User Guide

This report contains a wide range of useful information about the kidney transplant program at CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI). 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 13.5 per 100 person-years, and this was lower than would be expected with a 95% confidence interval of [0.67, 0.96] 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 3.9 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

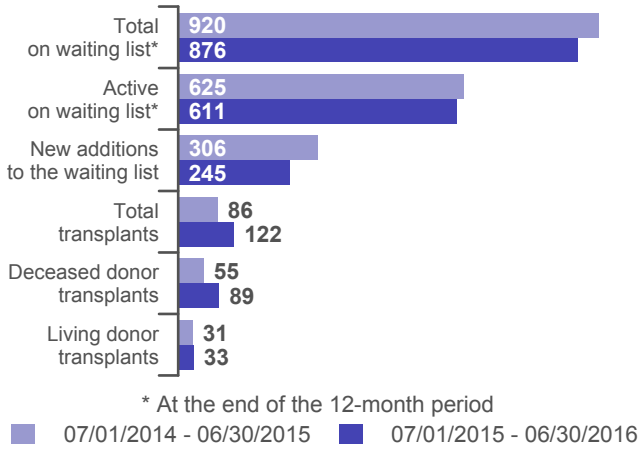
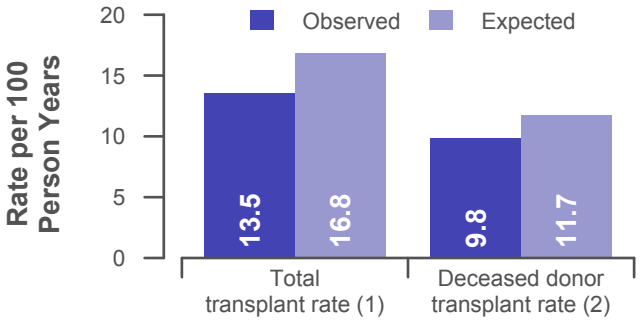


Table A1. Census of transplant recipients

Recipients	07/01/2014-06/30/2015	07/01/2015-06/30/2016
Transplanted at this center	86	122
Followed by this center*	805	759
...transplanted at this program	768	728
...transplanted elsewhere	37	31

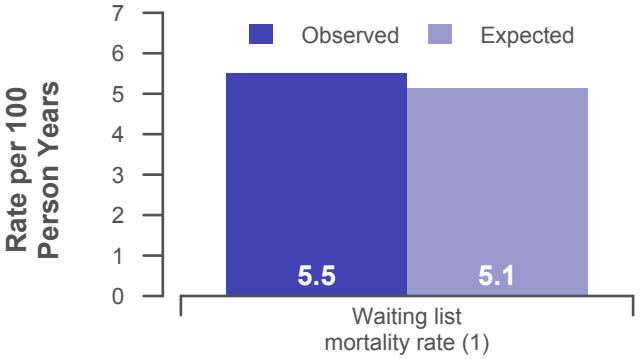
* Recipients followed are transplant recipients for whom the center has submitted a post-transplant follow-up form for a transplant that took place before the 12-month interval for each column.

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



(1) Statistically lower (p=0.014)
(2) Not significantly different (p=0.105)

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



(1) Not significantly different (p=0.669)

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

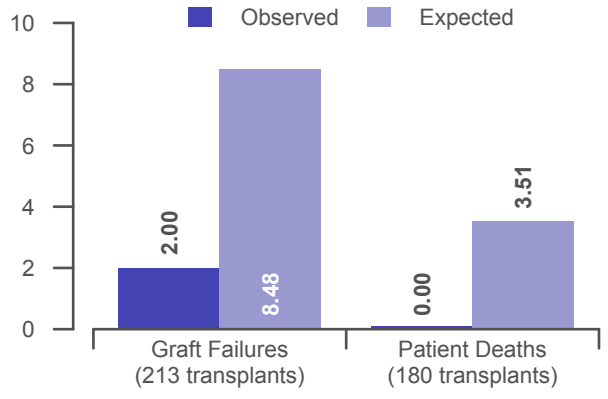


Figure A5. First-year pediatric graft and patient survival: 07/01/2013 - 12/31/2015

This center did not perform any transplants relevant to this figure during 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	871	920	100.0	100.0	100.0
Additions					
New listings at this center	306	245	26.6	36.0	34.0
Removals					
Transferred to another center	30	13	1.4	3.1	1.5
Received living donor transplant*	31	33	3.6	4.9	5.2
Received deceased donor transplant*	55	89	9.7	11.4	12.0
Died	43	35	3.8	4.1	4.0
Transplanted at another center	7	21	2.3	3.9	2.6
Deteriorated	39	33	3.6	5.6	4.3
Recovered	1	2	0.2	0.2	0.2
Other reasons	51	63	6.8	6.8	5.6
On waiting list at end of period	920	876	95.2	96.1	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=245)	OPTN Region (N=4,022)	U.S. (N=36,177)	This Center (N=876)	OPTN Region (N=10,729)	U.S. (N=104,931)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	29.0	29.9	44.0	20.3	24.7	36.4
African-American	30.2	21.1	28.4	42.1	27.0	33.6
Hispanic/Latino	31.4	43.1	18.4	30.3	42.5	19.5
Asian	9.4	4.5	7.7	7.3	4.8	8.9
Other	0.0	1.4	1.6	0.0	1.0	1.6
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Age (%)						
<2 years	0.0	0.1	0.2	0.0	0.0	0.1
2-11 years	0.0	1.2	1.1	0.0	0.5	0.5
12-17 years	0.0	1.3	1.6	0.0	0.6	0.8
18-34 years	13.9	11.6	11.1	12.1	11.9	11.4
35-49 years	29.4	28.2	25.9	31.6	31.9	28.7
50-64 years	38.8	42.7	41.7	42.5	44.3	43.4
65+ years	18.0	15.0	18.4	13.8	10.7	15.1
Other (includes prenatal)	0.0	0.0	0.0	0.0	0.0	0.0
Gender (%)						
Male	64.5	62.7	62.0	60.6	61.1	60.8
Female	35.5	37.3	38.0	39.4	38.9	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=245)	OPTN Region (N=4,022)	U.S. (N=36,177)	This Center (N=876)	OPTN Region (N=10,729)	U.S. (N=104,931)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Blood Type (%)						
O	50.2	53.4	49.0	56.5	57.2	52.7
A	32.7	30.0	32.7	26.4	25.7	28.0
B	13.9	13.6	14.6	15.4	15.1	16.6
AB	3.3	2.9	3.7	1.7	2.0	2.7
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Previous Transplant (%)						
Yes	8.2	11.0	13.2	14.0	13.0	14.7
No	91.8	89.0	86.8	86.0	87.0	85.3
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Initial CPRA (%)						
0-9%	86.9	79.2	81.4	82.9	79.6	81.6
10-79%	9.4	12.6	11.2	10.0	11.7	10.9
80+%	3.7	7.6	7.2	7.1	8.6	7.4
Unknown	0.0	0.5	0.3	0.0	0.1	0.1
Primary Disease (%)*						
Glomerular Diseases	18.4	16.7	20.1	15.6	15.7	19.2
Tubular and Interstitial Diseases	2.0	2.9	3.7	2.1	2.3	3.4
Polycystic Kidneys	5.7	6.6	7.8	4.7	6.3	7.0
Congenital, Familial, Metabolic	0.0	1.9	2.1	0.5	1.4	1.6
Diabetes	37.6	38.9	32.5	41.6	40.8	34.1
Renovascular & Vascular Diseases	0.0	0.1	0.2	0.0	0.1	0.1
Neoplasms	0.0	0.2	0.3	0.1	0.1	0.3
Hypertensive Nephrosclerosis	26.1	21.5	20.8	29.6	23.7	23.7
Other	9.8	10.6	11.8	5.1	9.1	10.0
Missing*	0.4	0.5	0.5	0.8	0.5	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*	920	3,921	11,141	106,312
Person Years**	904.5	3,960.3	10,951.8	105,587.4
Removals for Transplant	122	591	1,816	18,373
Adult (18+) Candidates				
Count on waiting list at start*	920	3,872	11,030	105,340
Person Years**	904.5	3,909.7	10,837.9	104,480.9
Removals for transpant	122	546	1,715	17,613
Pediatric (<18) Candidates				
Count on waiting list at start*	--	--	--	--
Person Years**	--	--	--	--
Removals for transplant	--	--	--	--

* 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

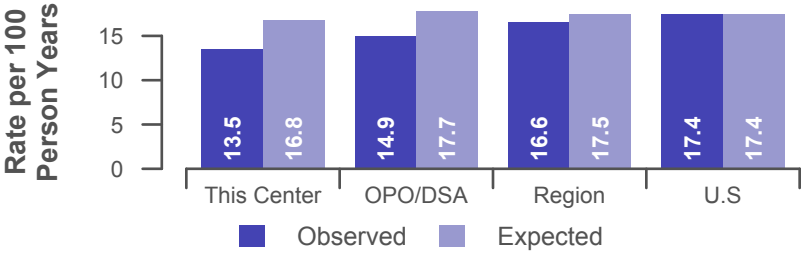
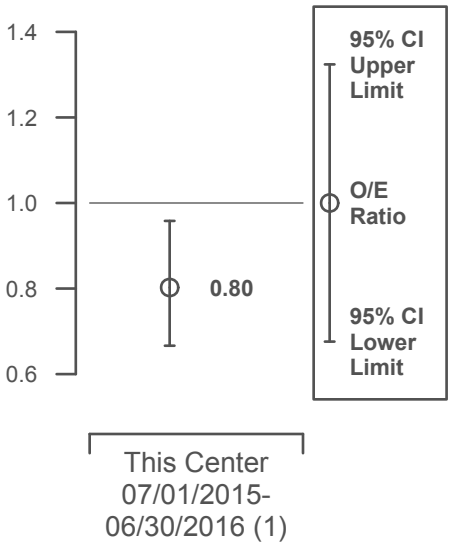
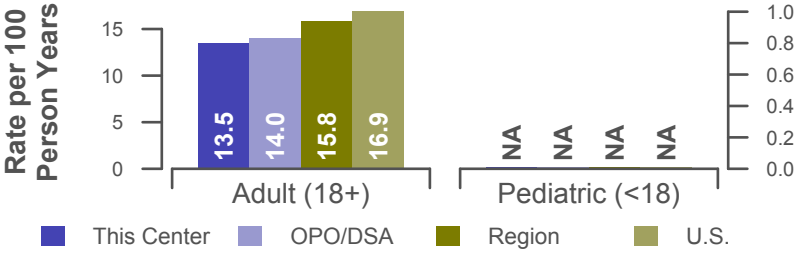


Figure B2. Ratio of observed to expected transplant rates



(1) Lower than expected (p=0.014, 95% CI=[0.67, 0.96])

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*	920	3,921	11,141	106,312
Person Years**	904.5	3,960.3	10,951.8	105,587.4
Removals for Transplant	89	444	1,269	12,800
Adult (18+) Candidates				
Count on waiting list at start*	920	3,872	11,030	105,340
Person Years**	904.5	3,909.7	10,837.9	104,480.9
Removals for transpant	89	406	1,183	12,303
Pediatric (<18) Candidates				
Count on waiting list at start*	--	--	--	--
Person Years**	--	--	--	--
Removals for transplant	--	--	--	--

* 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

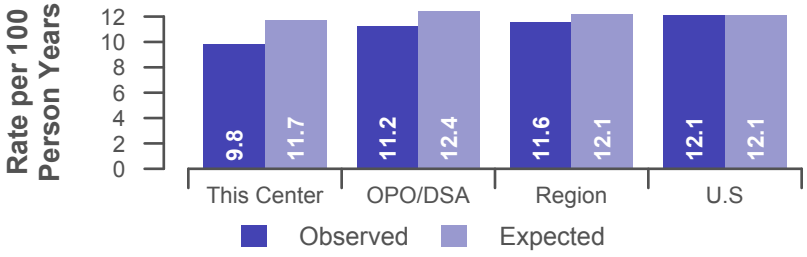


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 07/01/2015 - 06/30/2016

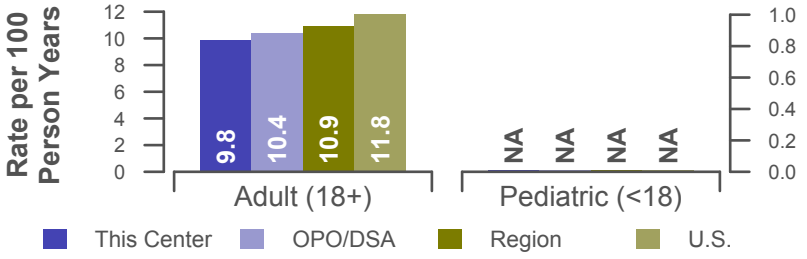
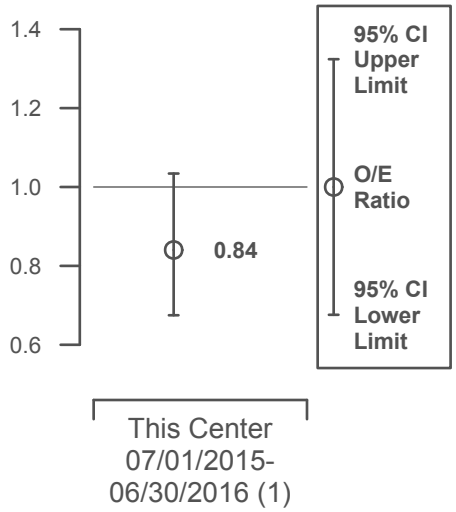


Figure B2D. Ratio of observed to expected deceased donor transplant rates



(1) Not significantly different (p=0.105, 95% CI=[0.67, 1.03])

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*	920	3,921	11,141	106,312
Person Years**	946.6	4,111.5	11,698.9	110,274.6
Number of deaths	52	224	653	5,835
Adult (18+) Candidates				
Count on waiting list at start*	920	3,872	11,030	105,340
Person Years**	946.6	4,060.9	11,583.8	109,138.7
Number of deaths	52	224	650	5,821
Pediatric (<18) Candidates				
Count on waiting list at start*	--	--	--	--
Person Years**	--	--	--	--
Number of deaths	--	--	--	--

* 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

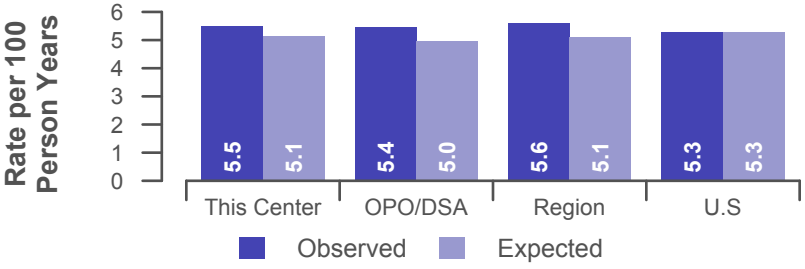
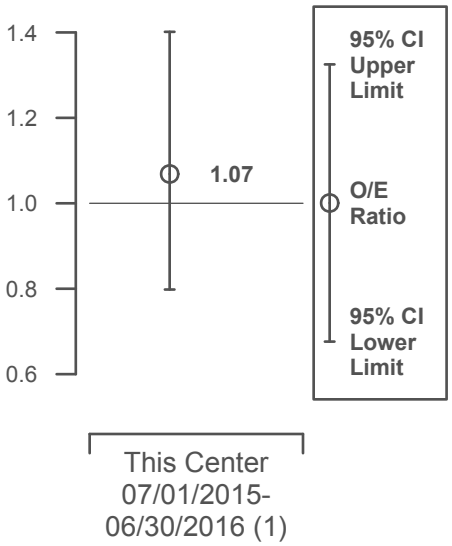
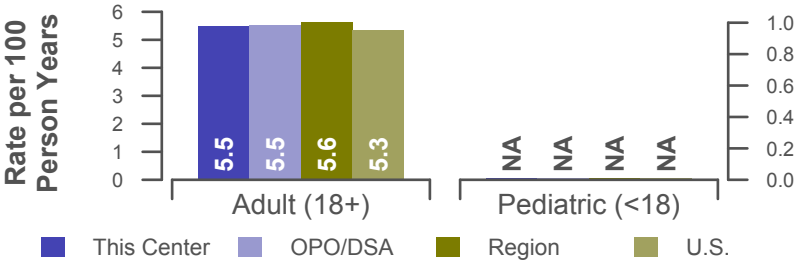


Figure B5. Ratio of observed to expected waiting list mortality rates



(1) Not significantly different (p=0.669, 95% CI=[0.80, 1.40])

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=344) Months Since Listing			U.S. (N=37,046) Months Since Listing		
	6	12	18	6	12	18
Alive on waiting list (%)	86.3	75.6	66.0	83.7	71.7	61.7
Died on the waiting list without transplant (%)	2.0	3.8	4.7	1.4	2.6	3.7
Removed without transplant (%):						
Condition worsened (status unknown)	4.1	5.2	6.7	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	1.5	2.6	4.9	0.6	1.5	2.7
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	4.1	6.4	3.8	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**	0.3	0.6	4.4	0.0	0.4	3.4
Transplant (deceased donor) (%):						
Functioning (alive)	0.9	2.0	3.8	6.0	9.5	9.3
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.0	0.0	0.0	0.2	0.3	0.5
Status Yet Unknown*	0.3	0.9	2.0	1.0	2.3	6.3
Lost or Transferred (status unknown) (%)	0.6	2.3	2.6	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	2.0	3.8	4.7	1.6	2.9	4.3
Total % known died or removed as unstable	6.1	9.0	11.3	2.3	4.5	6.9
Total % removed for transplant	5.5	9.9	14.0	13.0	21.4	27.1
Total % with known functioning transplant (alive)	4.9	8.4	7.6	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	639	2.0	7.8	13.8	16.9	90,740	2.0	10.1	16.5	22.6
Ethnicity/Race*										
White	157	3.8	8.9	19.7	22.3	37,752	2.5	12.2	19.5	25.9
African-American	268	1.1	4.5	8.6	11.9	28,700	1.4	8.4	14.2	20.3
Hispanic/Latino	178	1.7	12.4	18.0	21.9	15,903	2.0	9.3	15.2	20.8
Asian	35	2.9	5.7	5.7	5.7	6,981	1.3	7.8	13.9	19.5
Other	1	0.0	0.0	0.0	0.0	1,404	1.3	8.0	14.0	20.4
Unknown	0	--	--	--	--	0	--	--	--	--
Age										
<2 years	0	--	--	--	--	140	5.7	40.7	62.1	70.7
2-11 years	0	--	--	--	--	739	9.1	52.4	66.7	73.2
12-17 years	0	--	--	--	--	1,332	10.0	51.1	63.7	68.6
18-34 years	83	1.2	7.2	14.5	15.7	9,383	1.4	7.8	14.8	22.3
35-49 years	190	1.1	6.8	11.6	15.8	23,394	1.5	8.2	14.0	20.4
50-64 years	285	3.2	8.4	14.7	17.5	39,731	2.0	9.4	15.6	21.4
65+ years	81	1.2	8.6	14.8	18.5	16,021	1.7	10.1	17.0	22.6
Other (includes prenatal)	0	--	--	--	--	0	--	--	--	--
Gender										
Male	388	1.8	7.2	12.4	15.5	55,124	2.0	9.9	16.2	22.2
Female	251	2.4	8.8	15.9	19.1	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	639	2.0	7.8	13.8	16.9	90,740	2.0	10.1	16.5	22.6
Blood Type										
O	344	2.3	8.1	11.6	14.5	44,613	1.8	8.6	13.3	18.7
A	183	1.6	8.2	16.9	20.8	29,155	2.3	12.4	21.3	28.9
B	94	2.1	4.3	11.7	14.9	13,597	1.3	7.3	12.4	17.0
AB	18	0.0	16.7	33.3	33.3	3,375	3.3	21.4	34.9	43.2
Previous Transplant										
Yes	110	0.9	6.4	12.7	16.4	13,489	1.8	10.8	17.5	23.5
No	529	2.3	8.1	14.0	17.0	77,251	2.0	10.0	16.4	22.5
Peak PRA/CPRA										
0-9%	526	1.9	6.8	11.6	14.6	75,465	2.0	9.7	16.0	22.0
10-79%	66	0.0	12.1	24.2	28.8	8,984	1.5	11.7	19.3	26.3
80+%	47	6.4	12.8	23.4	25.5	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	90	3.3	8.9	18.9	21.1	16,441	1.8	11.4	18.8	26.1
Tubular & Interstitial Diseases	16	0.0	0.0	12.5	12.5	3,469	3.7	14.6	22.1	28.1
Polycystic Kidneys	37	0.0	10.8	18.9	18.9	5,803	1.6	10.5	19.3	27.6
Congenital, Familial, Metabolic	7	0.0	0.0	14.3	14.3	1,541	3.7	25.6	36.7	44.2
Diabetes	202	1.0	6.4	10.4	13.9	31,131	1.2	7.0	12.3	17.3
Renovascular & Vascular Diseases	0	--	--	--	--	147	1.4	8.8	15.6	21.8
Neoplasms	3	0.0	0.0	33.3	33.3	293	1.0	9.6	18.1	27.0
Hypertensive Nephrosclerosis	203	0.0	4.9	9.9	14.3	21,426	1.2	8.2	14.5	20.8
Other	75	10.7	20.0	25.3	26.7	10,081	5.7	17.3	23.9	29.6
Missing*	6	0.0	0.0	0.0	16.7	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	3.9	1.7	1.6	1.8
10th	7.3	4.1	3.9	4.2
25th	31.7	17.2	16.7	15.3
50th (median time to transplant)	Not Observed	Not Observed	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=89)	Region (N=1,269)	U.S. (N=12,815)
Ethnicity/Race (%)*			
White	19.1	27.4	38.0
African-American	44.9	27.0	34.0
Hispanic/Latino	31.5	38.2	19.1
Asian	4.5	4.5	7.3
Other	0.0	2.9	1.6
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	0.0	0.0	0.0
2-11 years	0.0	2.6	1.5
12-17	0.0	3.8	2.1
18-34	12.4	12.8	11.6
35-49 years	34.8	25.4	26.0
50-64 years	34.8	38.8	39.2
65+ years	18.0	16.6	19.6
Unknown	0.0	0.0	0.0
Gender (%)			
Male	64.0	59.2	59.6
Female	36.0	40.8	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=33)	Region (N=552)	U.S. (N=5,644)
Ethnicity/Race (%)*			
White	51.5	46.9	66.2
African-American	6.1	5.4	11.8
Hispanic/Latino	33.3	41.1	15.2
Asian	9.1	5.1	5.8
Other	0.0	1.4	1.0
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	0.0	0.2	0.3
2-11 years	0.0	1.3	2.1
12-17	0.0	1.3	2.1
18-34	12.1	19.4	16.8
35-49 years	42.4	29.2	26.6
50-64 years	30.3	36.2	37.1
65+ years	15.2	12.5	15.1
Unknown	0.0	0.0	0.0
Gender (%)			
Male	78.8	65.8	63.3
Female	21.2	34.2	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=89)	Region (N=1,269)	U.S. (N=12,815)
Blood Type (%)			
O	52.8	46.6	46.0
A	34.8	36.6	35.8
B	6.7	12.3	13.4
AB	5.6	4.5	4.9
Previous Transplant (%)			
Yes	15.7	13.7	15.8
No	84.3	86.3	84.2
Peak PRA/CPRA Prior to Transplant (%)			
0-9%	56.2	58.4	58.5
10-79%	18.0	22.6	20.9
80+ %	25.8	19.0	20.6
Unknown	0.0	0.0	0.0
Body Mass Index (%)			
0-20	7.9	12.0	11.3
21-25	25.8	27.4	28.6
26-30	28.1	33.8	31.0
31+	34.8	26.6	28.3
Unknown	3.4	0.2	0.8
Primary Disease (%)*			
Glomerular Diseases	18.0	20.7	22.4
Tubular and Interstitial Disease	0.0	3.2	4.0
Polycystic Kidneys	1.1	5.9	6.6
Congenital, Familial, Metabolic	2.2	4.1	3.3
Diabetes	32.6	28.4	25.9
Renovascular & Vascular Diseases	0.0	0.2	0.2
Neoplasms	0.0	0.3	0.4
Hypertensive Nephrosclerosis	30.3	25.8	25.6
Other Kidney	14.6	10.8	11.2
Missing*	1.1	0.6	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=33)	Region (N=552)	U.S. (N=5,644)
Blood Type (%)			
O	48.5	48.6	44.2
A	39.4	36.2	38.6
B	12.1	12.5	13.3
AB	0.0	2.7	4.0
Previous Transplant (%)			
Yes	9.1	9.1	11.3
No	90.9	90.9	88.7
Peak PRA/CPRA Prior to Transplant (%)			
0-9%	84.8	72.6	76.3
10-79%	12.1	20.8	18.3
80+ %	3.0	6.3	5.2
Unknown	0.0	0.2	0.2
Body Mass Index (%)			
0-20	6.1	10.3	13.1
21-25	30.3	30.4	30.4
26-30	33.3	34.1	30.1
31+	27.3	25.0	25.9
Unknown	3.0	0.2	0.5
Primary Disease (%)*			
Glomerular Diseases	39.4	27.0	30.2
Tubular and Interstitial Disease	6.1	4.9	4.7
Polycystic Kidneys	9.1	9.2	13.0
Congenital, Familial, Metabolic	3.0	3.6	4.1
Diabetes	21.2	25.9	21.3
Renovascular & Vascular Diseases	0.0	0.7	0.5
Neoplasms	0.0	0.5	0.6
Hypertensive Nephrosclerosis	18.2	20.3	16.3
Other Kidney	3.0	7.4	8.8
Missing*	0.0	0.4	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=89)	Region (N=1,269)	U.S. (N=12,815)
Cause of Death (%)			
Deceased: Stroke	12.4	26.2	26.5
Deceased: MVA	33.7	22.9	16.2
Deceased: Other	53.9	50.8	57.3
Ethnicity/Race (%)*			
White	61.8	56.0	68.6
African-American	13.5	13.4	14.7
Hispanic/Latino	24.7	27.3	13.3
Asian	0.0	2.0	2.7
Other	0.0	1.2	0.7
Not Reported	0.0	0.0	0.0
Age (%)			
<2 years	0.0	1.7	1.2
2-11 years	1.1	5.8	3.9
12-17	6.7	7.6	5.2
18-34	58.4	37.2	35.4
35-49 years	28.1	27.4	28.9
50-64 years	5.6	18.9	23.0
65+ years	0.0	1.4	2.4
Unknown	0.0	0.0	0.0
Gender (%)			
Male	73.0	62.4	61.5
Female	27.0	37.6	38.5
Blood Type (%)			
O	57.3	48.9	48.1
A	36.0	37.9	37.4
B	4.5	10.6	11.5
AB	2.2	2.6	3.0
Unknown	0.0	0.0	0.0
Expanded Criteria Donor (%)			
Yes	1.1	9.9	12.9
No	98.9	90.1	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=33)	Region (N=552)	U.S. (N=5,644)
Ethnicity/Race (%)*			
White	48.5	52.9	70.7
African-American	6.1	5.4	9.3
Hispanic/Latino	36.4	36.6	14.3
Asian	6.1	3.4	4.5
Other	3.0	1.6	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	27.3	27.5	27.2
35-49 years	60.6	44.4	38.9
50-64 years	9.1	26.4	30.7
65+ years	3.0	1.6	3.2
Unknown	0.0	0.0	0.0
Gender (%)			
Male	36.4	34.4	36.6
Female	63.6	65.6	63.4
Blood Type (%)			
O	66.7	66.3	62.9
A	30.3	26.4	27.9
B	3.0	6.3	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=89)	Region (N=1,269)	U.S. (N=12,815)
Cold Ischemic Time (Hours): Local (%)			
Deceased: 0-11 hr	17.4	25.7	37.7
Deceased: 12-21 hr	47.8	50.6	46.4
Deceased: 22-31 hr	15.9	18.8	12.2
Deceased: 32-41 hr	8.7	3.6	2.1
Deceased: 42+ hr	0.0	0.1	0.5
Not Reported	10.1	1.2	1.1
Cold Ischemic Time (Hours): Shared (%)			
Deceased: 0-11 hr	10.0	10.8	8.8
Deceased: 12-21 hr	55.0	36.9	37.5
Deceased: 22-31 hr	35.0	48.1	36.0
Deceased: 32-41 hr	0.0	4.1	12.9
Deceased: 42+ hr	0.0	0.0	3.7
Not Reported	0.0	0.0	1.0
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	12.4	11.9	12.5
1	38.2	40.2	39.4
2	49.4	47.3	47.4
Not Reported	0.0	0.6	0.6
B Locus Mismatches (%)			
0	7.9	6.9	7.1
1	24.7	25.8	26.3
2	67.4	66.7	66.0
Not Reported	0.0	0.6	0.6
DR Locus Mismatches (%)			
0	20.2	16.9	16.7
1	43.8	48.1	47.2
2	36.0	34.3	35.5
Not Reported	0.0	0.6	0.6
Total Mismatches (%)			
0	4.5	4.5	4.5
1	1.1	1.3	1.4
2	3.4	4.0	5.2
3	19.1	16.6	14.6
4	24.7	27.9	27.7
5	34.8	30.3	31.2
6	12.4	14.7	14.7
Not Reported	0.0	0.6	0.6
Procedure Type (%)			
Kidney alone	88.8	92.1	93.6
Kidney and another organ	11.2	7.9	6.4
Dialysis in First Week After Transplant (%)			
Yes	18.0	20.9	28.3
No	78.7	78.9	71.5
Not Reported	3.4	0.2	0.2
Sharing (%)			
Local	77.5	76.8	69.7
Shared	22.5	23.2	30.3
Median Time in Hospital After Transplant*	5.0 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=33)	Region (N=552)	U.S. (N=5,644)
Relation with Donor (%)			
Related	57.6	48.4	45.8
Unrelated	42.4	51.6	54.2
Not Reported	0.0	0.0	0.0
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	12.1	18.8	18.6
1	60.6	49.6	50.4
2	24.2	31.2	30.5
Not Reported	3.0	0.4	0.6
B Locus Mismatches (%)			
0	6.1	12.7	11.9
1	48.5	42.6	45.1
2	42.4	44.4	42.5
Not Reported	3.0	0.4	0.6
DR Locus Mismatches (%)			
0	15.2	17.0	17.1
1	60.6	52.0	50.7
2	21.2	30.6	31.6
Not Reported	3.0	0.4	0.5
Total Mismatches (%)			
0	0.0	6.3	6.4
1	9.1	4.5	3.8
2	9.1	13.9	13.3
3	36.4	23.2	24.1
4	9.1	17.6	18.1
5	27.3	20.1	21.6
6	6.1	13.9	12.0
Not Reported	3.0	0.4	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	0.0	3.4	3.2
No	97.0	96.4	96.6
Not Reported	3.0	0.2	0.2
Median Time in Hospital After Transplant*	4.0 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

	TXHI	U.S.
Number of transplants evaluated	213	40,128
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	99.53%	98.34%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.57%	--
Number of observed graft failures (including deaths) during the first month after transplant	1	666
Number of expected graft failures (including deaths) during the first month after transplant	3.04	--
Estimated hazard ratio*	0.59	--
95% credible interval for the hazard ratio**	[0.12, 1.43]	--

* The hazard ratio provides an estimate of how CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI)'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 TXHI's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 1.43], indicates the location of TXHI's true hazard ratio with 95% probability. The best estimate is 41% lower risk of graft failure compared to an average program, but TXHI's performance could plausibly range from 88% reduced risk up to 43% increased risk.

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

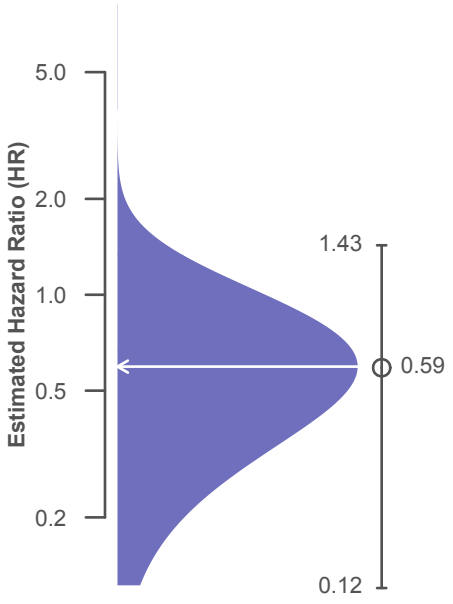
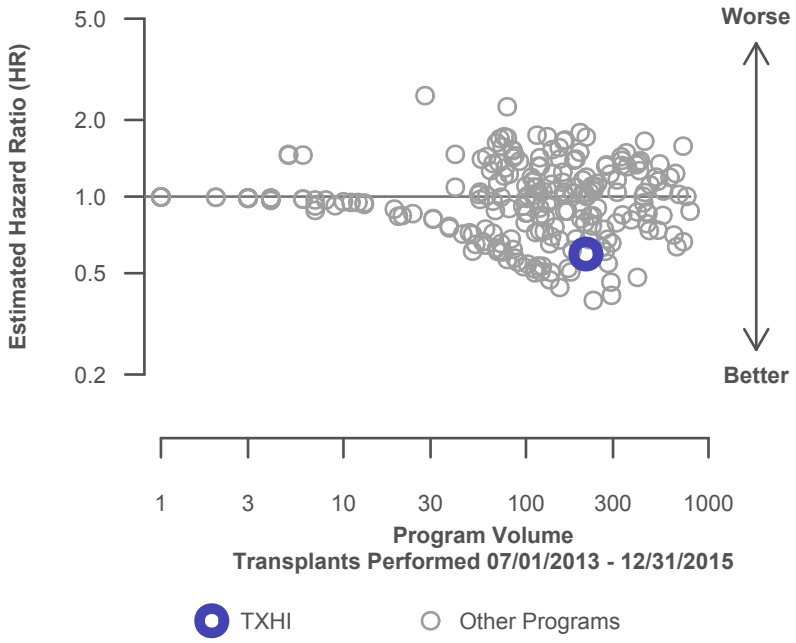


Figure C2. Adult (18+) 1-month graft failure HR program comparison



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

	TXHI	U.S.
Number of transplants evaluated	141	26,635
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	99.29%	97.96%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.26%	--
Number of observed graft failures (including deaths) during the first month after transplant	1	544
Number of expected graft failures (including deaths) during the first month after transplant	2.45	--
Estimated hazard ratio*	0.67	--
95% credible interval for the hazard ratio**	[0.14, 1.62]	--

* The hazard ratio provides an estimate of how CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI)'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 TXHI's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.14, 1.62], indicates the location of TXHI's true hazard ratio with 95% probability. The best estimate is 33% lower risk of graft failure compared to an average program, but TXHI's performance could plausibly range from 86% reduced risk up to 62% increased risk.

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

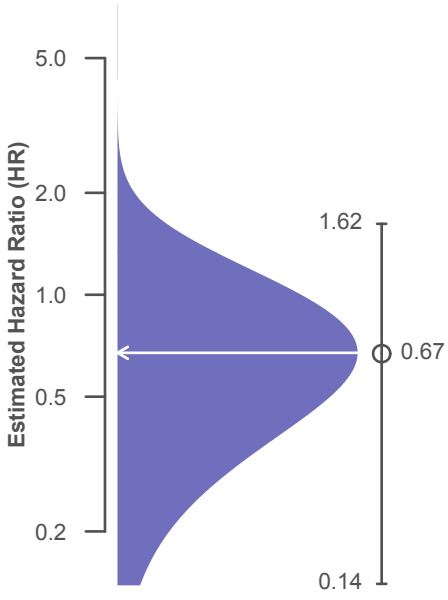
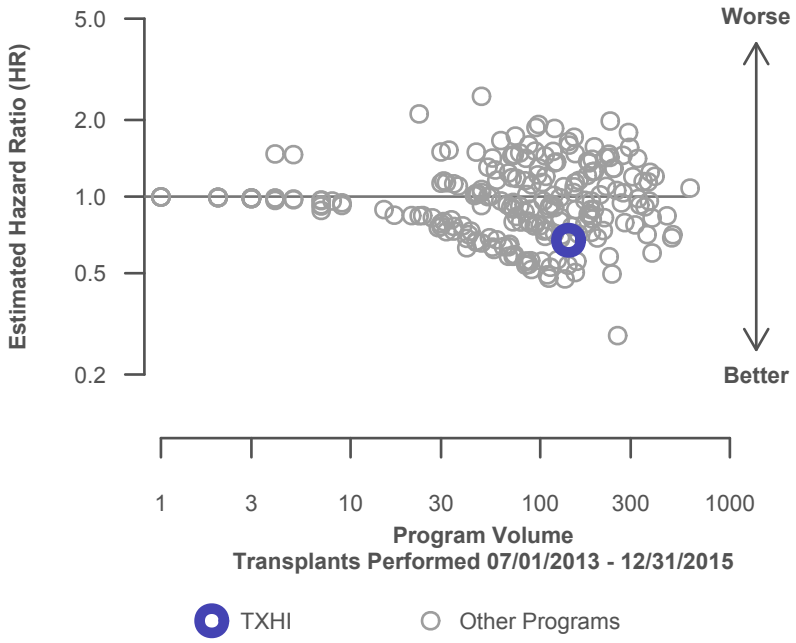


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison



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

	TXHI	U.S.
Number of transplants evaluated	72	13,493
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.10%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.18%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	122
Number of expected graft failures (including deaths) during the first month after transplant	0.59	--
Estimated hazard ratio*	0.77	--
95% credible interval for the hazard ratio**	[0.09, 2.15]	--

* The hazard ratio provides an estimate of how CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI)'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 TXHI's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.09, 2.15], indicates the location of TXHI's true hazard ratio with 95% probability. The best estimate is 23% lower risk of graft failure compared to an average program, but TXHI's performance could plausibly range from 91% reduced risk up to 115% increased risk.

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

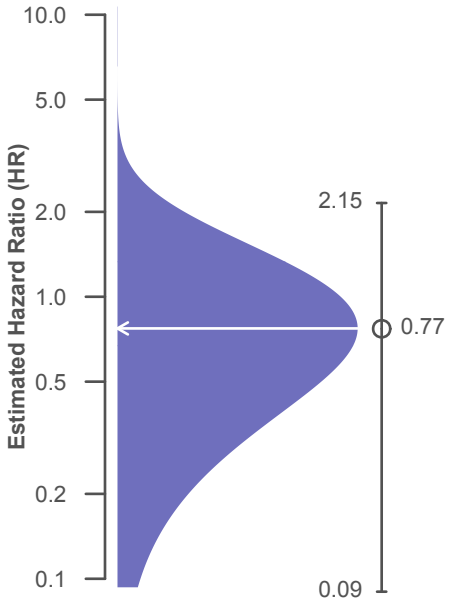
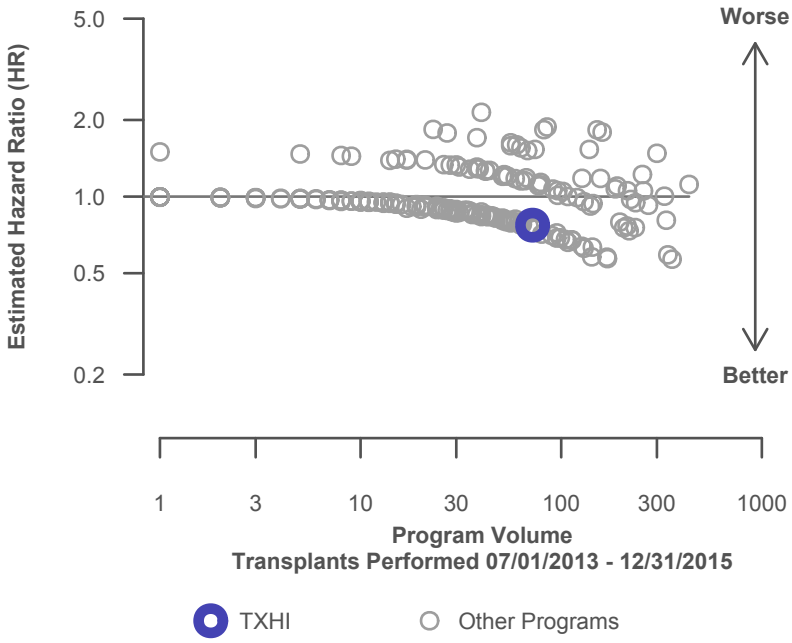


Figure C2L. Adult (18+) 1-month living donor graft failure HR program comparison



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

	TXHI	U.S.
Number of transplants evaluated	213	40,128
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	99.06%	95.04%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	95.71%	--
Number of observed graft failures (including deaths) during the first year after transplant	2	1,868
Number of expected graft failures (including deaths) during the first year after transplant	8.48	--
Estimated hazard ratio*	0.38	--
95% credible interval for the hazard ratio**	[0.10, 0.84]	--

* The hazard ratio provides an estimate of how CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI)'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 TXHI's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.10, 0.84], indicates the location of TXHI's true hazard ratio with 95% probability. The best estimate is 62% lower risk of graft failure compared to an average program, but TXHI's performance could plausibly range from 90% reduced risk up to 16% reduced risk.

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

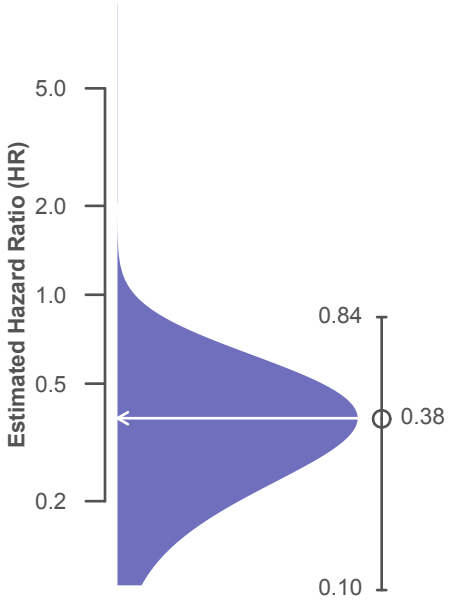
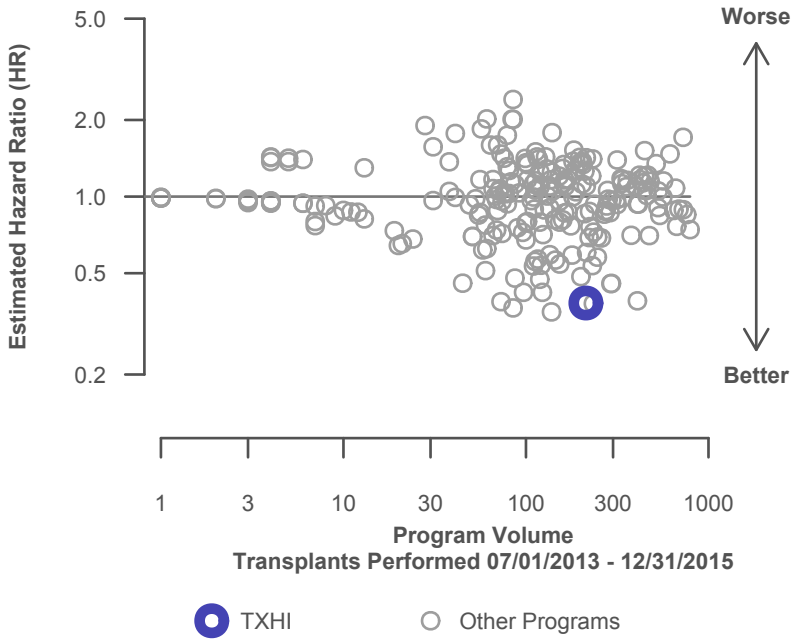


Figure C4. Adult (18+) 1-year graft failure HR program comparison



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

	TXHI	U.S.
Number of transplants evaluated	141	26,635
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	98.58%	93.76%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	94.64%	--
Number of observed graft failures (including deaths) during the first year after transplant	2	1,565
Number of expected graft failures (including deaths) during the first year after transplant	7.03	--
Estimated hazard ratio*	0.44	--
95% credible interval for the hazard ratio**	[0.12, 0.97]	--

* The hazard ratio provides an estimate of how CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI)'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 TXHI's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 0.97], indicates the location of TXHI's true hazard ratio with 95% probability. The best estimate is 56% lower risk of graft failure compared to an average program, but TXHI's performance could plausibly range from 88% reduced risk up to 3% reduced risk.

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

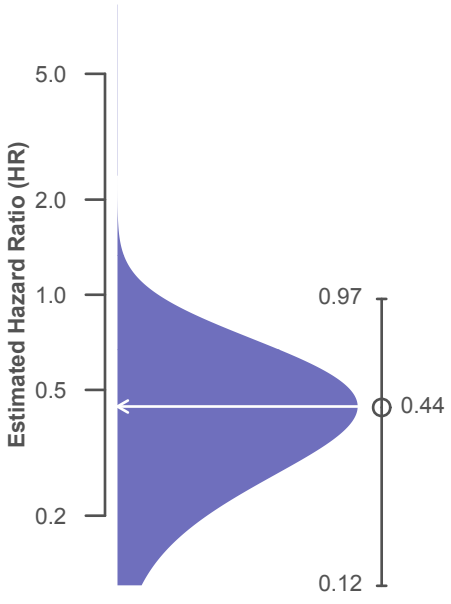
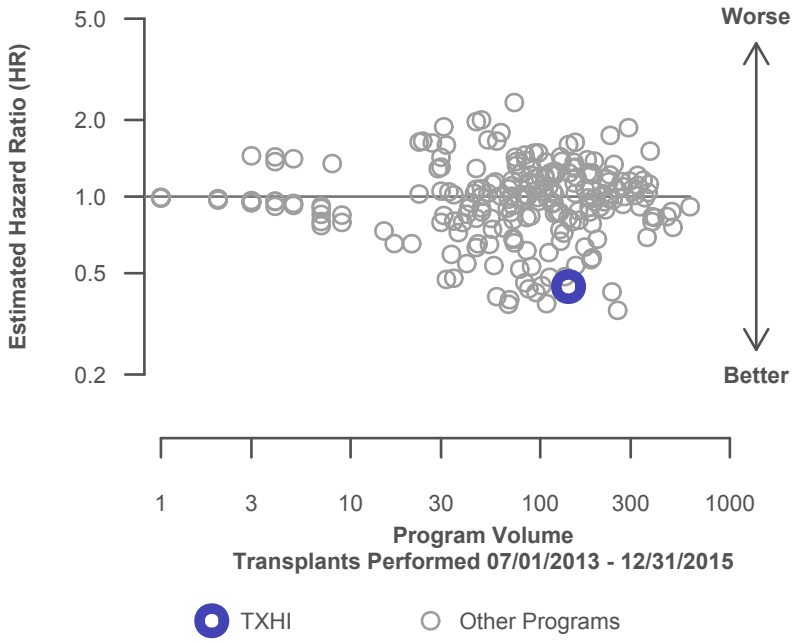


Figure C4D. Adult (18+) 1-year deceased donor graft failure HR program comparison



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

	TXHI	U.S.
Number of transplants evaluated	72	13,493
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	97.58%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.81%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	303
Number of expected graft failures (including deaths) during the first year after transplant	1.45	--
Estimated hazard ratio*	0.58	--
95% credible interval for the hazard ratio**	[0.07, 1.62]	--

* The hazard ratio provides an estimate of how CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI)'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 TXHI's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.07, 1.62], indicates the location of TXHI's true hazard ratio with 95% probability. The best estimate is 42% lower risk of graft failure compared to an average program, but TXHI's performance could plausibly range from 93% reduced risk up to 62% increased risk.

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

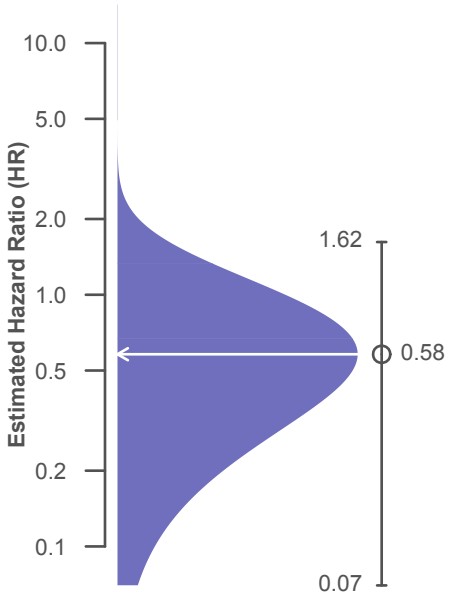
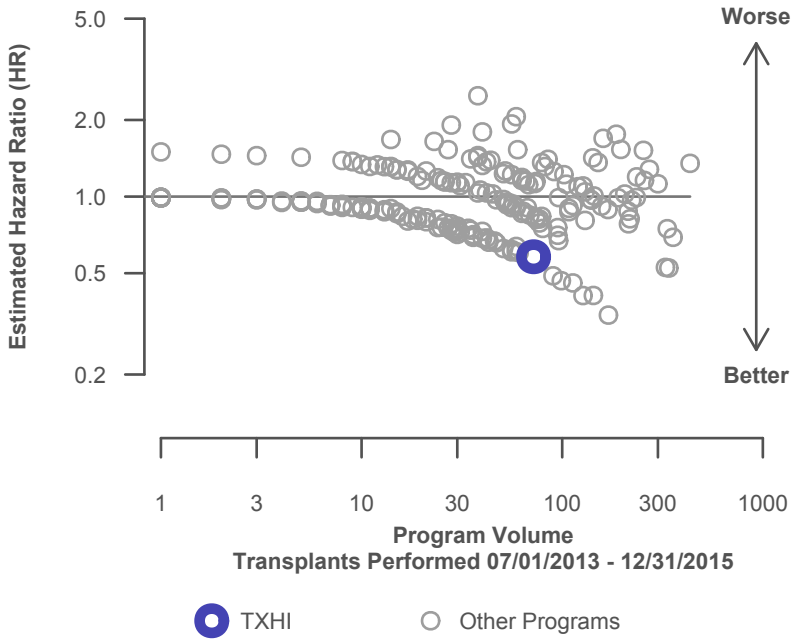


Figure C4L. Adult (18+) 1-year living donor graft failure HR program comparison



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

	TXHI	U.S.
Number of transplants evaluated	226	38,368
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	80.97%	88.05%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	89.41%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	43	4,586
Number of expected graft failures (including deaths) during the first 3 years after transplant	23.23	--
Estimated hazard ratio*	1.78	--
95% credible interval for the hazard ratio**	[1.30, 2.34]	--

* The hazard ratio provides an estimate of how CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI)'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 TXHI's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [1.30, 2.34], indicates the location of TXHI's true hazard ratio with 95% probability. The best estimate is 78% higher risk of graft failure compared to an average program, but TXHI's performance could plausibly range from 30% increased risk up to 134% increased risk.

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

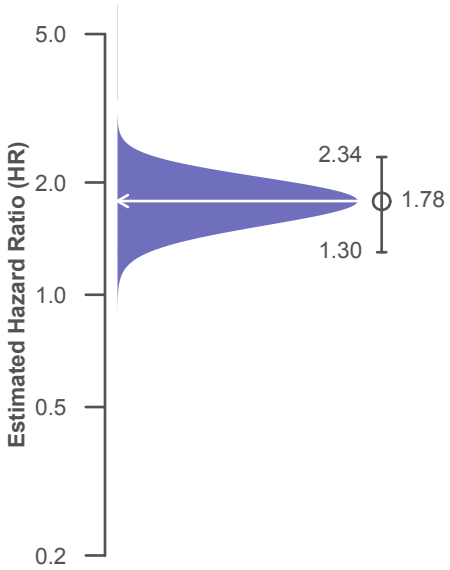
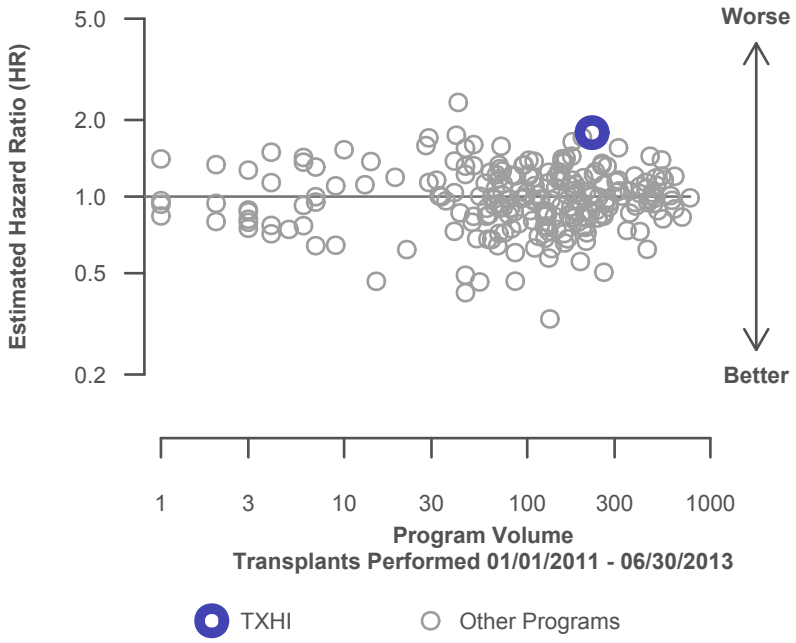


Figure C6. Adult (18+) 3-year graft failure HR program comparison



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

	TXHI	U.S.
Number of transplants evaluated	163	24,932
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	77.91%	85.62%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	87.77%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	36	3,586
Number of expected graft failures (including deaths) during the first 3 years after transplant	19.39	--
Estimated hazard ratio*	1.78	--
95% credible interval for the hazard ratio**	[1.26, 2.38]	--

* The hazard ratio provides an estimate of how CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI)'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 TXHI's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [1.26, 2.38], indicates the location of TXHI's true hazard ratio with 95% probability. The best estimate is 78% higher risk of graft failure compared to an average program, but TXHI's performance could plausibly range from 26% increased risk up to 138% increased risk.

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

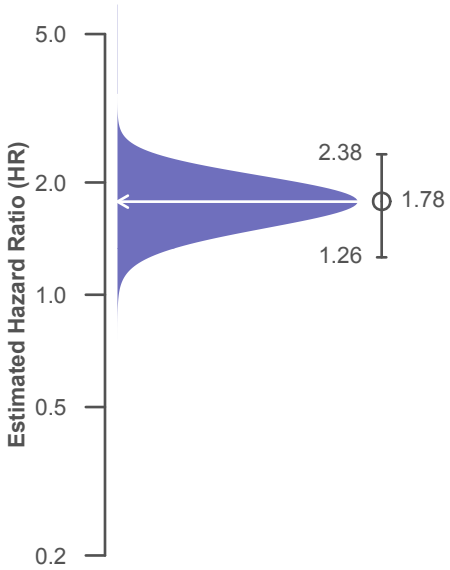
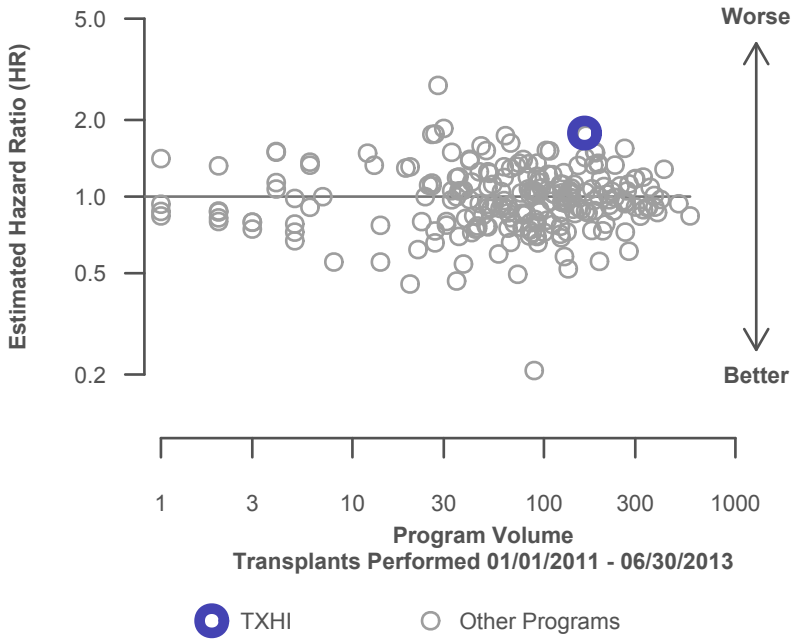


Figure C6D. Adult (18+) 3-year deceased donor graft failure HR program comparison



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

	TXHI	U.S.
Number of transplants evaluated	63	13,436
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	88.89%	92.56%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	93.66%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	7	1,000
Number of expected graft failures (including deaths) during the first 3 years after transplant	3.85	--
Estimated hazard ratio*	1.54	--
95% credible interval for the hazard ratio**	[0.70, 2.70]	--

* The hazard ratio provides an estimate of how CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI)'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 TXHI's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.70, 2.70], indicates the location of TXHI's true hazard ratio with 95% probability. The best estimate is 54% higher risk of graft failure compared to an average program, but TXHI's performance could plausibly range from 30% reduced risk up to 170% increased risk.

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

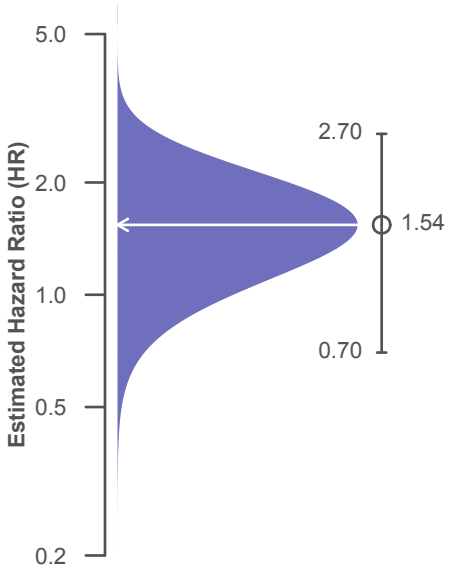
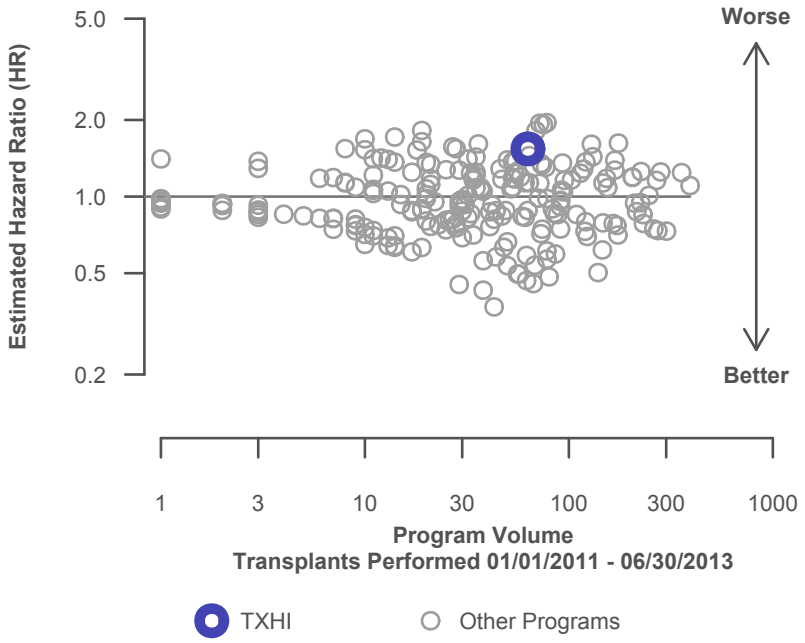


Figure C6L. Adult (18+) 3-year living donor graft failure HR program comparison



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

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

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

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

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

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

C. Transplant Information

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

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

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

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

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

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

C. Transplant Information

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

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

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

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

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

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

C. Transplant Information

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

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

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

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

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

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

C. Transplant Information

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

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

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

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

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

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

C. Transplant Information

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

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

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

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

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

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

C. Transplant Information

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

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

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

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

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

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

C. Transplant Information

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

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

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

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

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

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

C. Transplant Information

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

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

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

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

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

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

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

	TXHI	U.S.
Number of transplants evaluated	180	34,869
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.48%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.57%	--
Number of observed deaths during the first month after transplant	0	183
Number of expected deaths during the first month after transplant	0.78	--
Estimated hazard ratio*	0.72	--
95% credible interval for the hazard ratio**	[0.09, 2.01]	--

* The hazard ratio provides an estimate of how CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI)'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 TXHI's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.09, 2.01], indicates the location of TXHI's true hazard ratio with 95% probability. The best estimate is 28% lower risk of patient death compared to an average program, but TXHI's performance could plausibly range from 91% reduced risk up to 101% increased risk.

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

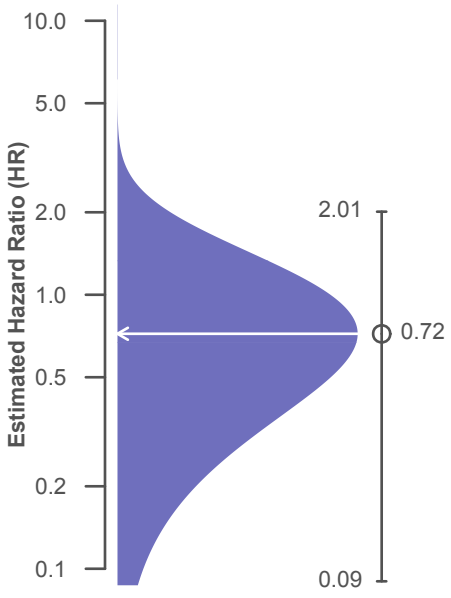
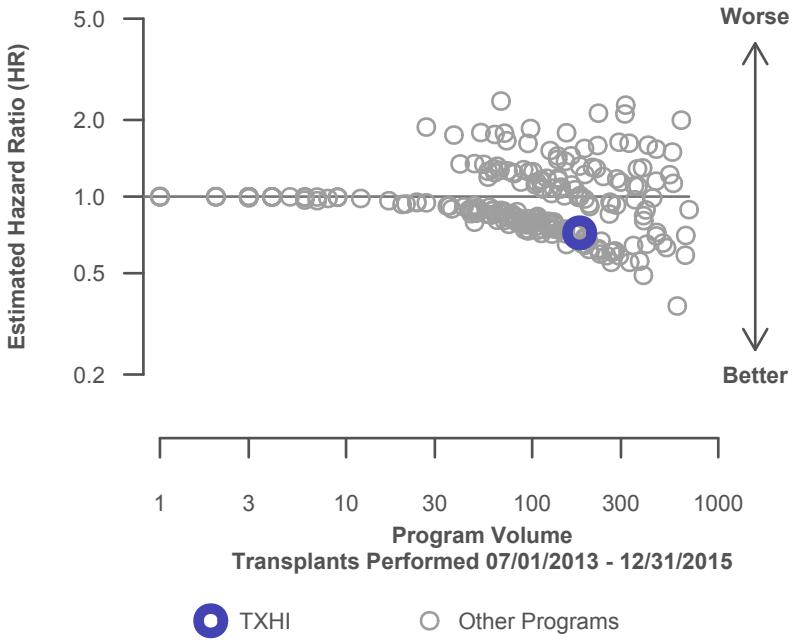


Figure C14. Adult (18+) 1-month patient death HR program comparison



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

	TXHI	U.S.
Number of transplants evaluated	115	22,815
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.35%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.47%	--
Number of observed deaths during the first month after transplant	0	149
Number of expected deaths during the first month after transplant	0.62	--
Estimated hazard ratio*	0.76	--
95% credible interval for the hazard ratio**	[0.09, 2.13]	--

* The hazard ratio provides an estimate of how CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI)'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 TXHI's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.09, 2.13], indicates the location of TXHI's true hazard ratio with 95% probability. The best estimate is 24% lower risk of patient death compared to an average program, but TXHI's performance could plausibly range from 91% reduced risk up to 113% increased risk.

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

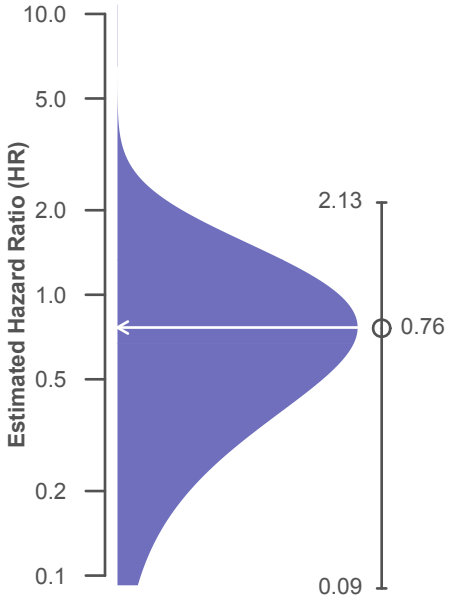
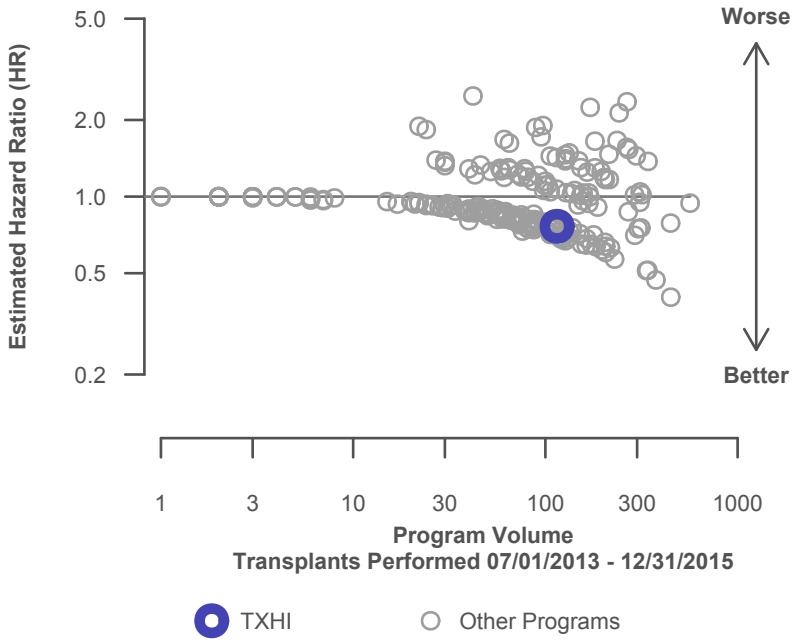


Figure C14D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)



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

	TXHI	U.S.
Number of transplants evaluated	65	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)	99.75%	--
Number of observed deaths during the first month after transplant	0	34
Number of expected deaths during the first month after transplant	0.16	--
Estimated hazard ratio*	0.93	--
95% credible interval for the hazard ratio**	[0.11, 2.58]	--

* The hazard ratio provides an estimate of how CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI)'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 TXHI's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.58], indicates the location of TXHI's true hazard ratio with 95% probability. The best estimate is 7% lower risk of patient death compared to an average program, but TXHI's performance could plausibly range from 89% reduced risk up to 158% increased risk.

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

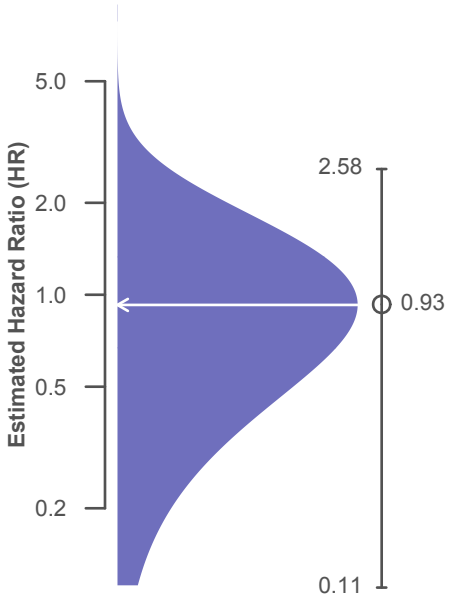
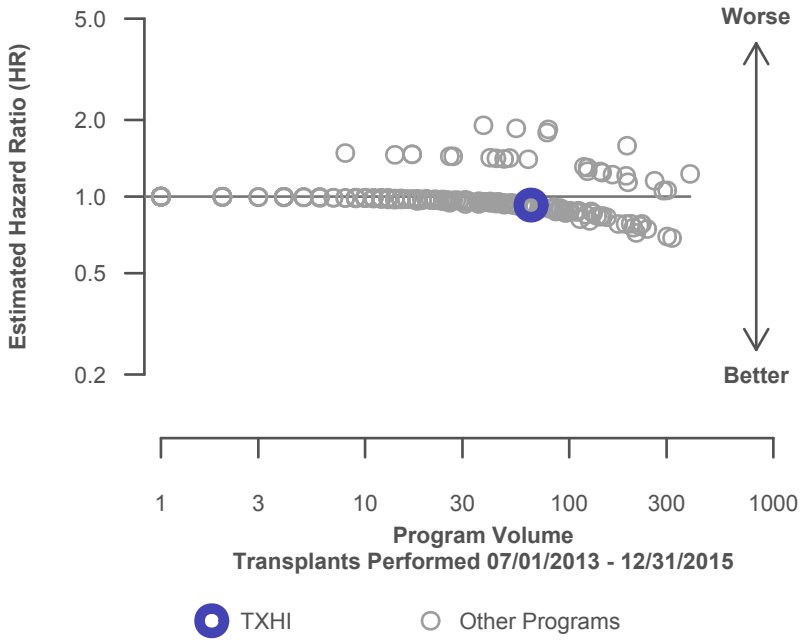


Figure C14L. Adult (18+) 1-month patient death HR program comparison (living donor grafts)



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

	TXHI	U.S.
Number of transplants evaluated	180	34,869
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	97.34%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	97.82%	--
Number of observed deaths during the first year after transplant	0	853
Number of expected deaths during the first year after transplant	3.51	--
Estimated hazard ratio*	0.36	--
95% credible interval for the hazard ratio**	[0.04, 1.01]	--

* The hazard ratio provides an estimate of how CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI)'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 TXHI's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.04, 1.01], indicates the location of TXHI's true hazard ratio with 95% probability. The best estimate is 64% lower risk of patient death compared to an average program, but TXHI's performance could plausibly range from 96% reduced risk up to 1% increased risk.

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

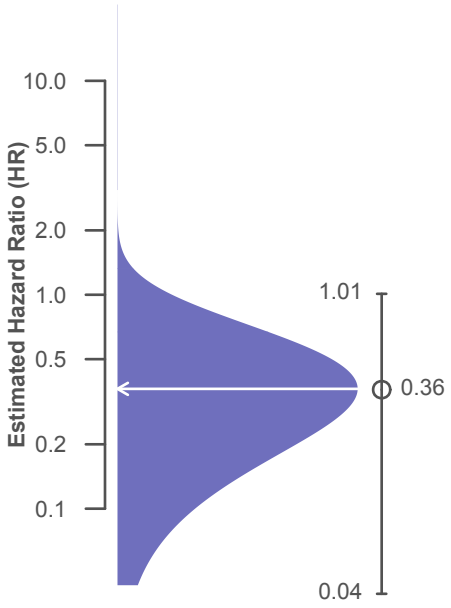
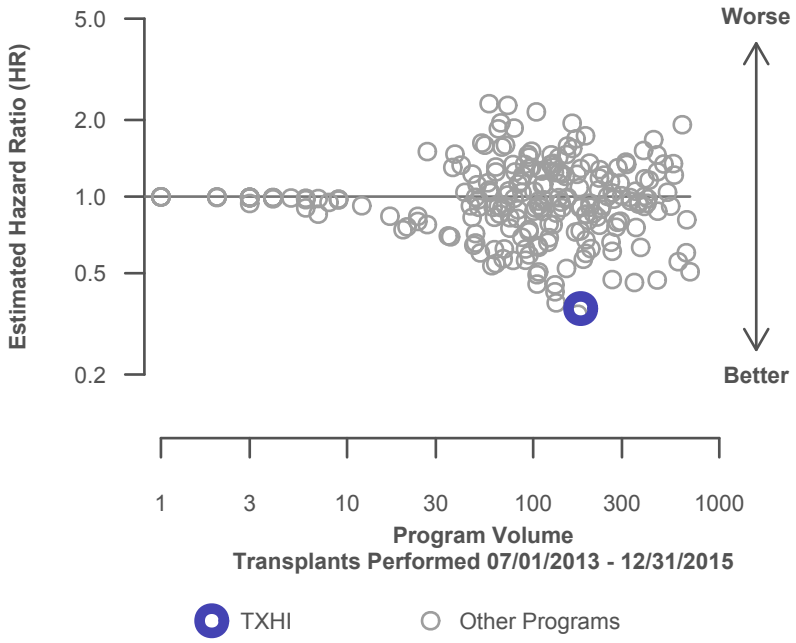


Figure C16. Adult (18+) 1-year patient death HR program comparison



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

	TXHI	U.S.
Number of transplants evaluated	115	22,815
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	96.59%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	97.20%	--
Number of observed deaths during the first year after transplant	0	717
Number of expected deaths during the first year after transplant	2.88	--
Estimated hazard ratio*	0.41	--
95% credible interval for the hazard ratio**	[0.05, 1.14]	--

* The hazard ratio provides an estimate of how CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI)'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 TXHI's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.05, 1.14], indicates the location of TXHI's true hazard ratio with 95% probability. The best estimate is 59% lower risk of patient death compared to an average program, but TXHI's performance could plausibly range from 95% reduced risk up to 14% increased risk.

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

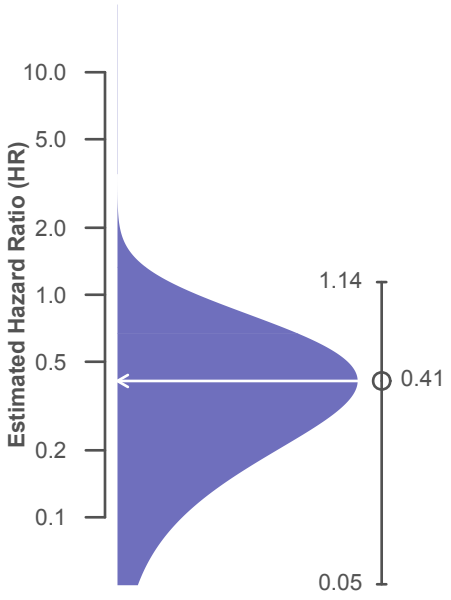
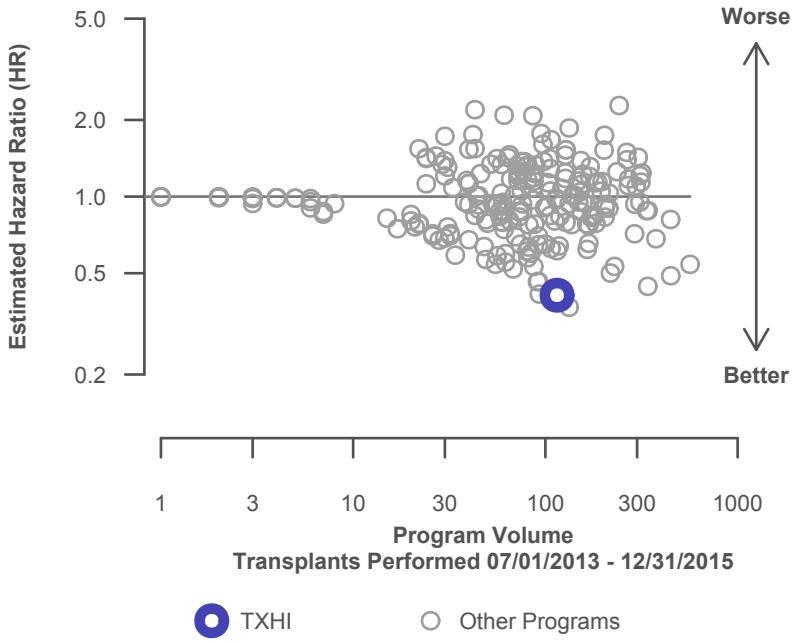


Figure C16D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)



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

	TXHI	U.S.
Number of transplants evaluated	65	12,054
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	98.75%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	98.91%	--
Number of observed deaths during the first year after transplant	0	136
Number of expected deaths during the first year after transplant	0.63	--
Estimated hazard ratio*	0.76	--
95% credible interval for the hazard ratio**	[0.09, 2.12]	--

* The hazard ratio provides an estimate of how CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI)'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 TXHI's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.09, 2.12], indicates the location of TXHI's true hazard ratio with 95% probability. The best estimate is 24% lower risk of patient death compared to an average program, but TXHI's performance could plausibly range from 91% reduced risk up to 112% increased risk.

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

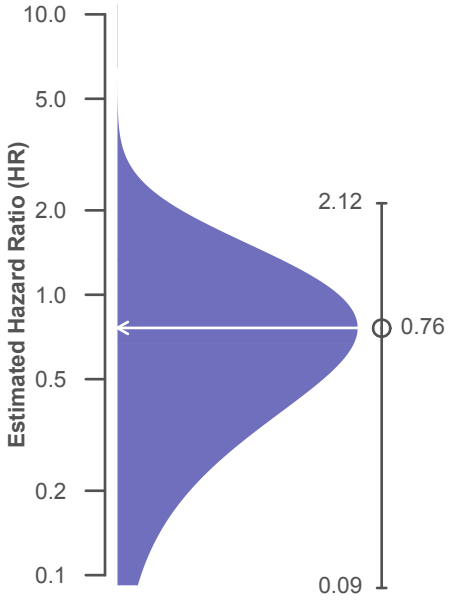
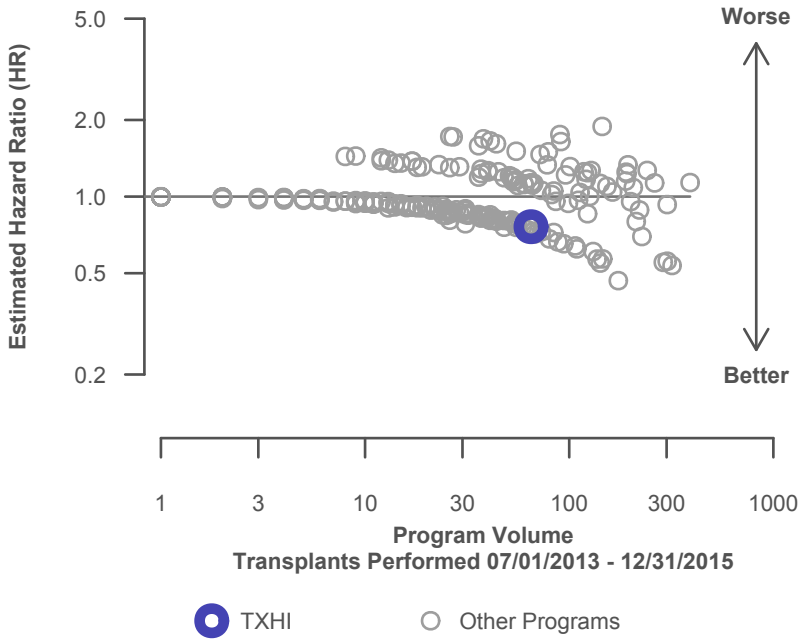


Figure C16L. Adult (18+) 1-year patient death HR program comparison (living donor grafts)



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

	TXHI	U.S.
Number of transplants evaluated	194	33,622
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	92.27%	93.27%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	94.24%	--
Number of observed deaths during the first 3 years after transplant	15	2,264
Number of expected deaths during the first 3 years after transplant	11.20	--
Estimated hazard ratio*	1.29	--
95% credible interval for the hazard ratio**	[0.75, 1.97]	--

* The hazard ratio provides an estimate of how CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI)'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 TXHI's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.75, 1.97], indicates the location of TXHI's true hazard ratio with 95% probability. The best estimate is 29% higher risk of patient death compared to an average program, but TXHI's performance could plausibly range from 25% reduced risk up to 97% increased risk.

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

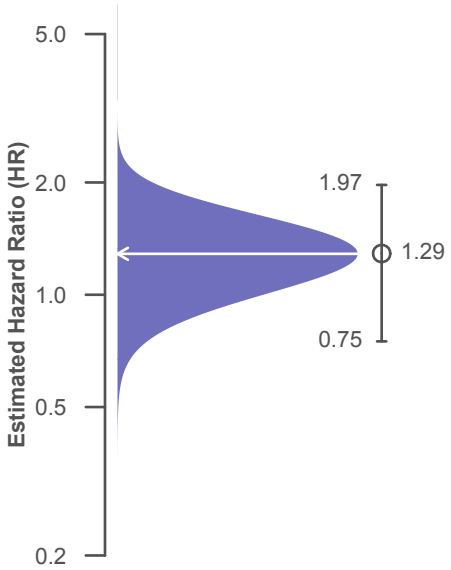
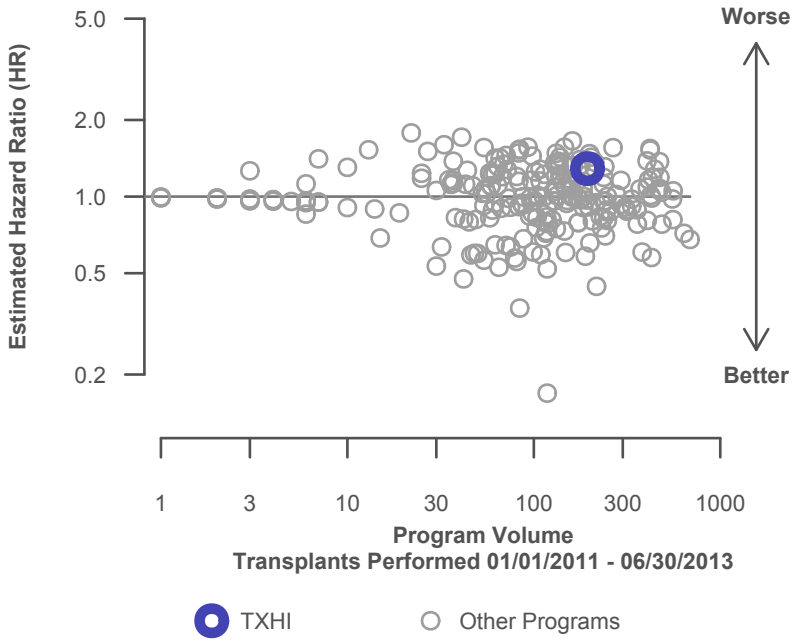


Figure C18. Adult (18+) 3-year patient death HR program comparison



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

	TXHI	U.S.
Number of transplants evaluated	139	21,623
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	89.93%	91.74%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	93.46%	--
Number of observed deaths during the first 3 years after transplant	14	1,787
Number of expected deaths during the first 3 years after transplant	9.08	--
Estimated hazard ratio*	1.44	--
95% credible interval for the hazard ratio**	[0.83, 2.23]	--

* The hazard ratio provides an estimate of how CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI)'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 TXHI's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.83, 2.23], indicates the location of TXHI's true hazard ratio with 95% probability. The best estimate is 44% higher risk of patient death compared to an average program, but TXHI's performance could plausibly range from 17% reduced risk up to 123% increased risk.

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

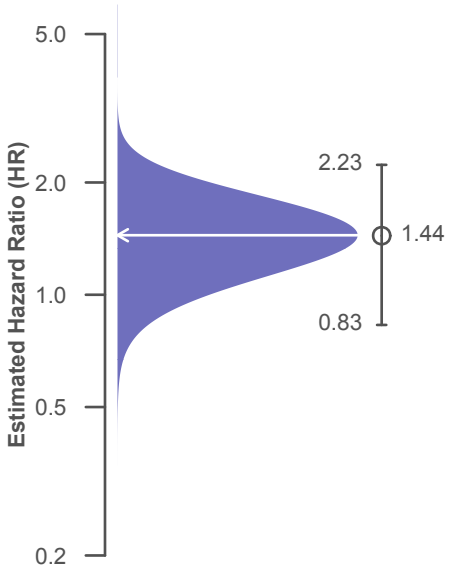
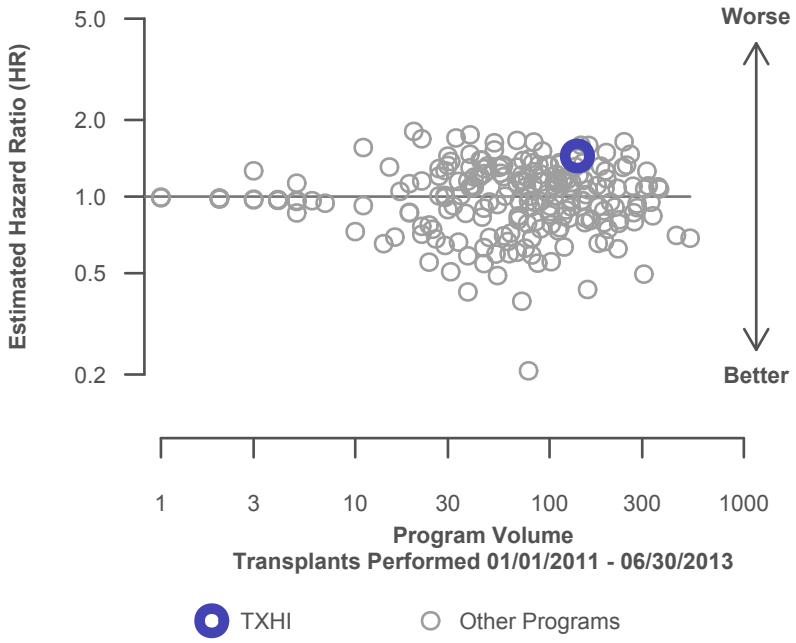


Figure C18D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)



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

	TXHI	U.S.
Number of transplants evaluated	55	11,999
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	98.18%	96.02%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	96.23%	--
Number of observed deaths during the first 3 years after transplant	1	477
Number of expected deaths during the first 3 years after transplant	2.13	--
Estimated hazard ratio*	0.73	--
95% credible interval for the hazard ratio**	[0.15, 1.75]	--

* The hazard ratio provides an estimate of how CHI St. Luke's Health Baylor College of Medicine Medical Center (TXHI)'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 TXHI's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.15, 1.75], indicates the location of TXHI's true hazard ratio with 95% probability. The best estimate is 27% lower risk of patient death compared to an average program, but TXHI's performance could plausibly range from 85% reduced risk up to 75% increased risk.

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

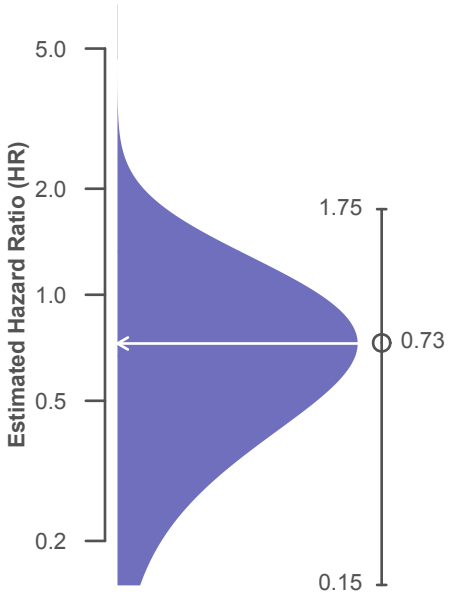
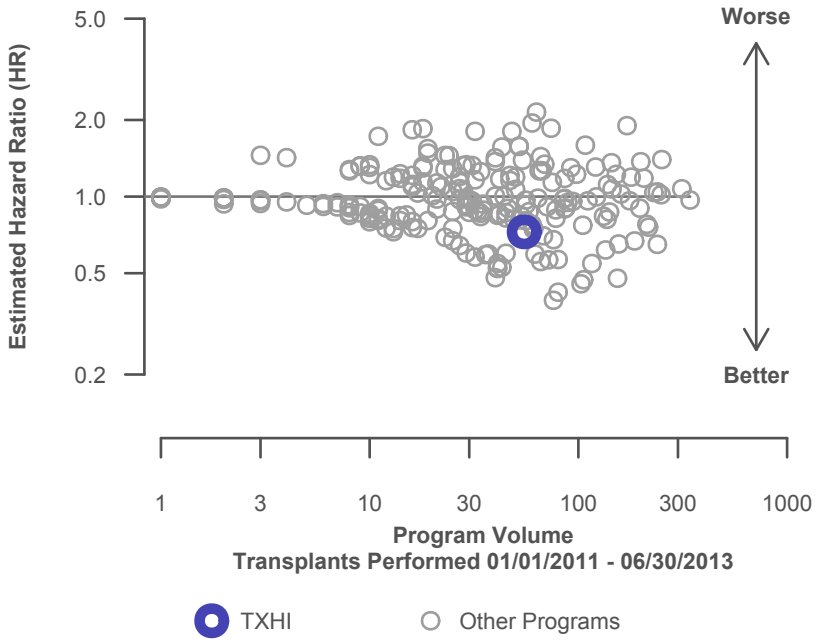


Figure C18L. Adult (18+) 3-year patient death HR program comparison (living donor grafts)



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

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

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

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

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

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

C. Transplant Information

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

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

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

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

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

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

C. Transplant Information

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

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

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

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

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

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

C. Transplant Information

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

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

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

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

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

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

C. Transplant Information

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

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

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

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

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

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

C. Transplant Information

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

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

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

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

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

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

C. Transplant Information

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

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

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

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

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

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

C. Transplant Information

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

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

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

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

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

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

C. Transplant Information

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

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

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

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

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

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

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	22	38	23	5,652	5,558	2,934
6-Month Follow-Up						
Donors due for follow-up	22	38	10	5,650	5,555	1,451
Timely clinical data	19 86.4%	33 86.8%	10 100.0%	4,289 75.9%	4,605 82.9%	1,237 85.3%
Timely lab data	18 81.8%	30 78.9%	10 100.0%	4,075 72.1%	4,321 77.8%	1,167 80.4%
12-Month Follow-Up						
Donors due for follow-up	22	29		5,650	4,142	
Timely clinical data	14 63.6%	25 86.2%		4,105 72.7%	3,184 76.9%	
Timely lab data	17 77.3%	24 82.8%		3,800 67.3%	2,916 70.4%	
24-Month Follow-Up						
Donors due for follow-up	17			4,273		
Timely clinical data	16 94.1%			2,950 69.0%		
Timely lab data	11 64.7%			2,568 60.1%		

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