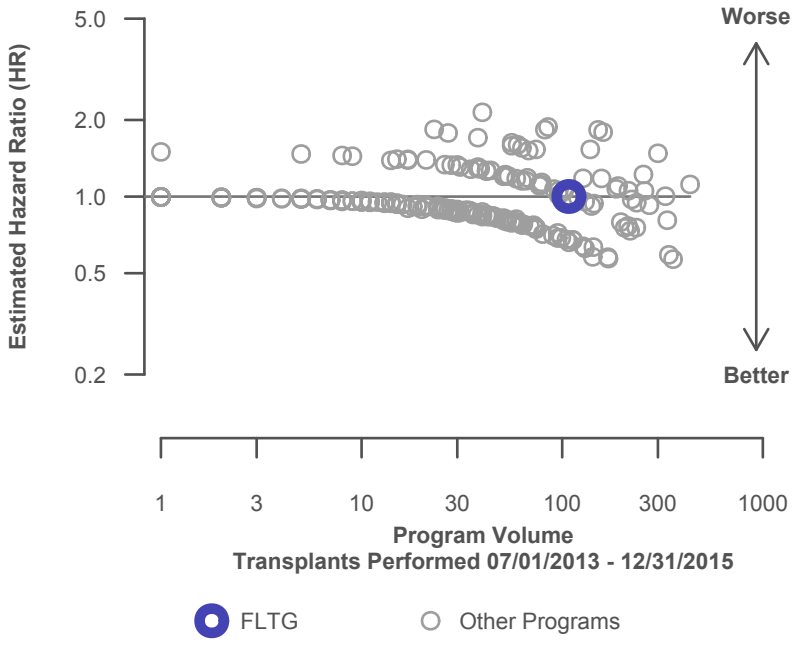


Figure C2L. Adult (18+) 1-month living donor graft failure HR program comparison



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

	FLTG	U.S.
Number of transplants evaluated	474	40,128
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	96.23%	95.04%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	94.39%	--
Number of observed graft failures (including deaths) during the first year after transplant	17	1,868
Number of expected graft failures (including deaths) during the first year after transplant	25.04	--
Estimated hazard ratio*	0.70	--
95% credible interval for the hazard ratio**	[0.42, 1.05]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.42, 1.05], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 30% lower risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 58% reduced risk up to 5% increased risk.

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

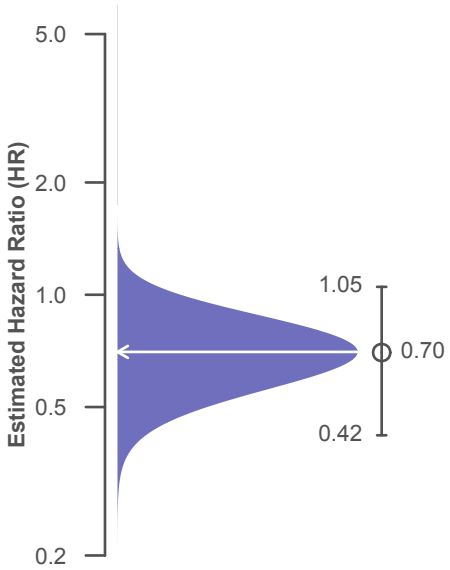
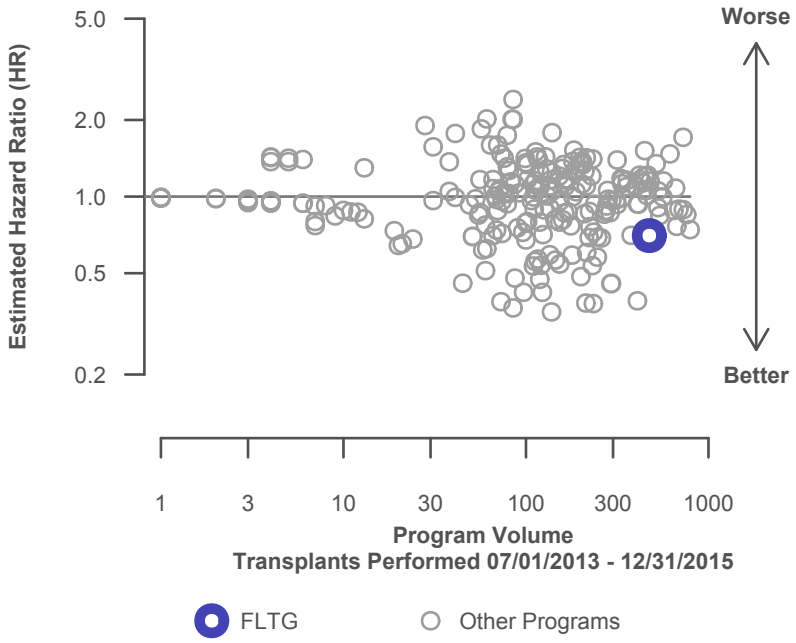


Figure C4. Adult (18+) 1-year graft failure HR program comparison



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

	FLTG	U.S.
Number of transplants evaluated	366	26,635
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	95.67%	93.76%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	93.47%	--
Number of observed graft failures (including deaths) during the first year after transplant	15	1,565
Number of expected graft failures (including deaths) during the first year after transplant	22.59	--
Estimated hazard ratio*	0.69	--
95% credible interval for the hazard ratio**	[0.40, 1.06]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.40, 1.06], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 31% lower risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 60% reduced risk up to 6% increased risk.

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

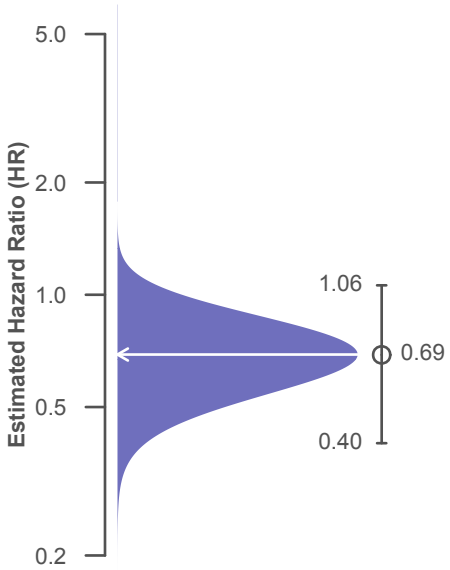
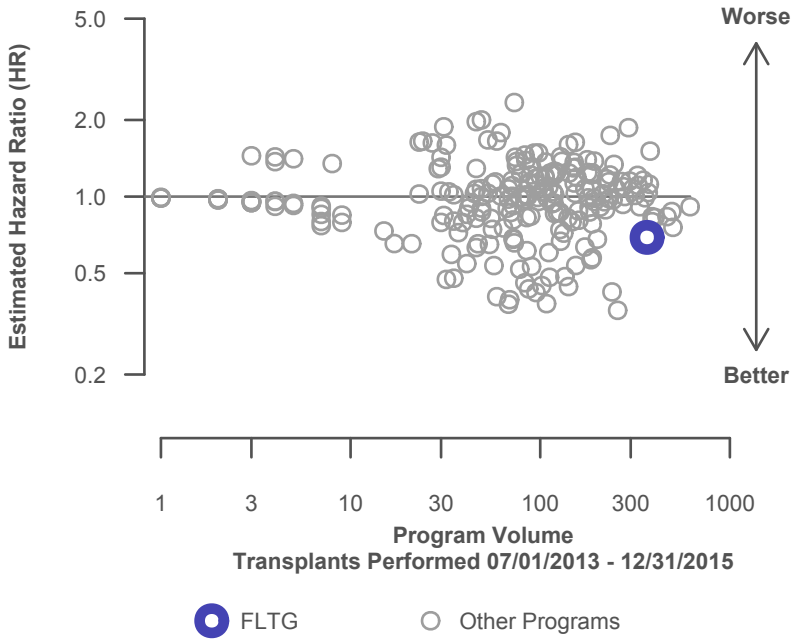


Figure C4D. Adult (18+) 1-year deceased donor graft failure HR program comparison



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

	FLTG	U.S.
Number of transplants evaluated	108	13,493
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	98.15%	97.58%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.53%	--
Number of observed graft failures (including deaths) during the first year after transplant	2	303
Number of expected graft failures (including deaths) during the first year after transplant	2.45	--
Estimated hazard ratio*	0.90	--
95% credible interval for the hazard ratio**	[0.24, 1.97]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.24, 1.97], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 10% lower risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 76% reduced risk up to 97% increased risk.

Figure C3L. Adult (18+) 1-year living donor graft failure HR estimate

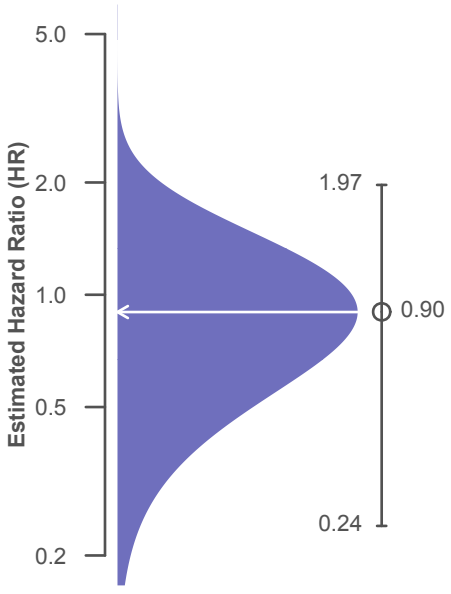
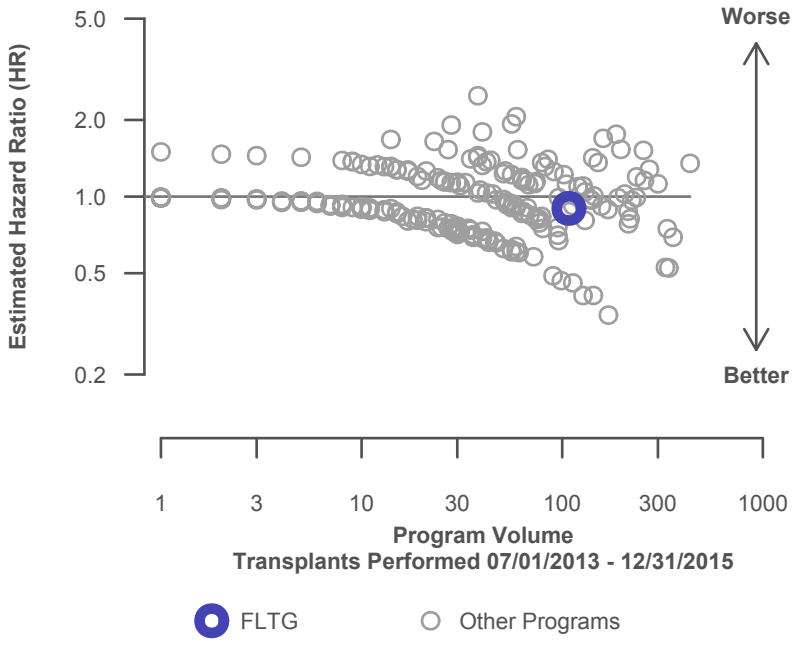


Figure C4L. Adult (18+) 1-year living donor graft failure HR program comparison



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

	FLTG	U.S.
Number of transplants evaluated	480	38,368
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	88.12%	88.05%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	88.61%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	57	4,586
Number of expected graft failures (including deaths) during the first 3 years after transplant	54.98	--
Estimated hazard ratio*	1.04	--
95% credible interval for the hazard ratio**	[0.79, 1.32]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.79, 1.32], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 4% higher risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 21% reduced risk up to 32% increased risk.

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

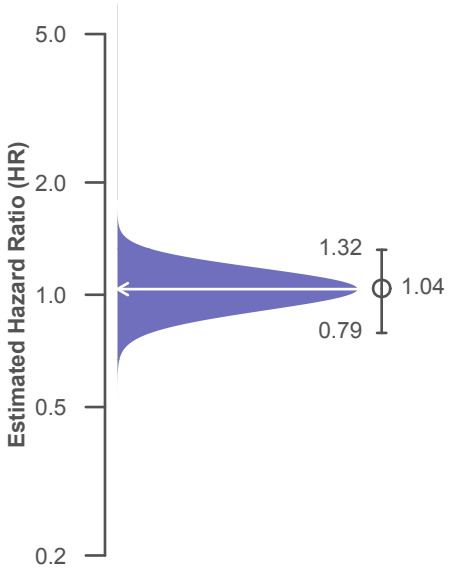
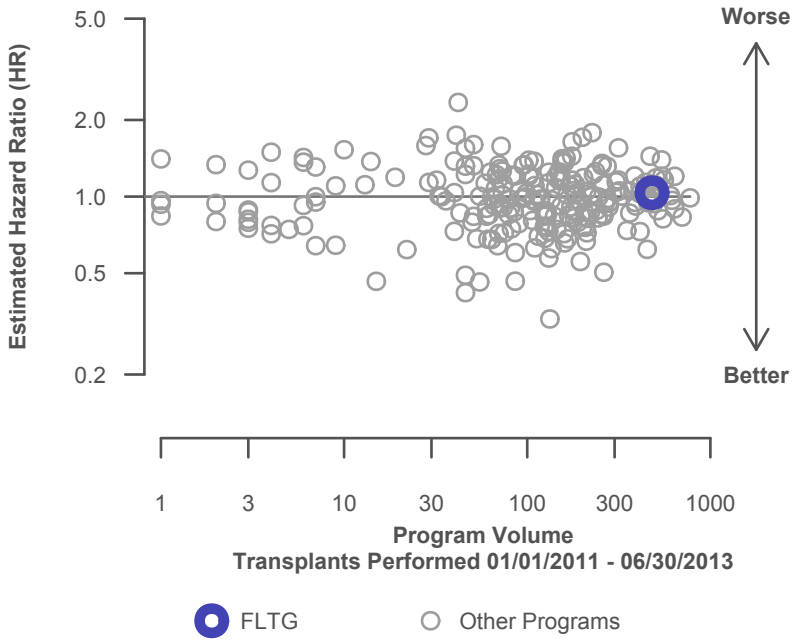


Figure C6. Adult (18+) 3-year graft failure HR program comparison



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

	FLTG	U.S.
Number of transplants evaluated	377	24,932
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	87.27%	85.62%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	87.51%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	48	3,586
Number of expected graft failures (including deaths) during the first 3 years after transplant	47.52	--
Estimated hazard ratio*	1.01	--
95% credible interval for the hazard ratio**	[0.75, 1.31]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.75, 1.31], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 1% higher risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 25% reduced risk up to 31% increased risk.

Figure C5D. Adult (18+) 3-year deceased donor graft failure HR estimate

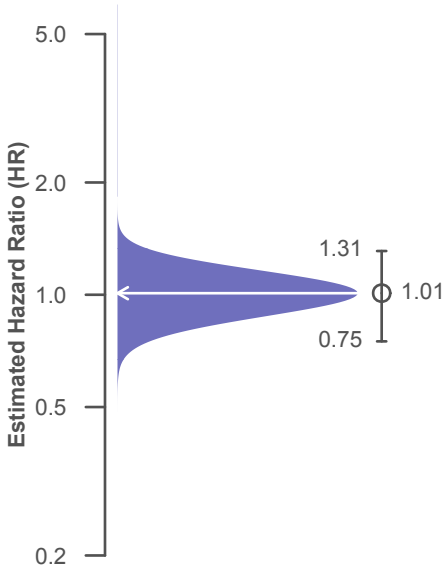
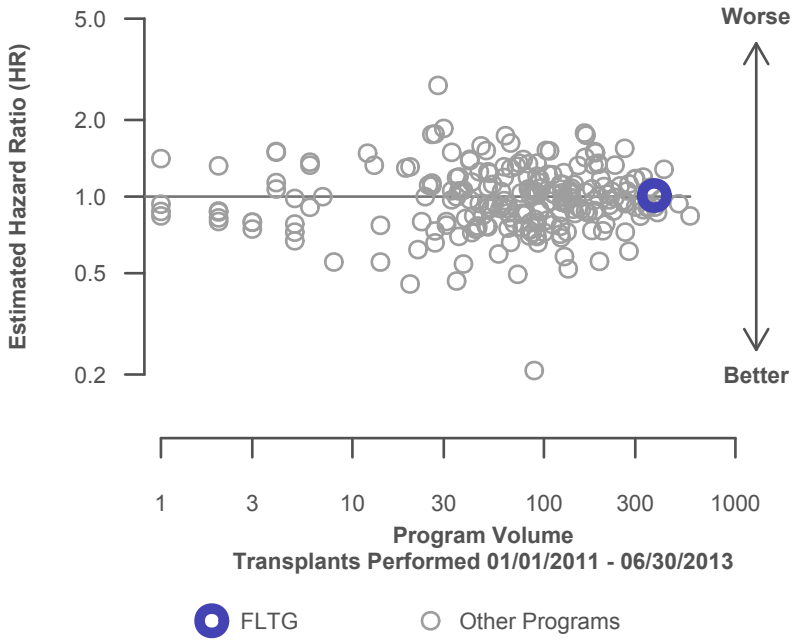


Figure C6D. Adult (18+) 3-year deceased donor graft failure HR program comparison



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

	FLTG	U.S.
Number of transplants evaluated	103	13,436
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	91.26%	92.56%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	92.62%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	9	1,000
Number of expected graft failures (including deaths) during the first 3 years after transplant	7.46	--
Estimated hazard ratio*	1.16	--
95% credible interval for the hazard ratio**	[0.58, 1.94]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.58, 1.94], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 16% higher risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 42% reduced risk up to 94% increased risk.

Figure C5L. Adult (18+) 3-year living donor graft failure HR estimate

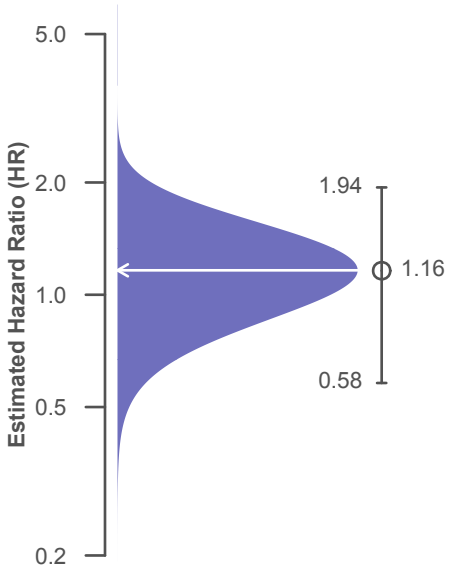
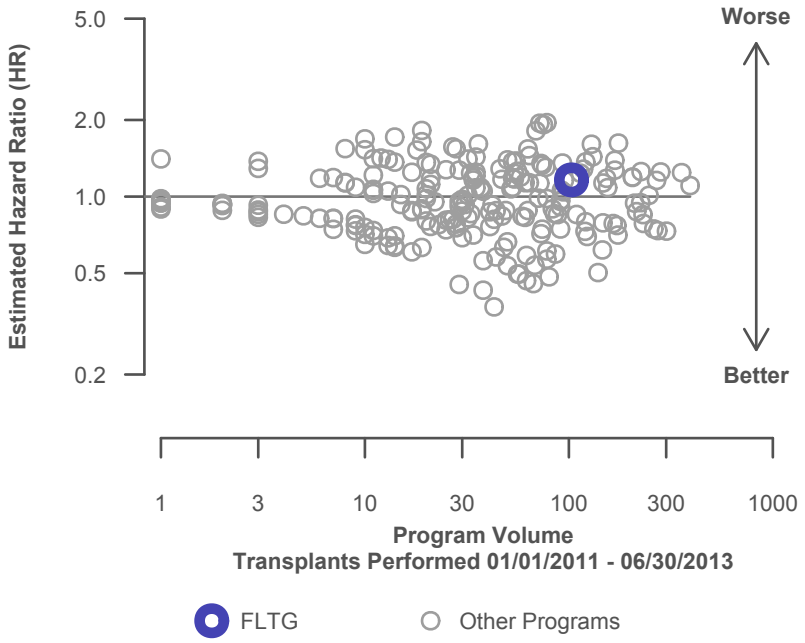


Figure C6L. Adult (18+) 3-year living donor graft failure HR program comparison



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

	FLTG	U.S.
Number of transplants evaluated	27	1,802
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.00%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)*	--%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	36
Number of expected graft failures (including deaths) during the first month after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of graft failures, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients.

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

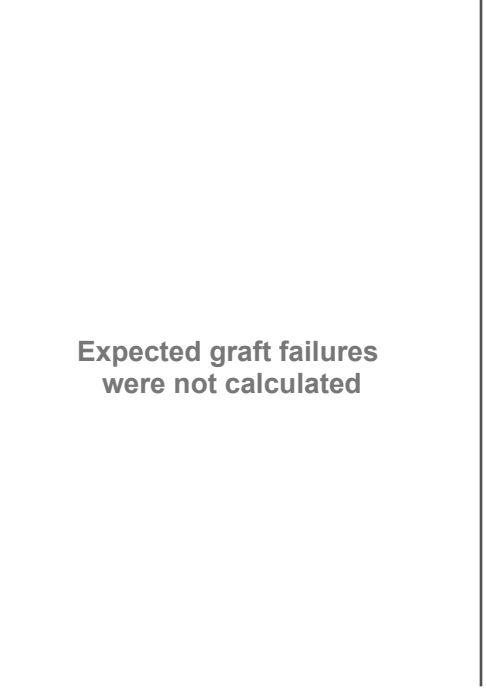
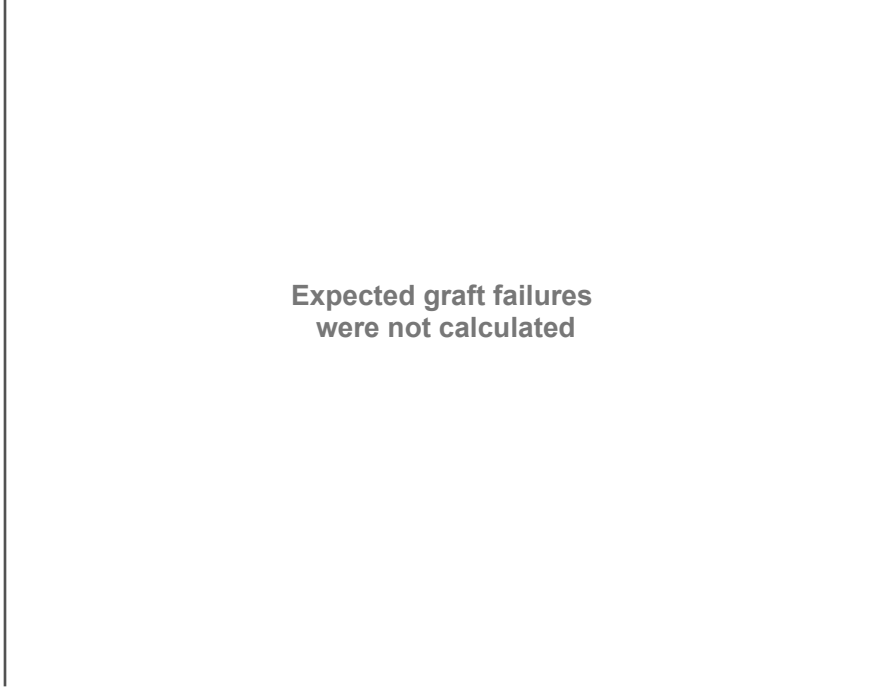


Figure C8. Pediatric (<18) 1-month graft failure HR program comparison



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

	FLTG	U.S.
Number of transplants evaluated	18	1,156
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	97.92%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.93%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	24
Number of expected graft failures (including deaths) during the first month after transplant	0.64	--
Estimated hazard ratio*	0.76	--
95% credible interval for the hazard ratio**	[0.09, 2.11]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.09, 2.11], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 24% lower risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 91% reduced risk up to 111% increased risk.

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

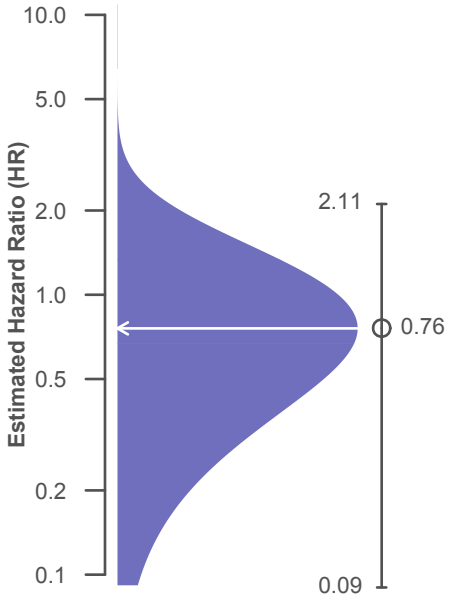
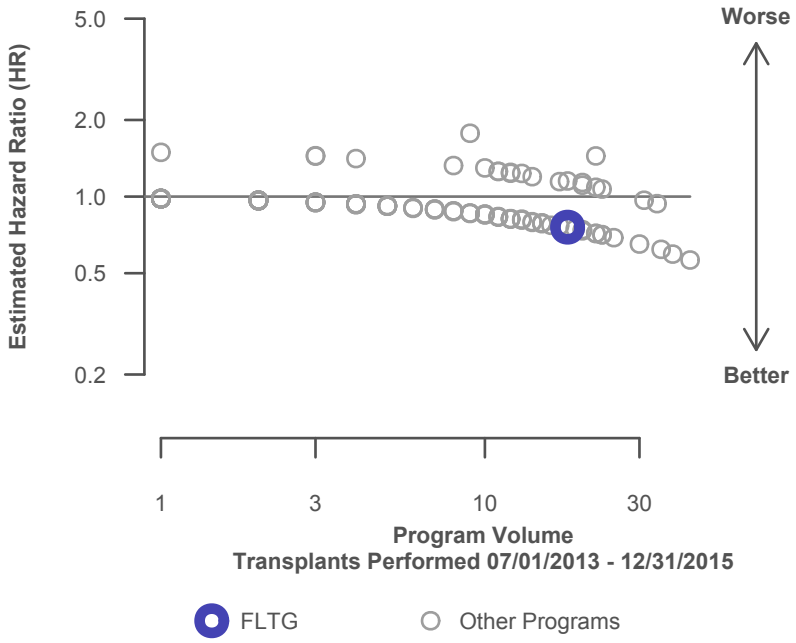


Figure C8D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison



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

	FLTG	U.S.
Number of transplants evaluated	9	646
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.14%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)*	--%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	12
Number of expected graft failures (including deaths) during the first month after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of graft failures, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients of living donor grafts.

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

Expected graft failures were not calculated

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

Expected graft failures were not calculated

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

	FLTG	U.S.
Number of transplants evaluated	27	1,802
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	96.59%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)*	--%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	59
Number of expected graft failures (including deaths) during the first year after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of graft failures, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients.

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

Expected graft failures were not calculated

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

Expected graft failures were not calculated

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

	FLTG	U.S.
Number of transplants evaluated	18	1,156
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	96.31%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	96.31%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	41
Number of expected graft failures (including deaths) during the first year after transplant	0.64	--
Estimated hazard ratio*	0.76	--
95% credible interval for the hazard ratio**	[0.09, 2.11]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.09, 2.11], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 24% lower risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 91% reduced risk up to 111% increased risk.

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

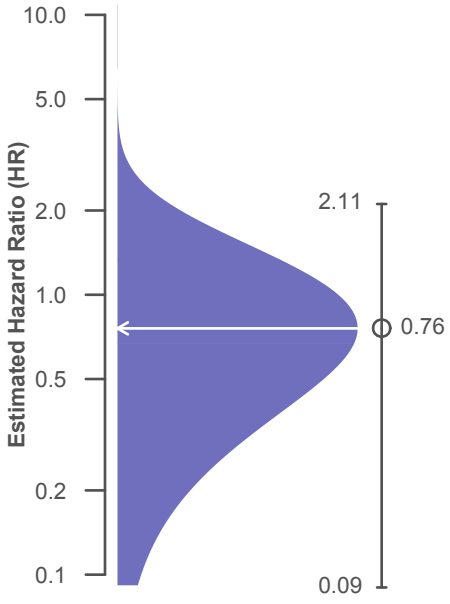
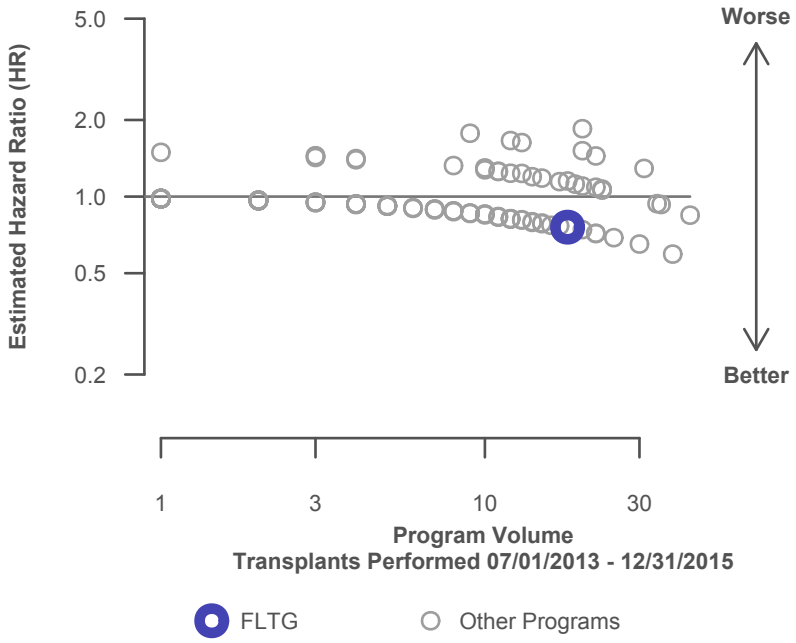


Figure C10D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison



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

	FLTG	U.S.
Number of transplants evaluated	9	646
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	97.10%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)*	--%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	18
Number of expected graft failures (including deaths) during the first year after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of graft failures, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients of living donor grafts.

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

Expected graft failures were not calculated

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

Expected graft failures were not calculated

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

	FLTG	U.S.
Number of transplants evaluated	30	1,814
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	93.33%	91.95%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	92.35%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	2	146
Number of expected graft failures (including deaths) during the first 3 years after transplant	2.28	--
Estimated hazard ratio*	0.93	--
95% credible interval for the hazard ratio**	[0.25, 2.05]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.25, 2.05], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 7% lower risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 75% reduced risk up to 105% increased risk.

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

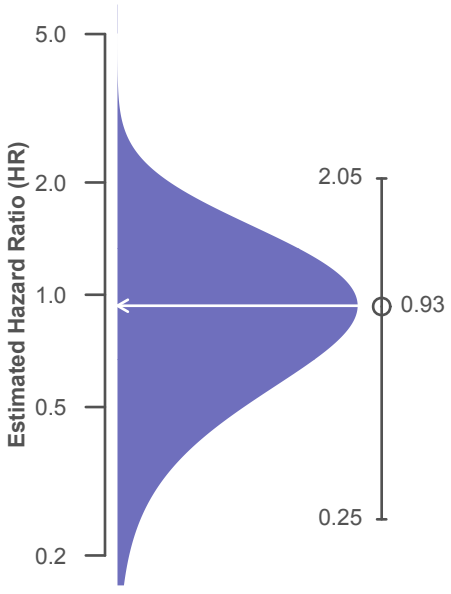
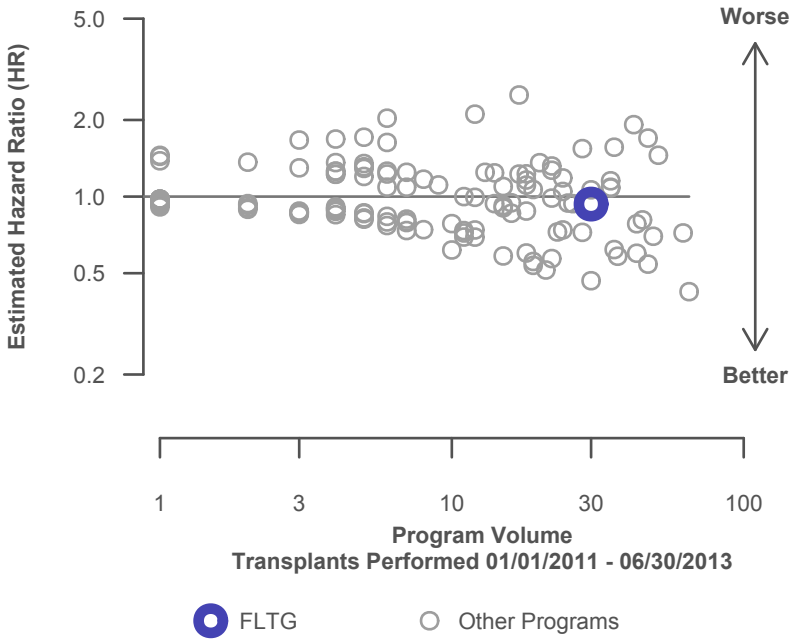


Figure C12. Pediatric (<18) 3-year graft failure HR program comparison



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

	FLTG	U.S.
Number of transplants evaluated	19	1,104
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	94.74%	89.86%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	90.69%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	1	112
Number of expected graft failures (including deaths) during the first 3 years after transplant	1.76	--
Estimated hazard ratio*	0.80	--
95% credible interval for the hazard ratio**	[0.16, 1.92]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.16, 1.92], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 20% lower risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 84% reduced risk up to 92% increased risk.

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

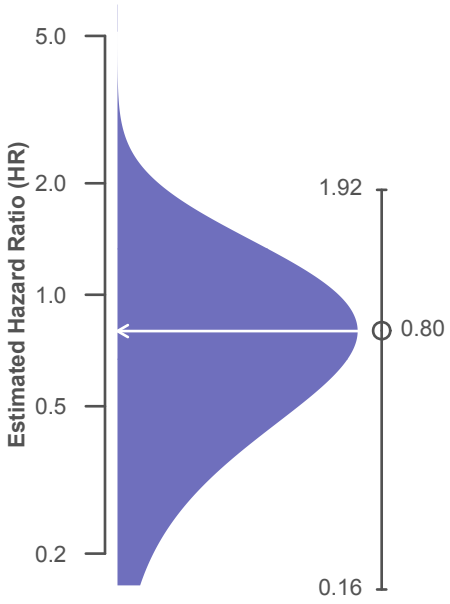
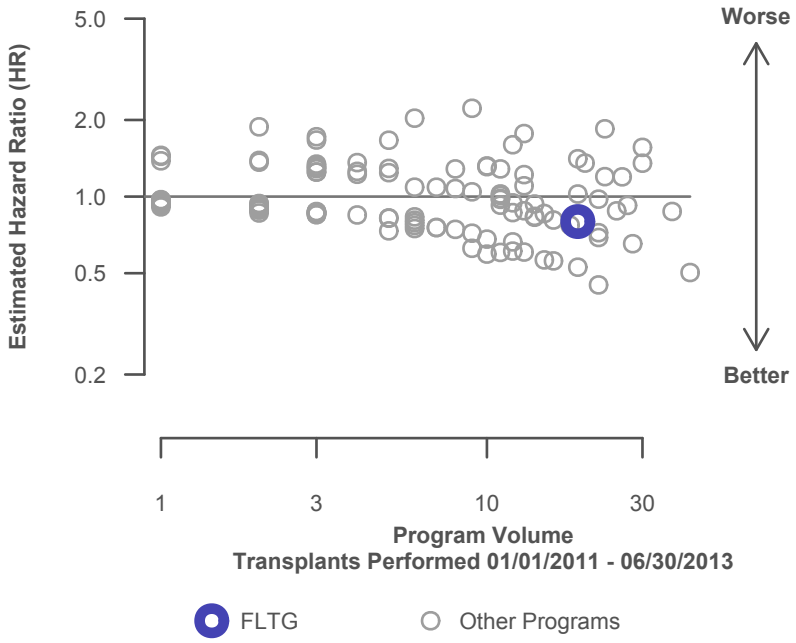


Figure C12D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison



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

	FLTG	U.S.
Number of transplants evaluated	11	710
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	90.91%	95.21%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	95.22%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	1	34
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.52	--
Estimated hazard ratio*	1.19	--
95% credible interval for the hazard ratio**	[0.25, 2.87]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.25, 2.87], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 19% higher risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 75% reduced risk up to 187% increased risk.

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

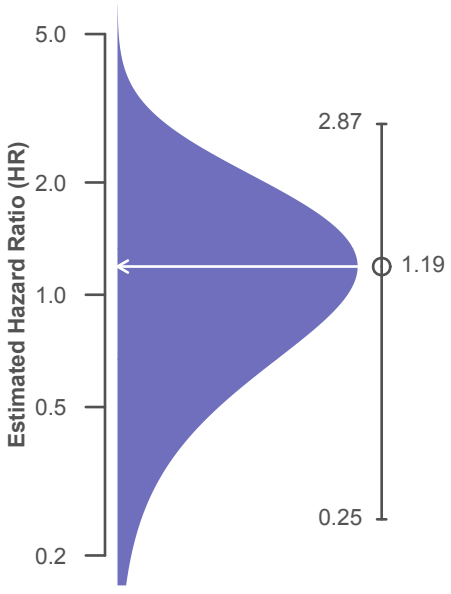
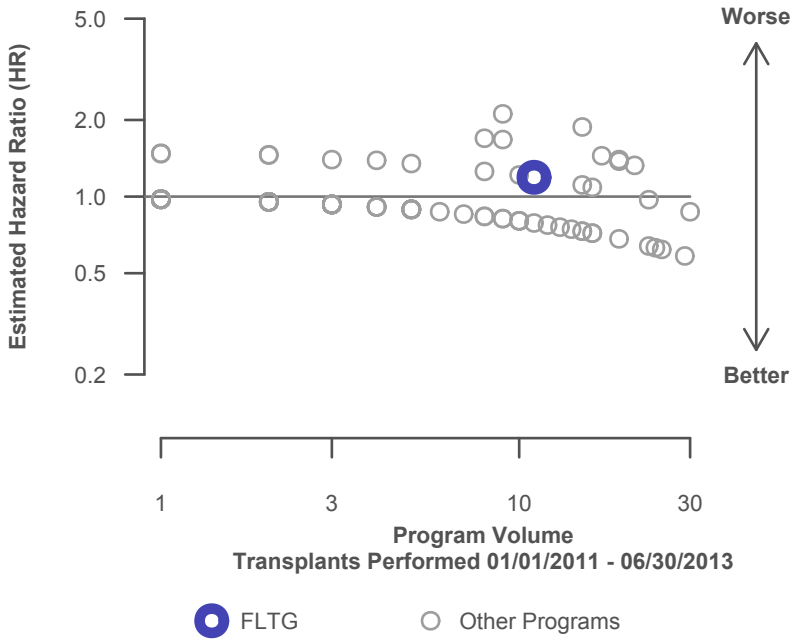


Figure C12L. Pediatric (<18) 3-year living donor graft failure HR program comparison



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

	FLTG	U.S.
Number of transplants evaluated	409	34,869
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	99.51%	99.48%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.39%	--
Number of observed deaths during the first month after transplant	2	183
Number of expected deaths during the first month after transplant	2.51	--
Estimated hazard ratio*	0.89	--
95% credible interval for the hazard ratio**	[0.24, 1.94]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.24, 1.94], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 11% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 76% reduced risk up to 94% increased risk.

Figure C13. Adult (18+) 1-month patient death HR estimate

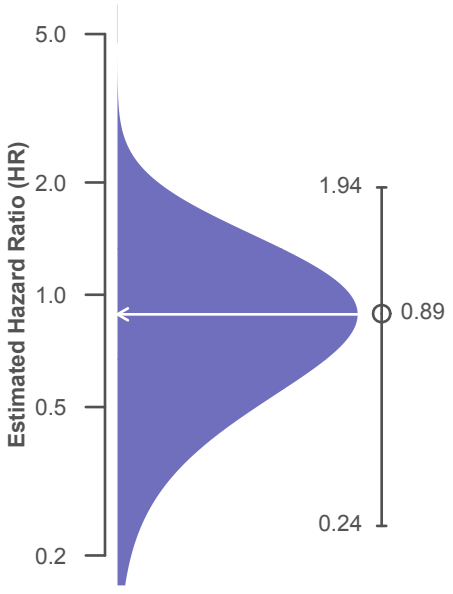
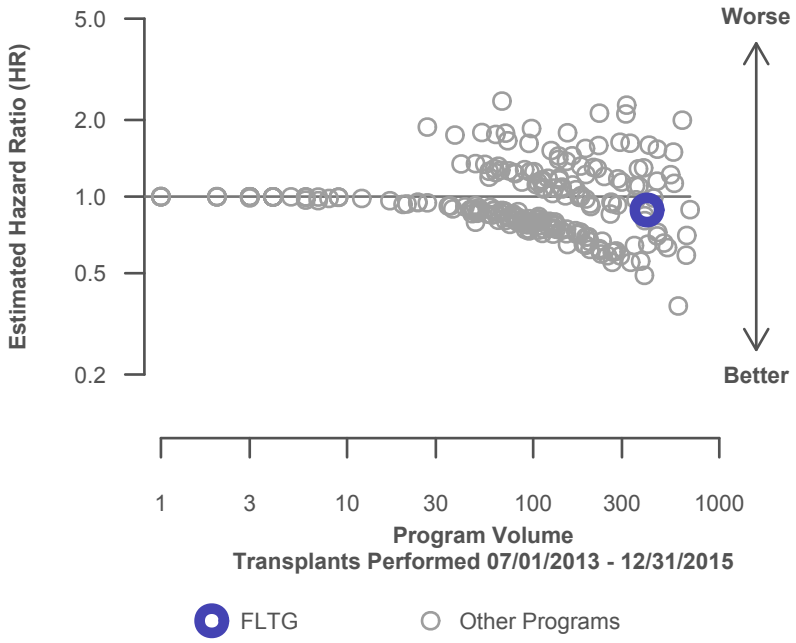


Figure C14. Adult (18+) 1-month patient death HR program comparison



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

	FLTG	U.S.
Number of transplants evaluated	310	22,815
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	99.35%	99.35%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.29%	--
Number of observed deaths during the first month after transplant	2	149
Number of expected deaths during the first month after transplant	2.21	--
Estimated hazard ratio*	0.95	--
95% credible interval for the hazard ratio**	[0.26, 2.08]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.26, 2.08], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 5% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 74% reduced risk up to 108% increased risk.

Figure C13D. Adult (18+) 1-month patient death HR estimate (deceased donor grafts)

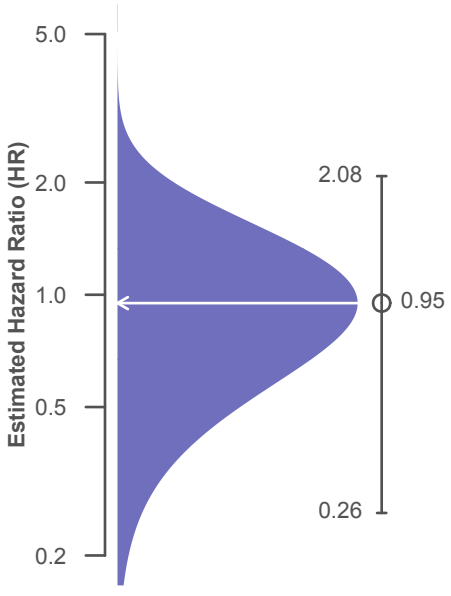
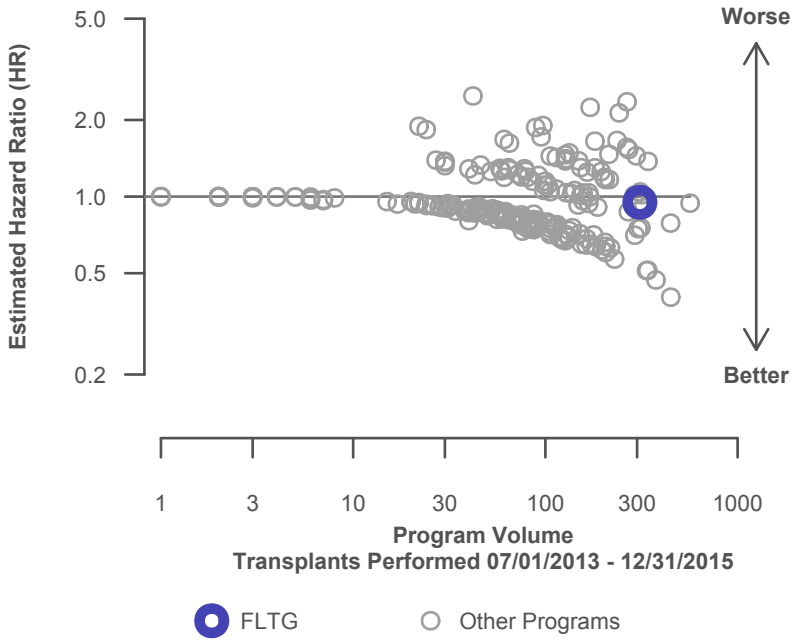


Figure C14D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)



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

	FLTG	U.S.
Number of transplants evaluated	99	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)	99.70%	--
Number of observed deaths during the first month after transplant	0	34
Number of expected deaths during the first month after transplant	0.30	--
Estimated hazard ratio*	0.87	--
95% credible interval for the hazard ratio**	[0.11, 2.42]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.42], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 13% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 89% reduced risk up to 142% increased risk.

Figure C13L. Adult (18+) 1-month patient death HR estimate (living donor grafts)

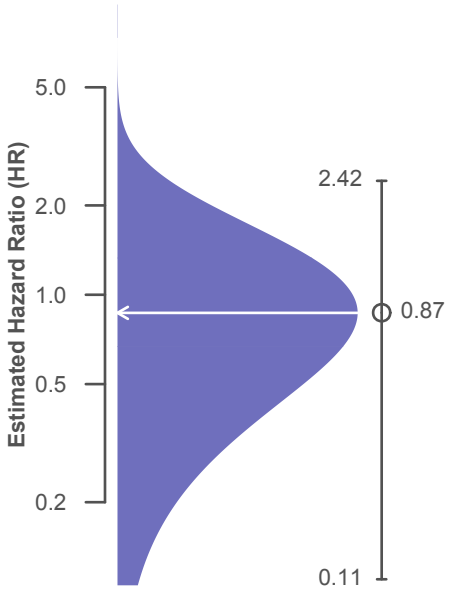
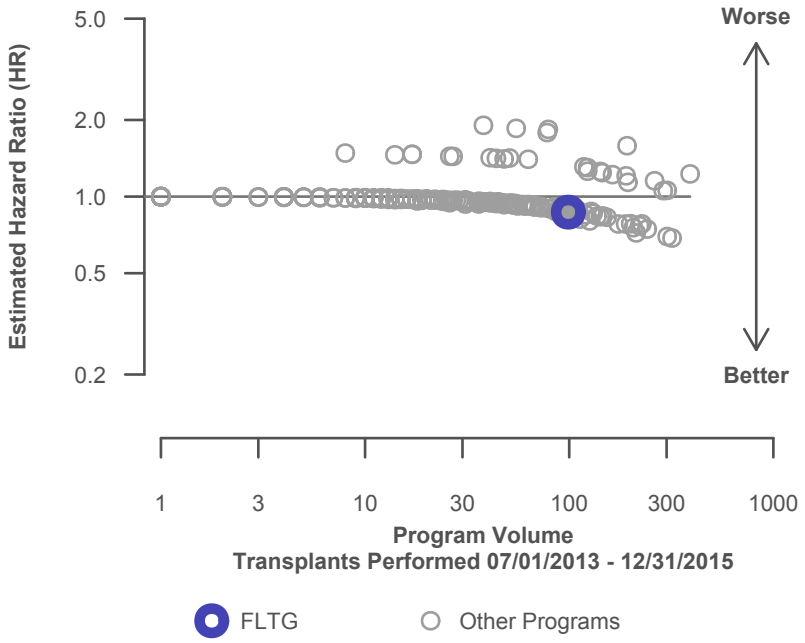


Figure C14L. Adult (18+) 1-month patient death HR program comparison (living donor grafts)



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

	FLTG	U.S.
Number of transplants evaluated	409	34,869
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	97.05%	97.34%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	96.85%	--
Number of observed deaths during the first year after transplant	11	853
Number of expected deaths during the first year after transplant	11.81	--
Estimated hazard ratio*	0.94	--
95% credible interval for the hazard ratio**	[0.50, 1.52]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.50, 1.52], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 6% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 50% reduced risk up to 52% increased risk.

Figure C15. Adult (18+) 1-year patient death HR estimate

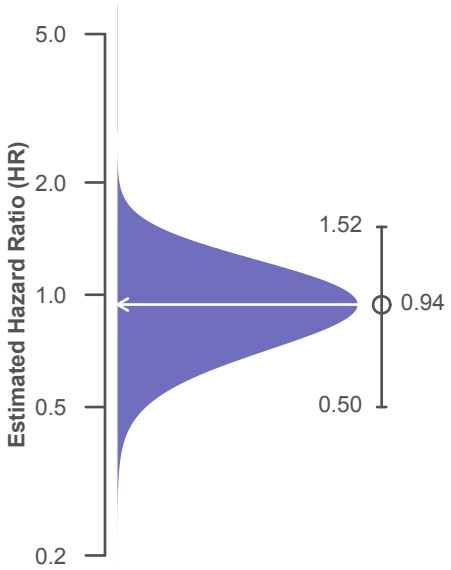
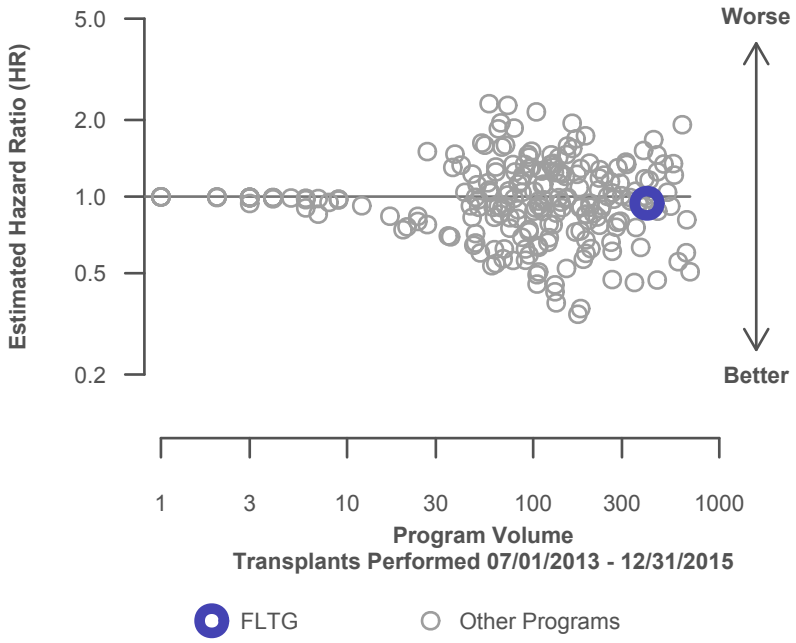


Figure C16. Adult (18+) 1-year patient death HR program comparison



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

	FLTG	U.S.
Number of transplants evaluated	310	22,815
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	96.44%	96.59%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	96.28%	--
Number of observed deaths during the first year after transplant	10	717
Number of expected deaths during the first year after transplant	10.62	--
Estimated hazard ratio*	0.95	--
95% credible interval for the hazard ratio**	[0.49, 1.56]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.49, 1.56], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 5% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 51% reduced risk up to 56% increased risk.

Figure C15D. Adult (18+) 1-year patient death HR estimate (deceased donor grafts)

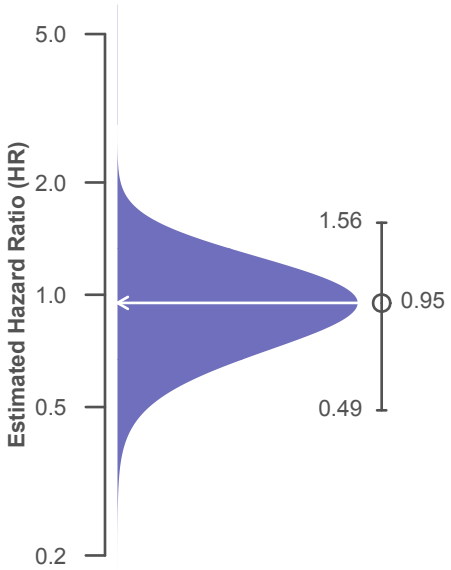
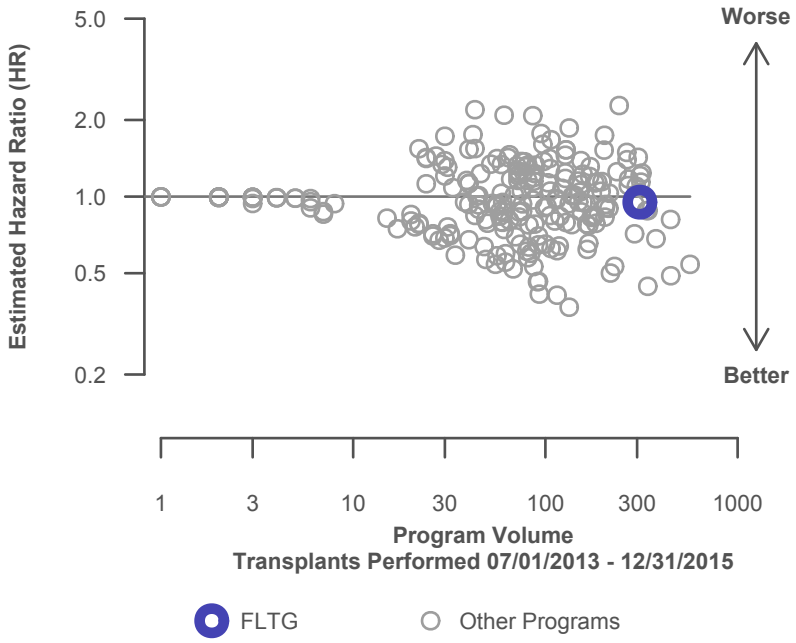


Figure C16D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)



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

	FLTG	U.S.
Number of transplants evaluated	99	12,054
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	98.99%	98.75%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	98.65%	--
Number of observed deaths during the first year after transplant	1	136
Number of expected deaths during the first year after transplant	1.19	--
Estimated hazard ratio*	0.94	--
95% credible interval for the hazard ratio**	[0.19, 2.26]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.19, 2.26], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 6% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 81% reduced risk up to 126% increased risk.

Figure C15L. Adult (18+) 1-year patient death HR estimate (living donor grafts)

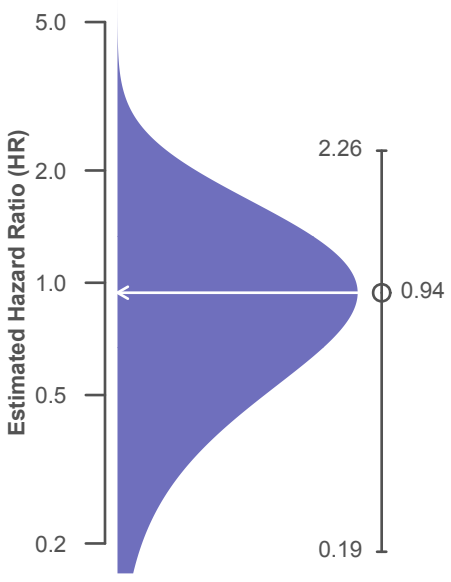
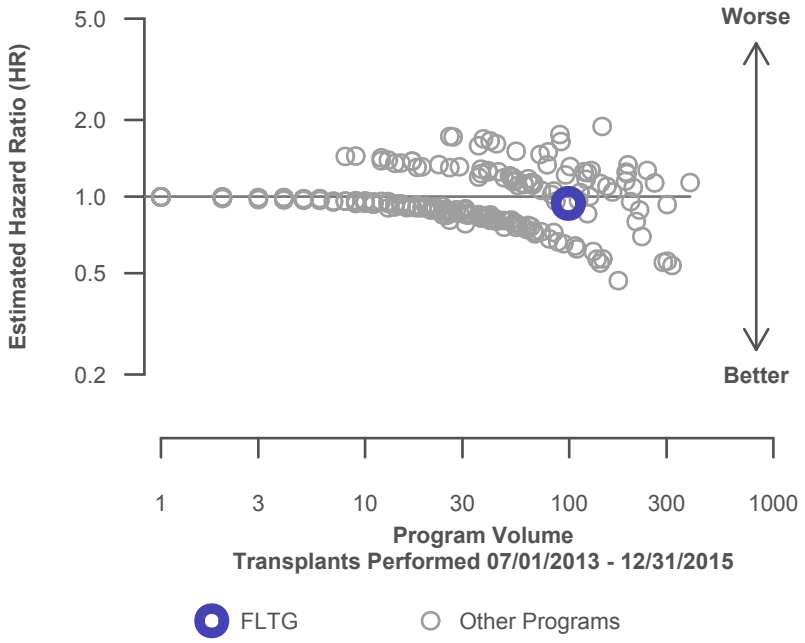


Figure C16L. Adult (18+) 1-year patient death HR program comparison (living donor grafts)



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

	FLTG	U.S.
Number of transplants evaluated	424	33,622
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	93.40%	93.27%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	93.50%	--
Number of observed deaths during the first 3 years after transplant	28	2,264
Number of expected deaths during the first 3 years after transplant	27.70	--
Estimated hazard ratio*	1.01	--
95% credible interval for the hazard ratio**	[0.68, 1.40]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.68, 1.40], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 1% higher risk of patient death compared to an average program, but FLTG's performance could plausibly range from 32% reduced risk up to 40% increased risk.

Figure C17. Adult (18+) 3-year patient death HR estimate

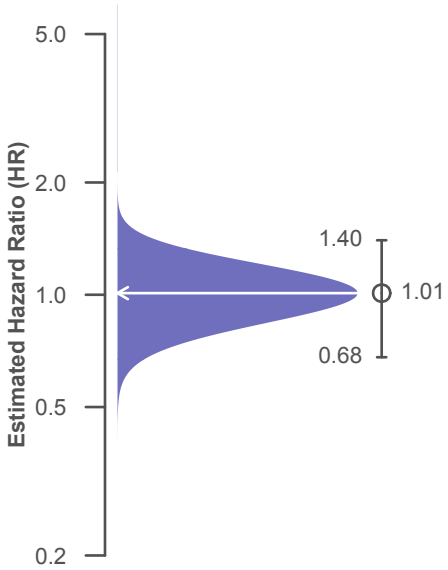
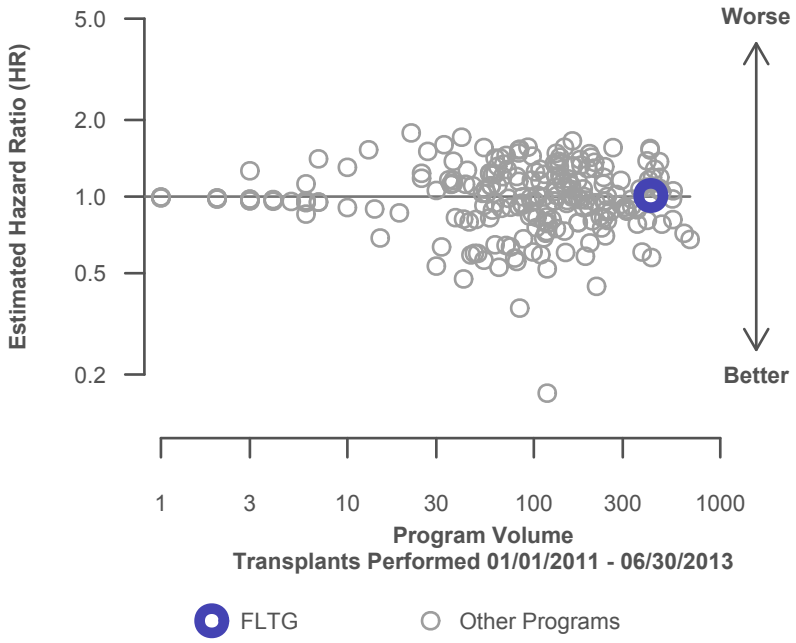


Figure C18. Adult (18+) 3-year patient death HR program comparison



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

	FLTG	U.S.
Number of transplants evaluated	332	21,623
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	93.07%	91.74%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.77%	--
Number of observed deaths during the first 3 years after transplant	23	1,787
Number of expected deaths during the first 3 years after transplant	24.31	--
Estimated hazard ratio*	0.95	--
95% credible interval for the hazard ratio**	[0.61, 1.36]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.61, 1.36], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 5% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 39% reduced risk up to 36% increased risk.

Figure C17D. Adult (18+) 3-year patient death HR estimate (deceased donor grafts)

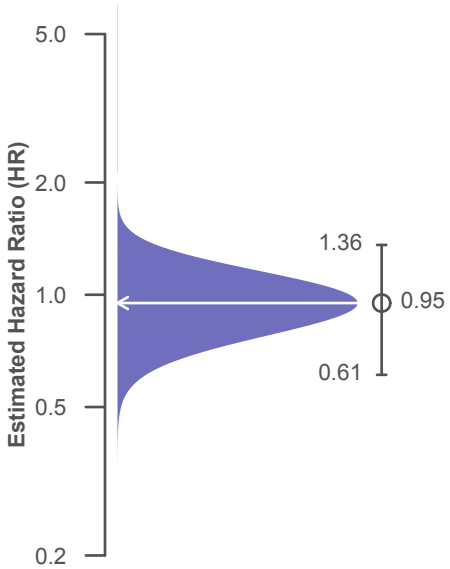
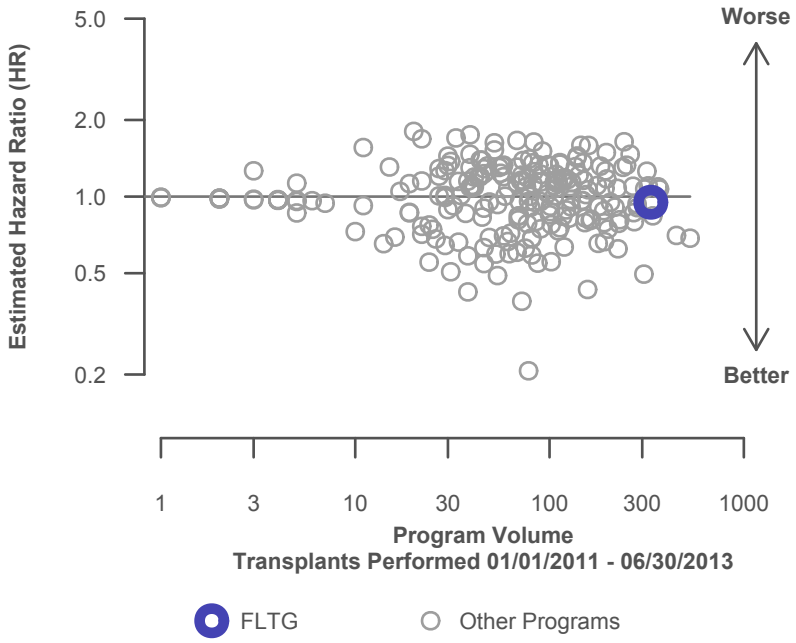


Figure C18D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)



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

	FLTG	U.S.
Number of transplants evaluated	92	11,999
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	94.57%	96.02%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	96.17%	--
Number of observed deaths during the first 3 years after transplant	5	477
Number of expected deaths during the first 3 years after transplant	3.39	--
Estimated hazard ratio*	1.30	--
95% credible interval for the hazard ratio**	[0.52, 2.42]	--

* The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.52, 2.42], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 30% higher risk of patient death compared to an average program, but FLTG's performance could plausibly range from 48% reduced risk up to 142% increased risk.

Figure C17L. Adult (18+) 3-year patient death HR estimate (living donor grafts)

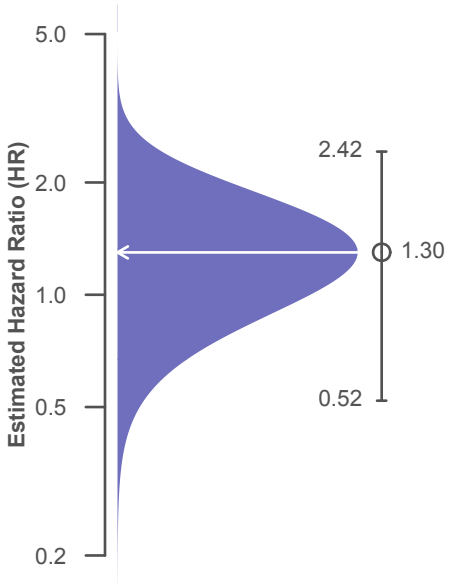
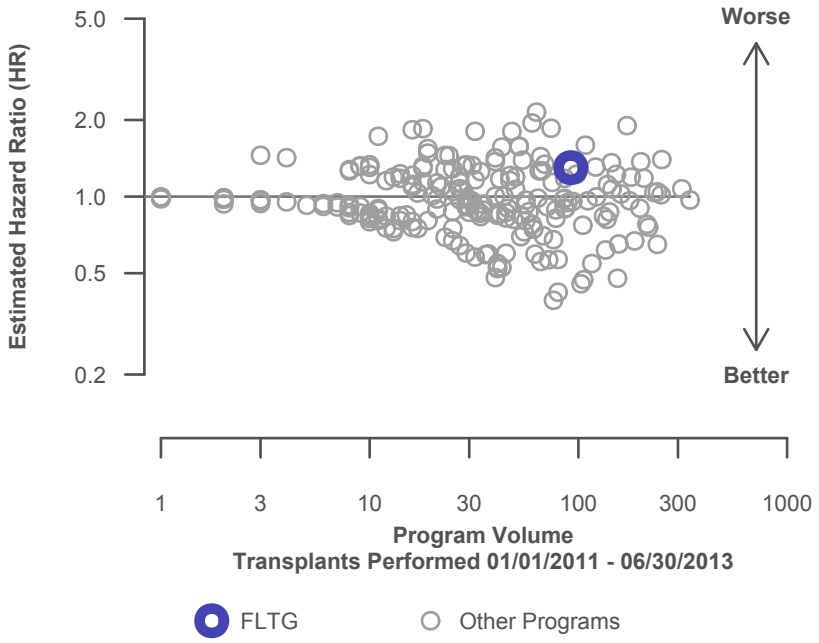


Figure C18L. Adult (18+) 3-year patient death HR program comparison (living donor grafts)



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

	FLTG	U.S.
Number of transplants evaluated	21	1,653
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.70%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first month after transplant	0	5
Number of expected deaths during the first month after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of patient deaths, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients.

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

Expected patient deaths were not calculated

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

Expected patient deaths were not calculated

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

	FLTG	U.S.
Number of transplants evaluated	13	1,055
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.81%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first month after transplant	0	2
Number of expected deaths during the first month after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of patient deaths, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients of deceased donor grafts.

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

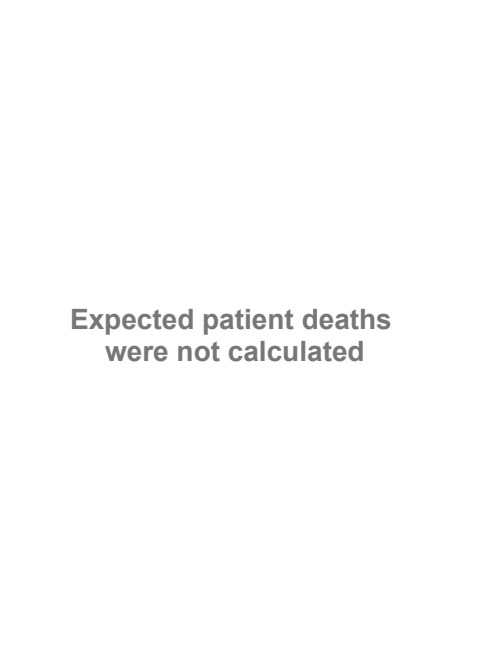
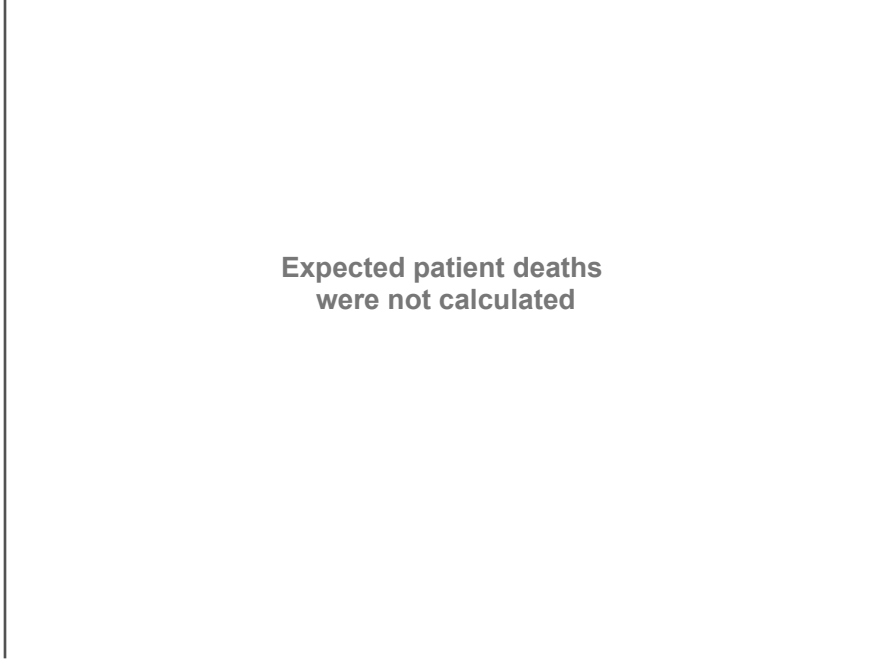


Figure C20D. Pediatric (<18) 1-month patient death HR program comparison (deceased donor grafts)



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

	FLTG	U.S.
Number of transplants evaluated	8	598
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.50%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first month after transplant	0	3
Number of expected deaths during the first month after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of patient deaths, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients of living donor grafts.

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

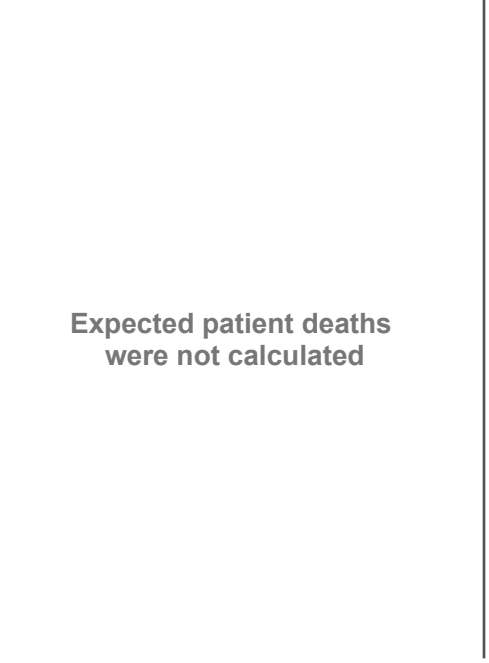
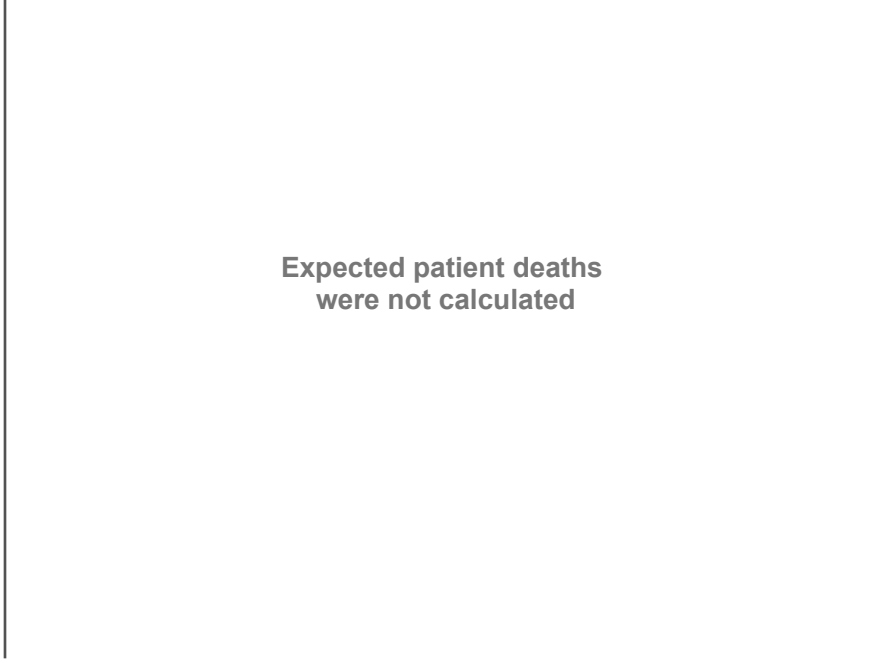


Figure C20L. Pediatric (<18) 1-month patient death HR program comparison (living donor grafts)



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

	FLTG	U.S.
Number of transplants evaluated	21	1,653
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.50%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first year after transplant	0	8
Number of expected deaths during the first year after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of patient deaths, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients.

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

Expected patient deaths were not calculated

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

Expected patient deaths were not calculated

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

	FLTG	U.S.
Number of transplants evaluated	13	1,055
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.69%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first year after transplant	0	3
Number of expected deaths during the first year after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of patient deaths, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients of deceased donor grafts.

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

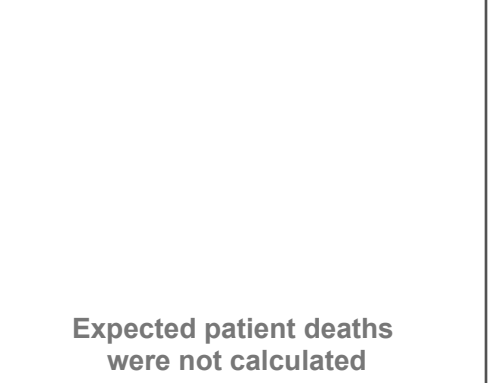
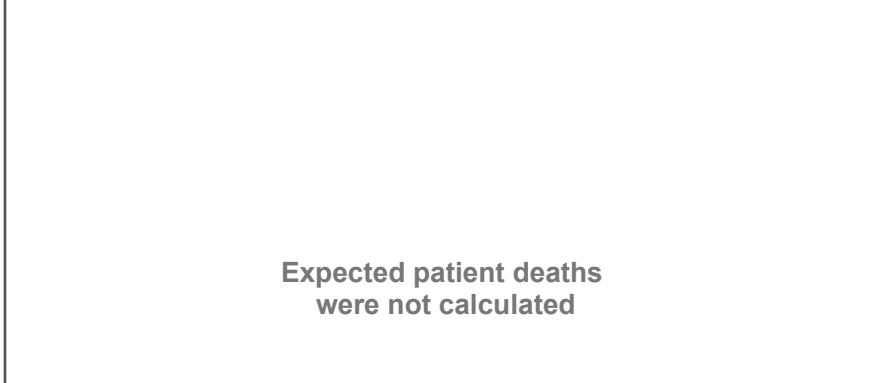


Figure C22D. Pediatric (<18) 1-year patient death HR program comparison (deceased donor grafts)



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

	FLTG	U.S.
Number of transplants evaluated	8	598
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.16%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first year after transplant	0	5
Number of expected deaths during the first year after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of patient deaths, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients of living donor grafts.

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

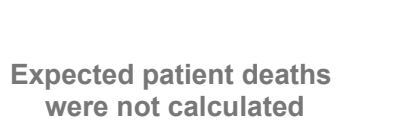


Figure C22L. Pediatric (<18) 1-year patient death HR program comparison (living donor grafts)

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

	FLTG	U.S.
Number of transplants evaluated	30	1,678
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	98.87%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first 3 years after transplant	0	19
Number of expected deaths during the first 3 years after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of patient deaths, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients.

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

Expected patient deaths were not calculated

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

Expected patient deaths were not calculated

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

	FLTG	U.S.
Number of transplants evaluated	19	1,018
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	98.72%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first 3 years after transplant	0	13
Number of expected deaths during the first 3 years after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of patient deaths, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients of deceased donor grafts.

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

Expected patient deaths were not calculated

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

Expected patient deaths were not calculated

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

	FLTG	U.S.
Number of transplants evaluated	11	660
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	99.09%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first 3 years after transplant	0	6
Number of expected deaths during the first 3 years after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of patient deaths, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients of living donor grafts.

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

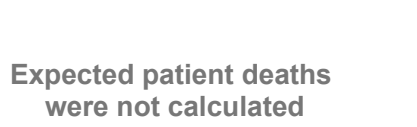
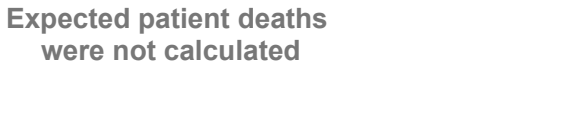


Figure C24L. Pediatric (<18) 3-year patient death HR program comparison (living donor grafts)



D. Living Donor Information

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

Living Donor Follow-Up	This Center			United States		
	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	48	40	28	5,652	5,558	2,934
6-Month Follow-Up						
Donors due for follow-up	48	40	13	5,650	5,555	1,451
Timely clinical data	46 95.8%	40 100.0%	13 100.0%	4,289 75.9%	4,605 82.9%	1,237 85.3%
Timely lab data	41 85.4%	40 100.0%	13 100.0%	4,075 72.1%	4,321 77.8%	1,167 80.4%
12-Month Follow-Up						
Donors due for follow-up	48	30		5,650	4,142	
Timely clinical data	43 89.6%	30 100.0%		4,105 72.7%	3,184 76.9%	
Timely lab data	41 85.4%	30 100.0%		3,800 67.3%	2,916 70.4%	
24-Month Follow-Up						
Donors due for follow-up	43			4,273		
Timely clinical data	39 90.7%			2,950 69.0%		
Timely lab data	38 88.4%			2,568 60.1%		

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