
User Guide

This report contains a wide range of useful information about the lung transplant program at University Hospital, University of Texas Health Science Center (TXBC). 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 say that this program's observed transplant rate is different from what would be expected. The observed deceased donor transplant rate at this program was 397.5 per 100 person-years, and this was higher than would be expected with a 95% confidence interval of [1.44, 2.51] 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. 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 0.2 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 adult and pediatric recipients. Patients are followed from the time of transplant until either failure of the



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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

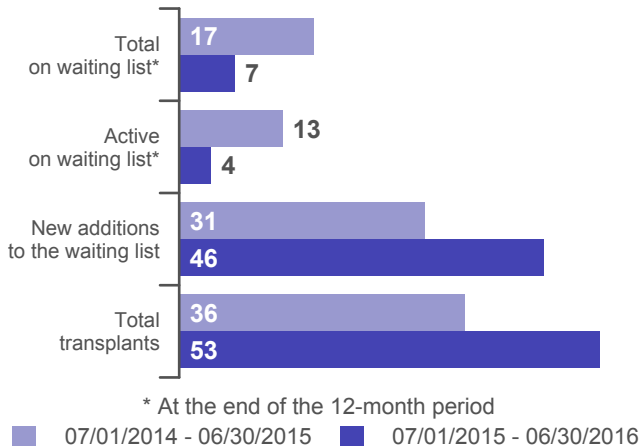
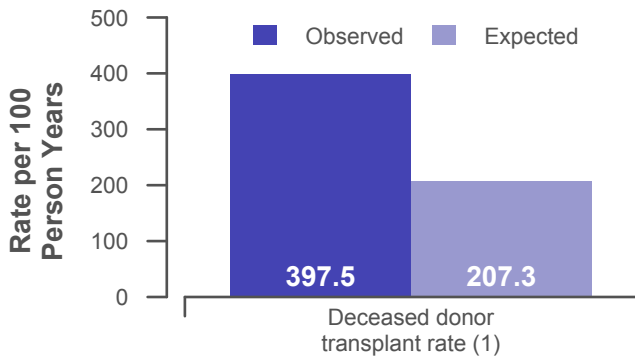


Table A1. Census of transplant recipients

Recipients	07/01/2014-06/30/2015	07/01/2015-06/30/2016
Transplanted at this center	36	53
Followed by this center*	159	168
...transplanted at this program	149	156
...transplanted elsewhere	10	12

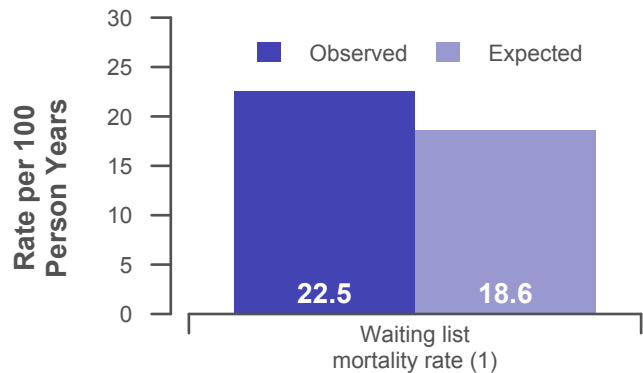
* Recipients followed are transplant recipients for whom the center has submitted a post-transplant follow-up form for a transplant that took place before the 12-month interval for each column.

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



(1) Statistically higher (p<0.01)

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



(1) Not significantly different (p=0.900)

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

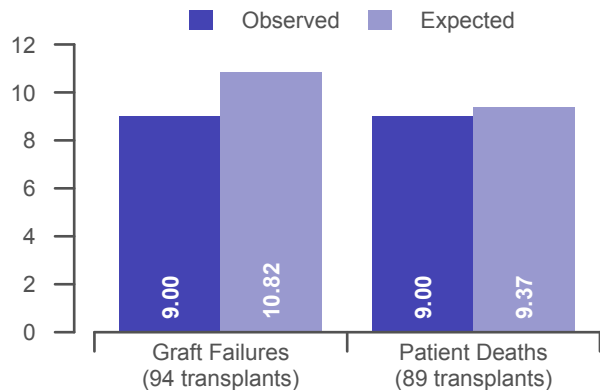
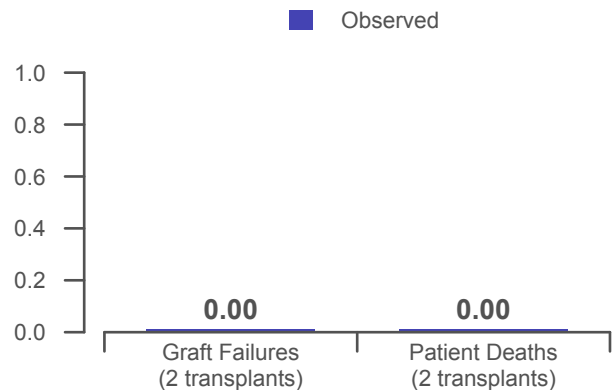


Figure A5. First-year pediatric graft and patient survival: 07/01/2013 - 12/31/2015





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	27	17	100.0	100.0	100.0
Additions					
New listings at this center	31	46	270.6	194.8	174.5
Removals					
Transferred to another center	0	0	0.0	1.7	1.3
Received living donor transplant*	0	0	0.0	0.0	0.0
Received deceased donor transplant*	36	53	311.8	177.9	143.3
Died	3	2	11.8	10.5	11.7
Transplanted at another center	0	0	0.0	0.6	3.4
Deteriorated	0	1	5.9	9.9	11.5
Recovered	0	0	0.0	2.9	2.0
Other reasons	2	0	0.0	13.4	10.3
On waiting list at end of period	17	7	41.2	77.9	91.3

* 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=46)	OPTN Region (N=335)	U.S. (N=2,756)	This Center (N=7)	OPTN Region (N=134)	U.S. (N=1,441)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	54.3	73.4	79.0	85.7	64.2	78.3
African-American	6.5	10.1	9.4	0.0	17.9	10.5
Hispanic/Latino	39.1	15.2	8.0	14.3	16.4	7.3
Asian	0.0	1.2	2.8	0.0	1.5	3.1
Other	0.0	0.0	0.8	0.0	0.0	0.8
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Age (%)						
<2 years	0.0	0.3	0.3	0.0	0.0	0.3
2-11 years	0.0	0.6	0.5	0.0	0.0	1.0
12-17 years	2.2	1.8	1.3	0.0	0.7	1.4
18-34 years	6.5	9.3	9.7	0.0	13.4	10.6
35-49 years	17.4	10.1	12.3	28.6	19.4	17.6
50-64 years	43.5	48.1	47.9	28.6	52.2	49.5
65+ years	30.4	29.9	28.0	42.9	14.2	19.6
Other (includes prenatal)	0.0	0.0	0.0	0.0	0.0	0.0
Gender (%)						
Male	60.9	57.9	56.0	42.9	27.6	39.3
Female	39.1	42.1	44.0	57.1	72.4	60.7

* 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%.

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	OPTN Region	U.S.	This Center	OPTN Region	U.S.
	(N=46)	(N=335)	(N=2,756)	(N=7)	(N=134)	(N=1,441)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Blood Type (%)						
O	52.2	47.8	46.1	42.9	45.5	48.4
A	37.0	38.8	38.9	42.9	39.6	37.7
B	8.7	11.0	11.7	14.3	10.4	10.6
AB	2.2	2.4	3.3	0.0	4.5	3.3
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Previous Transplant (%)						
Yes	6.5	2.4	4.1	14.3	2.2	2.9
No	93.5	97.6	95.9	85.7	97.8	97.1
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Primary Disease (%)						
Idiopathic Pulmonary Arterial Hypertension	2.2	3.9	4.7	14.3	10.4	7.1
Cystic Fibrosis	10.9	11.9	10.6	0.0	11.2	10.4
Idiopathic Pulmonary Fibrosis	43.5	54.9	57.1	28.6	40.3	39.0
Emphysema/COPD	43.5	26.9	24.6	57.1	33.6	39.4
Other	0.0	2.4	3.0	0.0	4.5	4.1
Missing	0.0	0.0	0.0	0.0	0.0	0.0

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*	17	17	171	1,577
Person Years**	13.3	13.3	160.6	1,513.8
Removals for Transplant	53	53	306	2,262
Adult (18+) Candidates				
Count on waiting list at start*	17	17	165	1,536
Person Years**	13.3	13.3	157.7	1,475.4
Removals for transplant	52	52	296	2,222
Pediatric (<18) Candidates				
Count on waiting list at start*	0	0	6	41
Person Years**	0.0	0.0	2.9	38.3
Removals for transplant	1	1	10	40

* 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

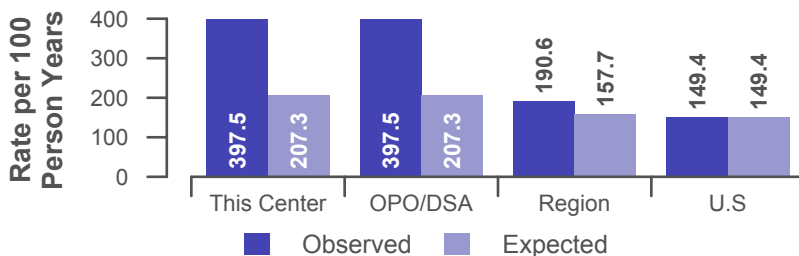


Figure B2D. Ratio of observed to expected deceased donor transplant rates

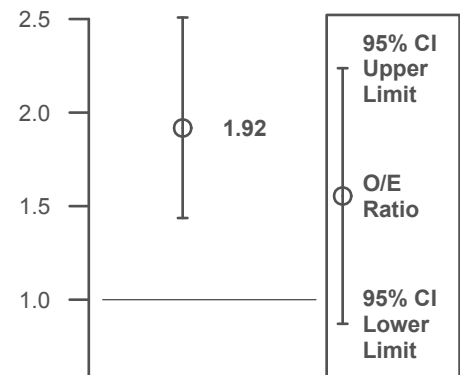
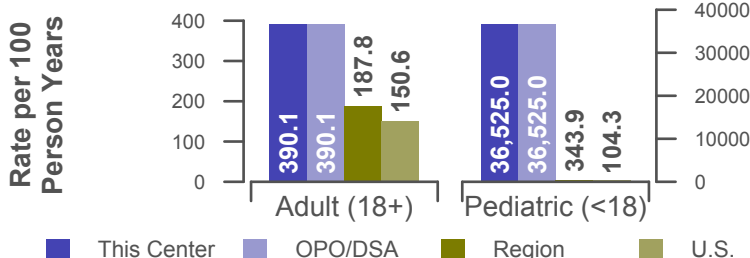


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 07/01/2015 - 06/30/2016



(1) Higher than expected
($p < 0.01$, 95% CI = [1.44, 2.51])

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*	17	17	171	1,577
Person Years**	13.3	13.3	174.1	1,625.4
Number of deaths	3	3	33	337
Adult (18+) Candidates				
Count on waiting list at start*	17	17	165	1,536
Person Years**	13.3	13.3	168.6	1,581.2
Number of deaths	3	3	32	324
Pediatric (<18) Candidates				
Count on waiting list at start*	0	0	6	41
Person Years**	0.0	0.0	5.5	44.3
Number of deaths	0	0	1	13

* 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

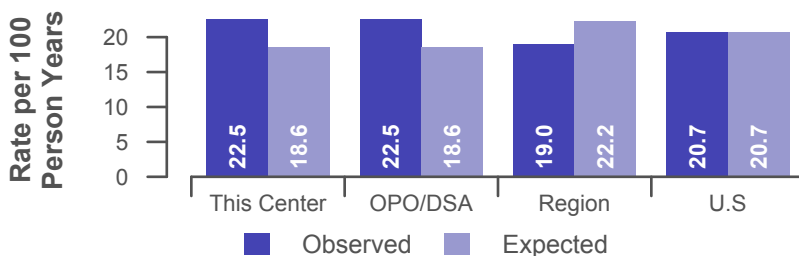


Figure B5. Ratio of observed to expected waiting list mortality rates

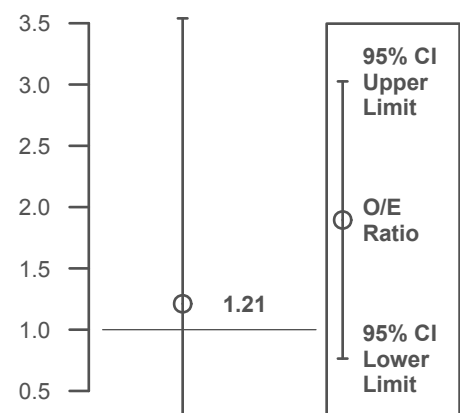
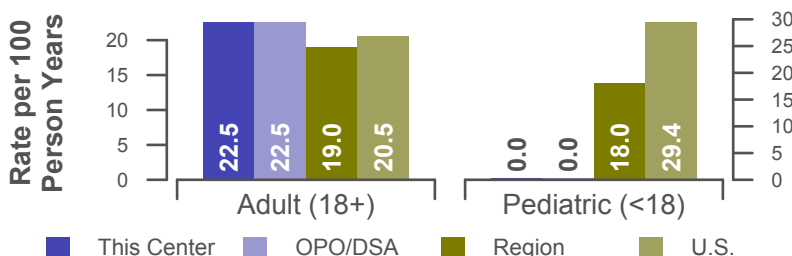


Figure B6. Observed adult (18+) and pediatric (<18) waiting list mortality rates: 07/01/2015 - 06/30/2016



(1) Not significantly different
(p=0.900, 95% CI=[0.25, 3.54])

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=40)			U.S. (N=2,640)		
	Months Since Listing			Months Since Listing		
	6	12	18	6	12	18
Alive on waiting list (%)	32.5	7.5	2.5	31.5	16.4	10.3
Died on the waiting list without transplant (%)	7.5	10.0	10.0	5.2	6.4	7.0
Removed without transplant (%):						
Condition worsened (status unknown)	0.0	0.0	0.0	3.9	5.6	6.0
Condition improved (status unknown)	0.0	0.0	0.0	0.2	0.5	0.7
Refused transplant (status unknown)	0.0	0.0	0.0	0.1	0.2	0.2
Other	0.0	2.5	2.5	1.9	2.4	2.8
Transplant (living or deceased donor) (%):						
Functioning (alive)	57.5	67.5	47.5	51.9	56.7	40.3
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.2	0.2	0.3
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.1	0.0
Died	2.5	12.5	20.0	4.1	7.9	11.1
Status Yet Unknown*	0.0	0.0	17.5	0.7	3.2	20.7
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.3	0.5	0.5
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	10.0	22.5	30.0	9.4	14.3	18.1
Total % known died or removed as unstable	10.0	22.5	30.0	13.3	19.9	24.2
Total % removed for transplant	60.0	80.0	85.0	56.9	68.0	72.4
Total % with known functioning transplant (alive)	57.5	67.5	47.5	51.9	56.7	40.3

* 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	N	Percent transplanted at time periods since listing								
		This Center				United States				
		30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	132	25.0	69.7	77.3	79.5	7,427	25.3	64.3	70.4	72.5
Ethnicity/Race*										
White	95	22.1	67.4	74.7	77.9	6,095	25.9	65.3	71.6	73.7
African-American	4	50.0	100.0	100.0	100.0	691	22.6	58.9	64.4	66.3
Hispanic/Latino	30	30.0	73.3	83.3	83.3	469	21.7	60.3	66.7	69.7
Asian	2	50.0	100.0	100.0	100.0	136	25.0	58.8	61.0	61.0
Other	1	0.0	0.0	0.0	0.0	36	19.4	63.9	75.0	75.0
Unknown	0	--	--	--	--	0	--	--	--	--
Age										
<2 years	0	--	--	--	--	43	7.0	55.8	55.8	55.8
2-11 years	0	--	--	--	--	66	6.1	43.9	45.5	47.0
12-17 years	1	100.0	100.0	100.0	100.0	127	17.3	53.5	58.3	59.1
18-34 years	15	26.7	53.3	53.3	53.3	899	21.5	60.0	65.7	68.2
35-49 years	9	33.3	55.6	88.9	88.9	1,007	21.8	57.2	65.9	67.8
50-64 years	64	23.4	71.9	79.7	84.4	3,565	23.8	63.4	70.1	72.9
65+ years	43	23.3	74.4	79.1	79.1	1,720	34.2	74.3	78.4	79.2
Other (includes prenatal)	0	--	--	--	--	0	--	--	--	--
Gender										
Male	73	24.7	74.0	82.2	84.9	4,105	30.6	72.0	77.1	78.6
Female	59	25.4	64.4	71.2	72.9	3,322	18.7	54.8	62.3	65.1

* 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%.

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	N	Percent transplanted at time periods since listing								
		This Center				United States				
		30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	132	25.0	69.7	77.3	79.5	7,427	25.3	64.3	70.4	72.5
Blood Type										
O	56	37.5	82.1	83.9	83.9	3,421	24.0	63.2	69.7	71.8
A	60	15.0	55.0	68.3	73.3	2,914	25.3	64.4	71.0	73.4
B	15	20.0	80.0	86.7	86.7	824	27.8	65.3	69.8	70.9
AB	1	0.0	100.0	100.0	100.0	268	34.7	72.8	75.7	77.2
Previous Transplant										
Yes	7	14.3	71.4	71.4	71.4	418	26.8	61.2	63.4	63.9
No	125	25.6	69.6	77.6	80.0	7,009	25.2	64.4	70.9	73.0
Primary Disease										
Congenital Disease	0	--	--	--	--	0	--	--	--	--
Retransplant/Graft Failure	1	100.0	100.0	100.0	100.0	24	50.0	83.3	83.3	83.3
Idiopathic Pulmonary Arterial Hypertension	3	33.3	100.0	100.0	100.0	370	12.7	41.4	46.8	48.4
Cystic Fibrosis	12	33.3	75.0	75.0	75.0	941	22.0	64.5	71.8	73.2
Idiopathic Pulmonary Fibrosis	62	27.4	66.1	72.6	74.2	3,894	31.5	70.4	74.8	75.9
Alpha-1-Antitrypsin Deficiency	0	--	--	--	--	0	--	--	--	--
Emphysema/COPD	52	17.3	69.2	80.8	84.6	1,991	17.2	56.9	66.1	70.6
Other	2	50.0	100.0	100.0	100.0	207	20.3	58.0	64.3	67.1
Missing	0	--	--	--	--	0	--	--	--	--



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

Percentile	Center	Months to Transplant**		U.S.
		OPO/DSA	Region	
5th	0.2	0.2	0.2	0.2
10th	0.3	0.3	0.3	0.3
25th	1.0	1.0	0.7	1
50th (median time to transplant)	3.2	3.2	2.8	4.0
75th	10.6	10.6	14.0	29.7

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

** Censored on 06/30/2016. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had received 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=53)	Region (N=306)	U.S. (N=2,262)
Ethnicity/Race (%)*			
White	58.5	75.2	80.2
African-American	5.7	8.8	9.5
Hispanic/Latino	35.8	15.4	7.7
Asian	0.0	0.3	1.9
Other	0.0	0.3	0.8
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	0.0	0.3	0.2
2-11 years	0.0	1.6	0.7
12-17	1.9	1.3	0.8
18-34	7.5	7.5	9.2
35-49 years	17.0	9.2	11.6
50-64 years	50.9	47.4	47.7
65+ years	22.6	32.7	29.8
Unknown	0.0	0.0	0.0
Gender (%)			
Male	52.8	60.1	57.7
Female	47.2	39.9	42.3

* 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%.

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=53)	Region (N=306)	U.S. (N=2,262)
Blood Type (%)			
O	49.1	47.4	45.8
A	39.6	39.2	39.7
B	9.4	11.1	11.2
AB	1.9	2.3	3.3
Previous Transplant (%)			
Yes	5.7	2.6	3.6
No	94.3	97.4	96.4
Body Mass Index (%)			
0-20	13.2	22.5	21.8
21-25	37.7	27.1	31.1
26-30	37.7	36.3	35.8
31+	11.3	14.1	11.2
Unknown	0.0	0.0	0.2
Primary Disease (%)			
Idiopathic Pulmonary Arterial Hypertension	0.0	3.3	4.0
Cystic Fibrosis	11.3	12.4	12.0
Idiopathic Pulmonary Fibrosis	35.8	54.6	53.5
Emphysema/COPD	52.8	28.1	27.5
Other	0.0	1.6	3.0
Missing	0.0	0.0	0.0
Recipient Medical Condition at Transplant (%)			
Not Hospitalized	92.5	81.4	76.9
Hospitalized	1.9	9.8	10.6
ICU	5.7	8.8	12.3
Unknown	0.0	0.0	0.2

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=53)	Region (N=306)	U.S. (N=2,262)
Cause of Death (%)			
Deceased: Stroke	30.2	27.5	31.2
Deceased: MVA	26.4	24.5	16.5
Deceased: Other	43.4	48.0	52.3
Ethnicity/Race (%)*			
White	41.5	45.8	62.3
African-American	9.4	22.2	18.9
Hispanic/Latino	45.3	27.5	14.8
Asian	3.8	3.3	3.3
Other	0.0	1.3	0.7
Not Reported	0.0	0.0	0.0
Age (%)			
<2 years	0.0	0.3	0.2
2-11 years	0.0	1.6	1.0
12-17	15.1	9.8	7.6
18-34	50.9	50.0	45.4
35-49 years	18.9	29.1	27.3
50-64 years	15.1	9.2	17.3
65+ years	0.0	0.0	1.2
Unknown	0.0	0.0	0.0
Gender (%)			
Male	56.6	60.1	60.3
Female	43.4	39.9	39.7
Blood Type (%)			
O	54.7	56.2	52.3
A	34.0	32.4	35.9
B	11.3	10.5	10.0
AB	0.0	1.0	1.8
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=53)	Region (N=306)	U.S. (N=2,262)
Total Ischemic Time (Minutes): Local (%)			
Deceased: 0-90 min	0.0	14.6	3.0
Deceased: 91-180 min	7.0	13.6	11.2
Deceased: 181-270 min	32.6	37.9	36.8
Deceased: 271-360 min	48.8	27.3	30.6
Deceased: 361+ min	9.3	6.1	17.3
Not Reported	2.3	0.5	1.2
Total Ischemic Time (Minutes): Shared (%)			
Deceased: 0-90 min	0.0	13.0	2.4
Deceased: 91-180 min	0.0	4.6	1.5
Deceased: 181-270 min	0.0	34.3	16.7
Deceased: 271-360 min	90.0	33.3	36.1
Deceased: 361+ min	10.0	14.8	42.3
Not Reported	0.0	0.0	1.0
Procedure Type (%)			
Lung alone	100.0	99.0	99.5
Lung and another organ	0.0	1.0	0.5
Sharing (%)			
Local	81.1	64.7	56.9
Shared	18.9	35.3	43.1
Median Time in Hospital After Transplant*	11.0 Days	15.0 Days	17.0 Days

* Multiple organ transplants are excluded from this statistic.

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

	TXBC	U.S.
Number of transplants evaluated	94	4,795
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.94%	96.87%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.03%	--
Number of observed graft failures (including deaths) during the first month after transplant	1	150
Number of expected graft failures (including deaths) during the first month after transplant	2.80	--
Estimated hazard ratio*	0.62	--
95% credible interval for the hazard ratio**	[0.13, 1.50]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.13, 1.50], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 38% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 87% reduced risk up to 50% increased risk.

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

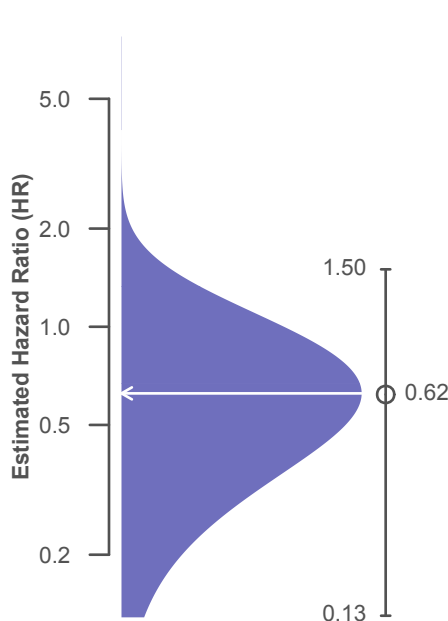
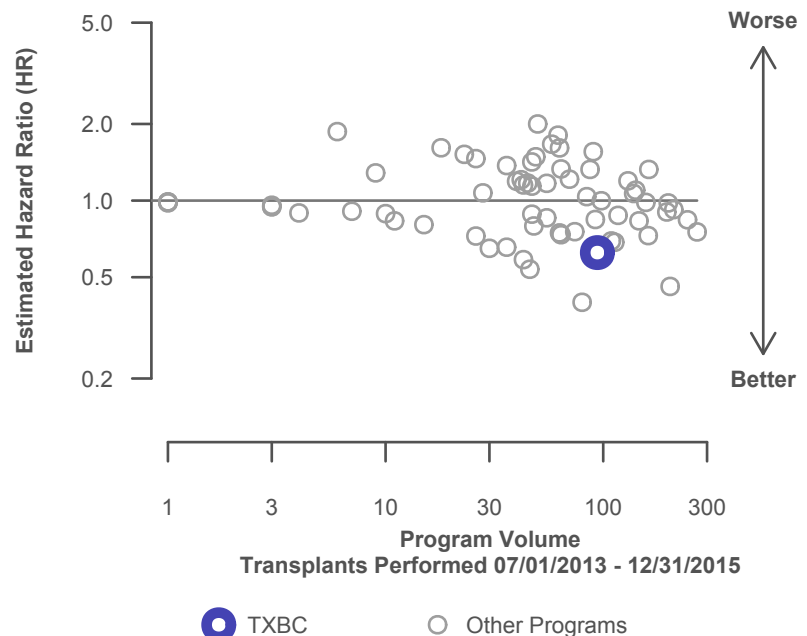


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison



C. Transplant Information

Table 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

	TXBC	U.S.
Number of transplants evaluated	94	4,795
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	87.96%	86.81%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	87.42%	--
Number of observed graft failures (including deaths) during the first year after transplant	9	572
Number of expected graft failures (including deaths) during the first year after transplant	10.82	--
Estimated hazard ratio*	0.86	--
95% credible interval for the hazard ratio**	[0.43, 1.43]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.43, 1.43], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 14% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 57% reduced risk up to 43% increased risk.

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

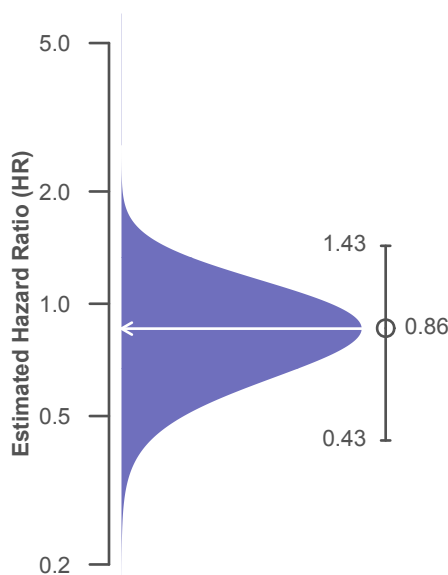
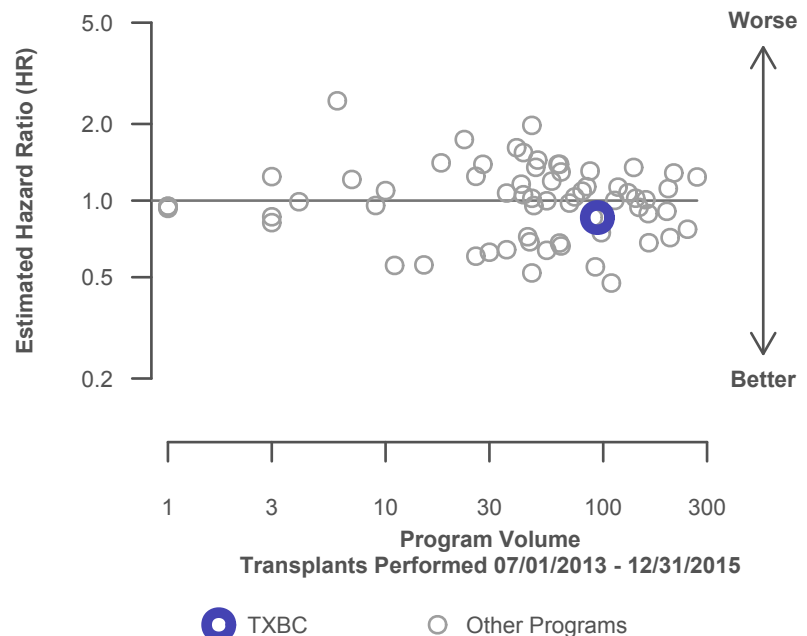


Figure C4D. Adult (18+) 1-year deceased donor graft failure HR program comparison



C. Transplant Information

Table 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

	TXBC	U.S.
Number of transplants evaluated	79	4,409
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	73.35%	68.46%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	68.34%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	21	1,380
Number of expected graft failures (including deaths) during the first 3 years after transplant	24.72	--
Estimated hazard ratio*	0.86	--
95% credible interval for the hazard ratio**	[0.55, 1.25]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.55, 1.25], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 14% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 45% reduced risk up to 25% increased risk.

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

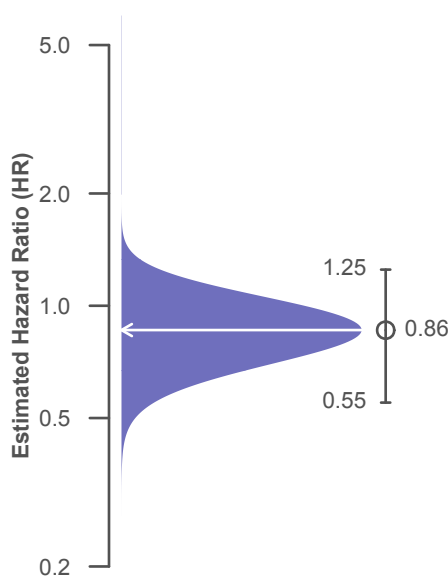
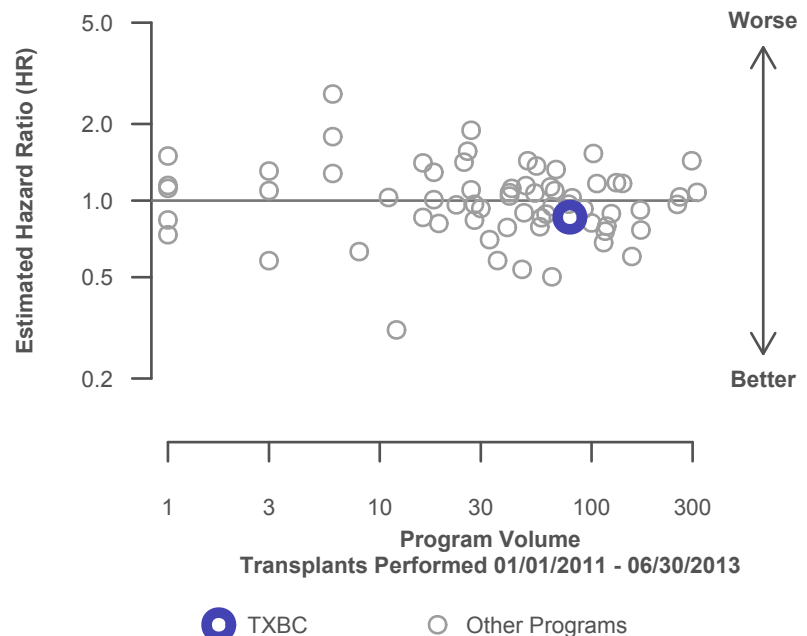


Figure C6D. Adult (18+) 3-year deceased donor graft failure HR program comparison



C. Transplant Information

Table 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

	TXBC	U.S.
Number of transplants evaluated	2	113
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	95.58%
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	5
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 C7D. Pediatric (<18) 1-month deceased donor graft failure HR estimate

Expected graft failures were not calculated

Figure C8D. Pediatric (<18) 1-month deceased donor 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

	TXBC	U.S.
Number of transplants evaluated	2	113
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	85.98%
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	15
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 C9D. Pediatric (<18) 1-year deceased donor graft failure HR estimate

Expected graft failures were not calculated

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

Expected graft failures were not calculated

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

	TXBC	U.S.
Number of transplants evaluated	1	105
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	100.00%	68.51%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	68.66%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	33
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.38	--
Estimated hazard ratio*	0.84	--
95% credible interval for the hazard ratio**	[0.10, 2.34]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.10, 2.34], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 16% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 90% reduced risk up to 134% increased risk.

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

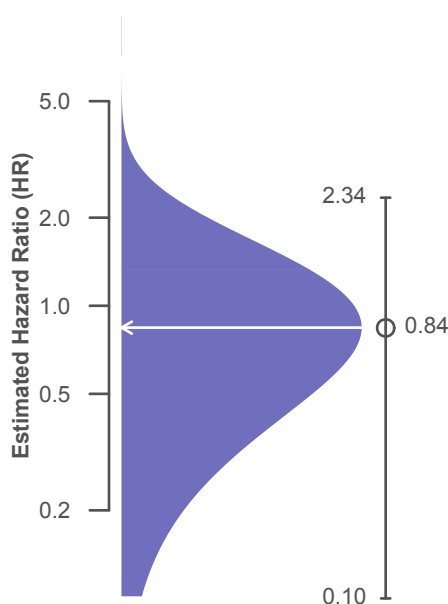
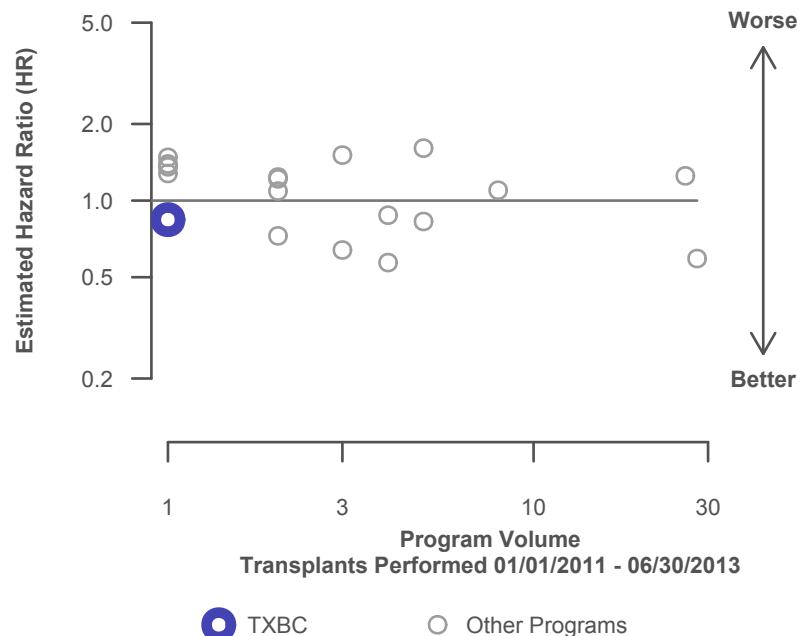


Figure C12D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison



C. Transplant Information

Table 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

	TXBC	U.S.
Number of transplants evaluated	89	4,625
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	98.88%	97.17%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	97.39%	--
Number of observed deaths during the first month after transplant	1	131
Number of expected deaths during the first month after transplant	2.33	--
Estimated hazard ratio*	0.69	--
95% credible interval for the hazard ratio**	[0.14, 1.67]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.14, 1.67], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 31% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 86% reduced risk up to 67% increased risk.

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

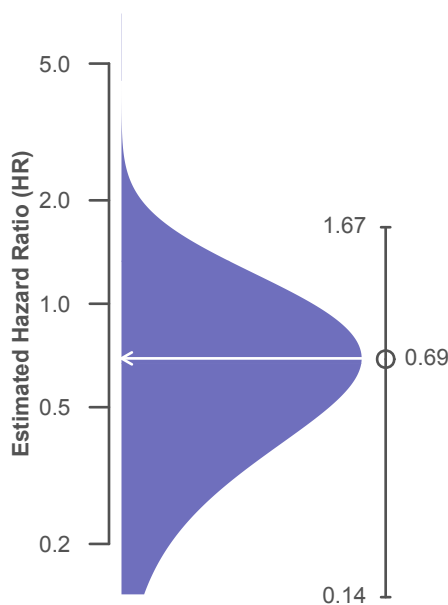
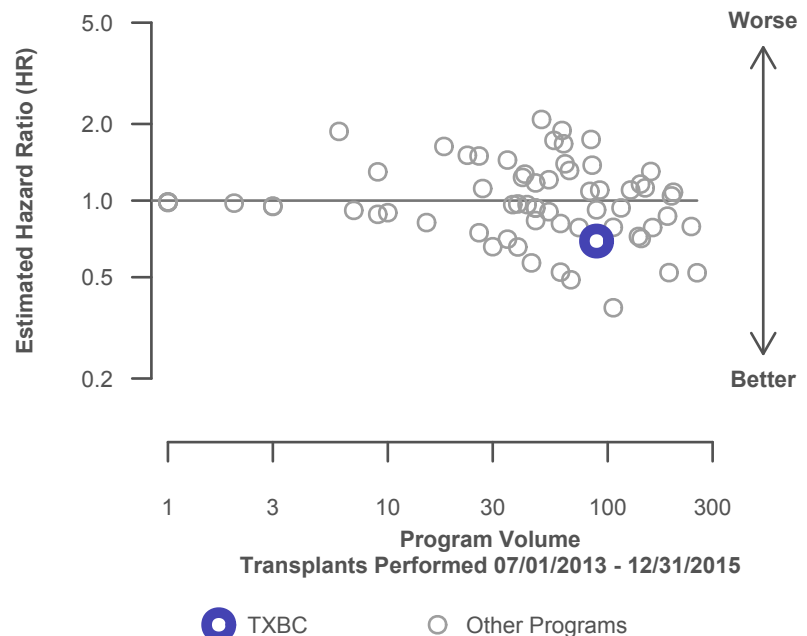


Figure C14D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table 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

	TXBC	U.S.
Number of transplants evaluated	89	4,625
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	87.43%	87.59%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	88.48%	--
Number of observed deaths during the first year after transplant	9	522
Number of expected deaths during the first year after transplant	9.37	--
Estimated hazard ratio*	0.97	--
95% credible interval for the hazard ratio**	[0.48, 1.62]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.48, 1.62], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 3% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 52% reduced risk up to 62% increased risk.

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

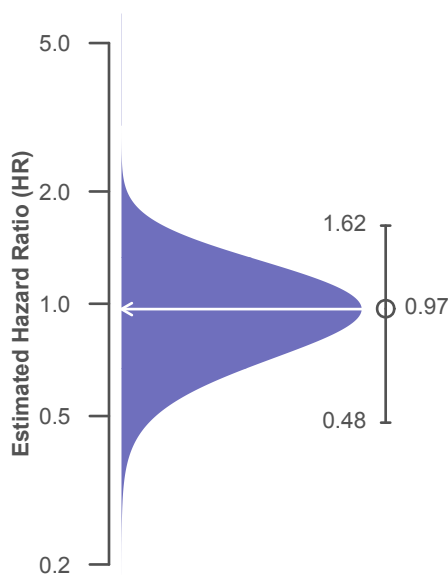
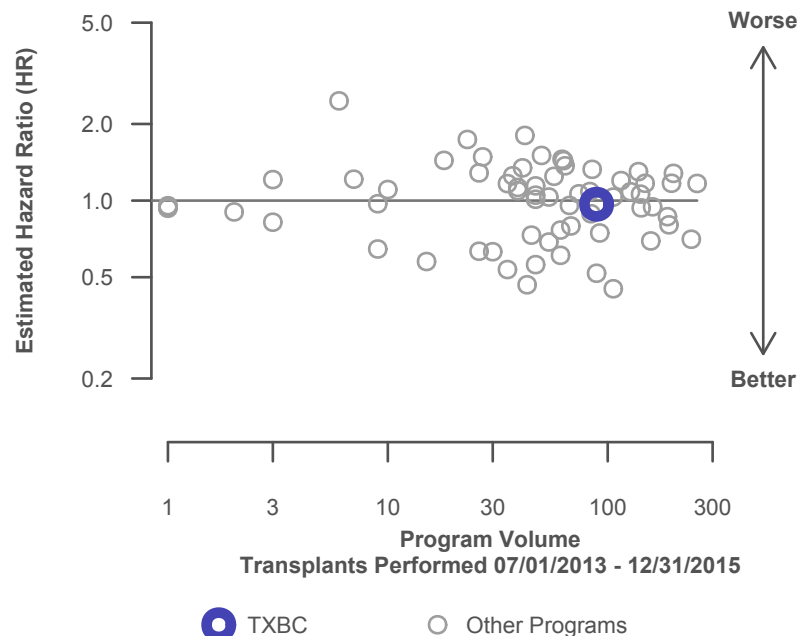


Figure C16D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table 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

	TXBC	U.S.
Number of transplants evaluated	75	4,204
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	76.00%	70.27%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	70.43%	--
Number of observed deaths during the first 3 years after transplant	18	1,250
Number of expected deaths during the first 3 years after transplant	21.71	--
Estimated hazard ratio*	0.84	--
95% credible interval for the hazard ratio**	[0.52, 1.25]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.52, 1.25], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 16% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 48% reduced risk up to 25% increased risk.

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

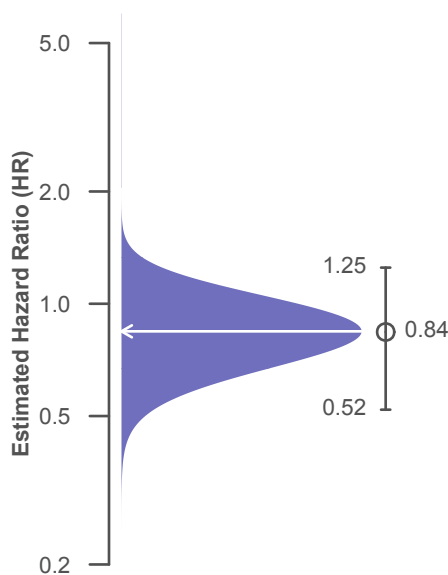
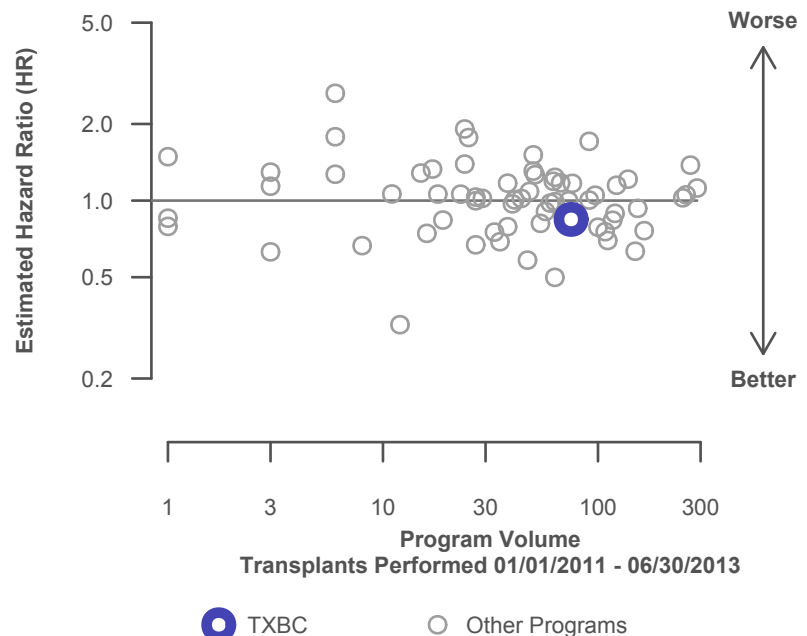


Figure C18D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table 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

	TXBC	U.S.
Number of transplants evaluated	2	104
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	96.15%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first month after transplant	0	4
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 C19D. Pediatric (<18) 1-month patient death HR estimate (deceased donor grafts)

Expected patient deaths
were not calculated

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

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

	TXBC	U.S.
Number of transplants evaluated	2	104
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	85.98%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first year after transplant	0	14
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 C21D. Pediatric (<18) 1-year patient death HR estimate (deceased donor grafts)

Expected patient deaths
were not calculated

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

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

	TXBC	U.S.
Number of transplants evaluated	1	101
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	72.28%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	72.41%	--
Number of observed deaths during the first 3 years after transplant	0	28
Number of expected deaths during the first 3 years after transplant	0.32	--
Estimated hazard ratio*	0.86	--
95% credible interval for the hazard ratio**	[0.10, 2.40]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.10, 2.40], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 14% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 90% reduced risk up to 140% increased risk.

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

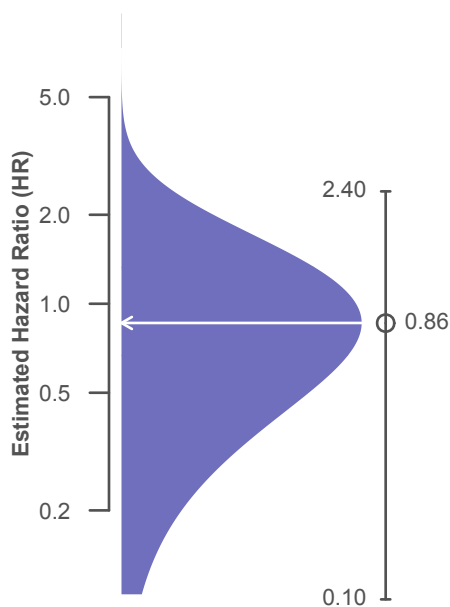


Figure C24D. Pediatric (<18) 3-year patient death HR program comparison (deceased donor grafts)

