

Transplant Program (Organ): Kidney Release Date: January 7, 2020

Based on Data Available: October 31, 2019

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## **User Guide**

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

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

The Program Summary is a one-page summary highlighting characteristics of the program, including the number of candidates on the waiting list, the number of transplants performed at the program, the number of patients being cared for by the program, and patient outcomes, including outcomes while on the waiting list (the transplant rate and the death rate while on the waiting list) and outcomes after transplant (patient and graft survival probabilities). If the program performed transplants in both adults and children, survival probabilities for adults and children (pediatrics) are provided separately. For each of the outcomes measures presented, a comparison is provided showing what would be expected at this program if it were performing as similar programs around the country perform when treating similar patients. 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 program 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 was higher than the expected rate. However, the level of uncertainty must be considered when interpreting these numbers. The 95% interval is also shown on Figure B2. This interval provides a range within which the true ratio of observed to expected transplant rates is likely to be. If this



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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 transplant rate at this program was 38.2 per 100 person-years. 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 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 07/01/2013 and 12/31/2018. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this program was 0.7 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 06/30/2019 to calculate a particular percentile of transplant times.

Table B10 contains a summary of the offer acceptance practices of the program. The offer acceptance ratio indicates whether the program is more or less likely to accept offers than the average program. If the offer acceptance ratio is greater than 1.0, then the program tends to accept more offers than average; if the offer acceptance ratio is less than 1.0, then the program tends to accept fewer offers than average. Figures B7 shows the distribution of program offer acceptance rates as well as the offer acceptance rate for this program. Figures B8 - B11 similarly show offer acceptance rates for subsets of offers.

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.



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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 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.

Tables C17 and C18 summarize the multiorgan transplant outcomes at this program. The summary statistics in these tables are descriptive and are not risk-adjusted for different donor and candidate characteristics.

Table D1 shows the rates of follow-up for living donors.

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

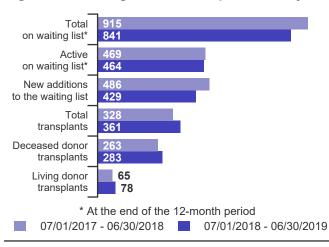


Table A1. Census of transplant recipients

Recipients	07/01/2017- 06/30/2018	07/01/2018- 06/30/2019
Transplanted at this center	328	361
Followed by this center*	947	1,009
transplanted at this program	n 930	992
transplanted elsewhere	17	17

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

Figure A2. Transplant rates 07/01/2017 - 06/30/2019

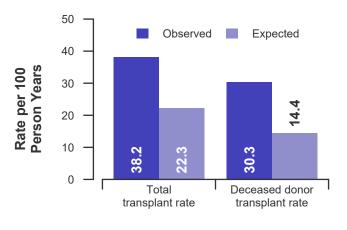


Figure A3. Waiting list mortality rates 07/01/2017 - 06/30/2019



Figure A4. First-year adult graft and patient survival: 07/01/2016 - 12/31/2018

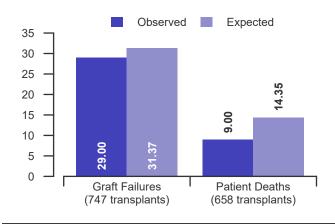
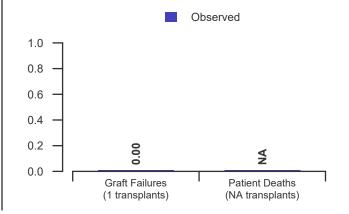


Figure A5. First-year pediatric graft and patient survival: 07/01/2016 - 12/31/2018





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Table B1. Waiting list activity summary: 07/01/2017 - 06/30/2019

		its for center	Activity for 07/01/2018 to 06/30/2019 as percent of registrants on waiting list on 07/01/2018			
Waiting List Registrations	07/01/2017- 06/30/2018	07/01/2018- 06/30/2019	This Center (%)	OPTN Region (%)	U.S. (%)	
On waiting list at start Additions	932	915	100.0	100.0	100.0	
New listings at this center	486	429	46.9	31.2	41.0	
Removals						
Transferred to another center	4	6	0.7	0.9	1.3	
Received living donor transplant*	64	78	8.5	4.3	6.6	
Received deceased donor transplant*	260	283	30.9	11.6	15.4	
Died	39	34	3.7	4.3	3.8	
Transplanted at another center	28	37	4.0	2.0	3.6	
Deteriorated	33	11	1.2	2.9	4.2	
Recovered	3	2	0.2	0.1	0.2	
Other reasons	72	52	5.7	3.4	5.6	
On waiting list at end of period	915	841	91.9	101.7	100.4	

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



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Table B2. Demographic characteristics of waiting list candidates
Candidates registered on the waiting list between 07/01/2018 and 06/30/2019

Domographia Charactaristic		ting List Regis 018 to 06/30/2		All Waiting List Registrations on 06/30/2019 (%)			
Demographic Characteristic	This Center (N=429)	OPTN Region (N=6,988)	U.S. (N=41,372)	This Center (N=841)	OPTN Region (N=22,735)	U.S. (N=101,268)	
All (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Ethnicity/Race (%)*							
White	50.8	27.7	41.5	46.0	22.4	35.5	
African-American	9.1	9.3	28.8	11.5	10.9	32.3	
Hispanic/Latino	23.1	40.0	19.5	23.9	42.3	20.7	
Asian	8.9	19.5	8.4	8.0	21.4	9.8	
Other	8.2	3.5	1.8	10.6	3.0	1.7	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Age (%)							
<2 years	0.0	0.1	0.1	0.0	0.1	0.1	
2-11 years	0.0	1.2	1.0	0.0	0.7	0.6	
12-17 years	0.0	1.7	1.5	0.0	1.1	0.9	
18-34 years	9.3	12.3	10.8	7.7	12.2	10.6	
35-49 years	19.8	24.9	24.9	22.5	27.6	27.5	
50-64 years	41.3	41.7	41.0	42.3	43.9	43.4	
65-69 years	13.8	12.5	13.2	13.3	11.1	11.8	
70+ years	15.9	5.4	7.4	14.1	3.3	5.1	
Gender (%)							
Male	60.8	62.5	62.1	64.2	62.6	61.9	
Female	39.2	37.5	37.9	35.8	37.4	38.1	

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



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Table B3. Medical characteristics of waiting list candidates
Candidates registered on the waiting list between 07/01/2018 and 06/30/2019

Medical Characteristic		ting List Regis 018 to 06/30/2		All Waiting List Registrations on 06/30/2019 (%)			
medical offaracteristic	This Center (N=429)	OPTN Region (N=6,988)	U.S. (N=41,372)	This Center (N=841)	OPTN Region (N=22,735)	U.S. (N=101,268)	
All (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Blood Type (%)							
0	51.5	50.8	49.1	60.2	55.0	53.3	
A	33.1	31.0	32.0	27.3	27.1	27.4	
В	12.4	14.4	15.0	11.1	15.5	16.7	
AB	3.0	3.9	3.9	1.4	2.4	2.5	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Previous Transplant (%)							
Yes	16.8	10.9	12.8	14.6	10.1	13.7	
No	83.2	89.1	87.2	85.4	89.9	86.3	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Initial CPRA (%)							
0-9%	83.2	79.8	79.5	80.9	81.4	80.2	
10-79%	10.7	12.5	12.8	12.6	12.6	12.4	
80+%	6.1	7.7	7.7	6.5	6.0	7.4	
Unknown	0.0	0.0	0.1	0.0	0.0	0.0	
Primary Disease (%)*							
Glomerular Diseases	23.1	19.5	19.5	20.8	19.0	19.0	
Tubular and Interstitial Diseases	4.0	3.3	3.9	3.4	2.8	3.6	
Polycystic Kidneys	10.0	6.2	7.2	7.6	5.6	6.9	
Congenital, Familial, Metabolic	2.8	2.4	2.1	1.9	1.9	1.8	
Diabetes	31.9	39.1	35.3	37.2	42.4	36.4	
Renovascular & Vascular Disease	s 0.0	0.2	0.2	0.0	0.1	0.1	
Neoplasms	0.7	0.3	0.4	1.0	0.2	0.3	
Hypertensive Nephrosclerosis	8.2	13.8	19.2	8.1	15.6	21.5	
Other	19.1	15.0	11.8	20.0	11.8	9.9	
Missing*	0.2	0.4	0.5	0.0	0.6	0.5	

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



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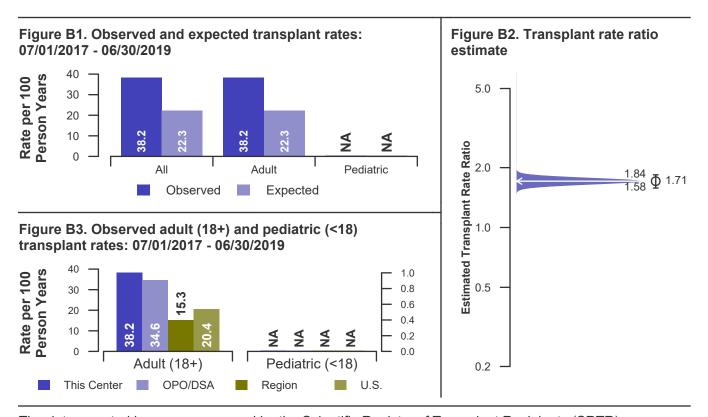
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Table B4. Transplant rates: 07/01/2017 - 06/30/2019

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	931	1,974	22,268	102,722
Person Years**	1,794.1	3,717.2	44,730.4	202,385.3
Removals for Transplant	685	1,309	7,022	42,479
Adult (18+) Candidates				
Count on waiting list at start*	931	1,955	21,870	101,204
Person Years**	1,794.1	3,682.7	43,935.7	199,309.9
Removals for transpant	685	1,273	6,724	40,758
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Removals for transplant				

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

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





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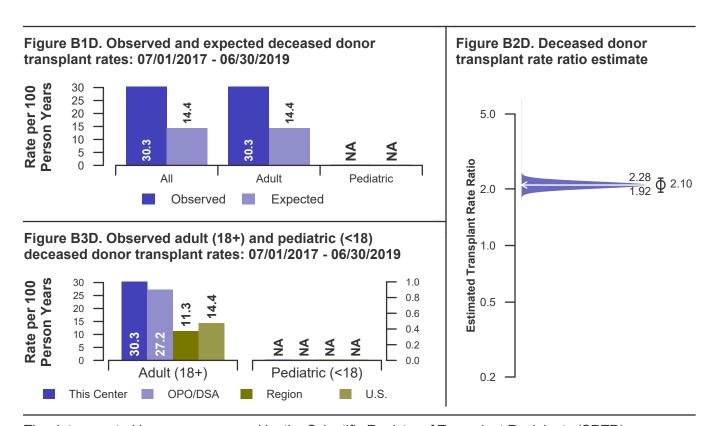
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Table B4D. Deceased donor transplant rates: 07/01/2017 - 06/30/2019

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	931	1,974	22,268	102,722
Person Years**	1,794.1	3,717.2	44,730.4	202,385.3
Removals for Transplant	543	1,032	5,188	29,769
Adult (18+) Candidates				
Count on waiting list at start*	931	1,955	21,870	101,204
Person Years**	1,794.1	3,682.7	43,935.7	199,309.9
Removals for transpant	543	1,002	4,969	28,607
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Removals for transplant				

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

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





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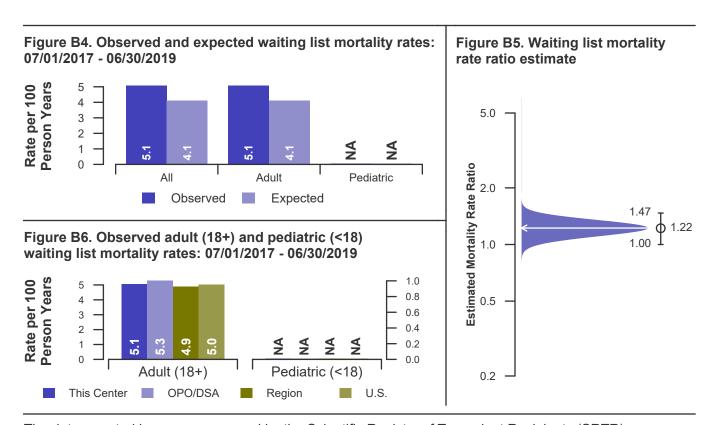
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Table B5. Waiting list mortality rates: 07/01/2017 - 06/30/2019

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	931	1,974	22,268	102,722
Person Years**	1,956.6	3,980.4	47,250.1	220,767.9
Number of deaths	99	209	2,271	10,969
Adult (18+) Candidates				
Count on waiting list at start*	931	1,955	21,870	101,204
Person Years**	1,956.6	3,943.4	46,432.1	217,592.8
Number of deaths	99	208	2,261	10,931
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Number of deaths				

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

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





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# **B.** Waiting List Information

Table B6. Waiting list candidate status after listing Candidates registered on waiting list between 01/01/2017 and 12/31/2017

Waiting list status (survival status)		Center (Nans Since L 12	,	U.S. (N=36,696) Months Since Listing 6 12 18			
Alive on waiting list (%)	69.1	53.5	44.8	77.9	64.9	55.0	
Died on the waiting list without transplant (%)	0.8	1.1	1.3	1.2	2.2	3.1	
Removed without transplant (%):							
Condition worsened (status unknown)	0.2	0.6	1.3	0.7	1.5	2.4	
Condition improved (status unknown)	0.0	0.0	0.0	0.1	0.2	0.2	
Refused transplant (status unknown)	0.0	0.0	0.0	0.0	0.1	0.2	
Other	0.8	1.9	2.5	8.0	1.7	2.8	
Transplant (living donor from waiting list only) (%):							
Functioning (alive)	6.6	10.4	7.0	6.6	10.0	8.4	
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0	
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0	
Died	0.0	0.0	0.0	0.0	0.1	0.1	
Status Yet Unknown**	0.0	0.4	6.3	0.1	0.4	3.9	
Transplant (deceased donor) (%):							
Functioning (alive)	19.5	24.1	17.1	10.4	14.2	12.6	
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	0.1	0.1	0.0	
Died	8.0	1.1	1.3	0.2	0.4	0.7	
Status Yet Unknown*	2.1	7.0	18.4	1.6	3.6	9.4	
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.3	0.7	1.2	
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Total % known died on waiting list or after transplant	1.7	2.1	2.5	1.5	2.7	3.9	
Total % known died or removed as unstable	1.9	2.7	3.8	2.1	4.2	6.3	
Total % removed for transplant	29.0	42.9	50.1	18.9	28.7	35.1	
Total % with known functioning transplant (alive)	26.0	34.5	24.1	17.0	24.2	21.0	

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



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Table B7. Percent of candidates with deceased donor transplants: demographic characteristics Candidates registered on the waiting list between 07/01/2013 and 06/30/2016

		P	ercent t	ranspla	nted at 1	time per	iods sir	nce listi	ng	
Characteristic		Th	nis Cent	er			Un	ited Sta	ites	
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	1,045	6.5	27.9	40.7	47.3	94,041	2.8	13.4	20.1	25.4
Ethnicity/Race*										
White	504	6.9	30.6	42.7	50.6	37,492	3.2	14.7	21.5	26.6
African-American	135	8.9	20.0	34.1	40.7	30,238	2.4	12.7	19.6	24.8
Hispanic/Latino	239	5.4	29.7	44.4	48.5	17,228	2.8	12.9	19.5	24.9
Asian	66	3.0	27.3	45.5	53.0	7,575	1.6	10.0	16.4	21.9
Other	101	5.9	21.8	27.7	32.7	1,508	2.7	15.7	22.1	27.5
Unknown	0					0				
Age										
<2 years	0					145	6.2	31.7	49.0	62.1
2-11 years	0					807	7.2	47.5	62.5	70.6
12-17 years	1	0.0	100.0	100.0	100.0	1,365	7.5	49.1	61.7	67.7
18-34 years	92	4.3	29.3	37.0	46.7	9,544	2.3	13.4	22.3	29.9
35-49 years	230	2.2	22.2	36.5	45.7	23,967	2.4	12.1	19.1	24.9
50-64 years	434	8.5	27.0	41.0	47.2	40,579	2.9	12.5	18.6	23.3
65-69 years	156	8.3	32.1	43.6	48.1	12,055	2.7	12.5	18.3	22.7
70+ years	132	6.8	34.8	45.5	49.2	5,579	2.4	13.1	18.7	22.5
Gender										
Male	634	6.2	26.5	38.0	45.0	58,154	2.9	13.1	19.4	24.5
Female	411	7.1	30.2	44.8	50.9	35,887	2.6	13.9	21.3	26.8

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



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# **B. Waiting List Information**

Table B8. Percent of candidates with deceased donor transplants: medical characteristics Candidates registered on the waiting list between 07/01/2013 and 06/30/2016

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	1,045	6.5	27.9	40.7	47.3	94,041	2.8	13.4	20.1	25.4
Blood Type										
0	497	5.6	20.7	31.0	38.6	46,674	2.5	11.5	17.2	21.7
A	369	7.3	35.2	49.6	55.3	29,604	3.3	16.0	24.3	30.9
В	135	4.4	26.7	44.4	51.9	14,235	2.0	10.8	16.5	21.0
AB	44	15.9	52.3	63.6	63.6	3,528	4.6	26.5	38.3	45.3
Previous Transplant										
Yes	143	7.0	30.8	40.6	46.2	13,106	2.3	13.5	21.8	27.5
No	902	6.4	27.5	40.7	47.5	80,935	2.8	13.4	19.8	25.0
Peak PRA/CPRA										
0-9%	797	6.9	25.8	38.3	45.2	76,518	2.9	12.9	19.2	24.4
10-79%	155	3.9	31.0	46.5	53.5	10,354	2.0	13.4	21.0	26.8
80+%	93	7.5	40.9	51.6	54.8	7,085	2.2	17.8	28.1	33.7
Unknown	0					8	100.0	100.0	100.0	100.0
Primary Disease*										
Glomerular Diseases	187	4.3	24.6	37.4	47.1	16,899	2.1	14.2	22.6	29.4
Tubular & Interstitial Diseases	32	3.1	31.2	46.9	56.2	3,337	4.2	17.4	25.4	30.6
Polycystic Kidneys	70	5.7	27.1	40.0	48.6	6,182	1.6	11.9	19.4	26.3
Congenital, Familial, Metabolic	13	0.0	0.0	23.1	23.1	1,818	3.8	26.6	37.6	45.0
Diabetes	355	6.5	26.8	36.6	42.0	33,115	1.7	9.6	14.5	18.5
Renovascular & Vascular Diseases	3	33.3	66.7	100.0	100.0	135	4.4	15.6	23.7	28.9
Neoplasms	7	0.0	14.3	14.3	28.6	292	2.7	18.2	26.0	30.8
Hypertensive Nephrosclerosis	78	6.4	28.2	48.7	56.4	20,970	2.3	12.6	19.6	25.1
Other	300	8.7	32.3	45.7	51.0	10,890	8.0	22.4	30.1	35.0
Missing*	0					403	1.0	9.7	15.6	19.9

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



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## **B.** Waiting List Information

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

Candidates registered on the waiting list between 07/01/2013 and 12/31/2018

	Months to Transplant**									
Percentile	Center	OPO/DSA	Region	U.S.						
5th	0.7	0.7	1.4	1.1						
10th	1.5	1.6	3.8	2.9						
25th	5.3	5.8	15.3	11.1						
50th (median time to transplant)	18.8	23.5	Not Observed	50.3						
75th	Not Observed	Not Observed	Not Observed	Not Observed						

<sup>\*</sup> 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.

<sup>\*\*</sup> Censored on 06/30/2019. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had received a transplant.



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Table B10. Offer Acceptance Practices: 07/01/2018 - 06/30/2019

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
Overall				
Number of Offers	13,705	20,702	342,386	1,657,991
Number of Acceptances	258	494	2,403	14,558
Expected Acceptances	110.4	274.0	2,067.5	14,546.9
Offer Acceptance Ratio*	2.31	1.80	1.16	1.00
95% Credible Interval**	[2.04, 2.60]			
Low-KDRI Donors (KDRI < 1.05)				
Number of Offers	1,624	3,055	44,826	231,877
Number of Acceptances	89	156	775	4,979
Expected Acceptances	47.9	125.0	689.4	4,980.4
Offer Acceptance Ratio*	1.82	1.24	1.12	1.00
95% Credible Interval**	[1.47, 2.22]			
Medium-KDRI Donors (1.05 < KDRI < 1.75)	-			
Number of Offers	9,618	14,411	230,749	1,056,662
Number of Acceptances	146	303	1,359	7,967
Expected Acceptances	57.9	141.6	1,184.4	7,955.4
Offer Acceptance Ratio*	2.47	2.12	1.15	1.00
95% Credible Interval**	[2.09, 2.88]			
High-KDRI Donors (KDRI > 1.75)				
Number of Offers	2,463	3,236	66,811	369,452
Number of Acceptances	23	35	269	1,612
Expected Acceptances	4.5	7.4	193.7	1,611.1
Offer Acceptance Ratio*	3.83	3.92	1.38	1.00
95% Credible Interval**	[2.48, 5.47]			
Hard-to-Place Kidneys (Over 100 Offers)				
Number of Offers	12,201	17,271	309,895	1,398,185
Number of Acceptances	84	134	369	2,091
Expected Acceptances	14.4	20.6	374.0	2,096.5
Offer Acceptance Ratio*	5.25	6.01	0.99	1.00
95% Credible Interval**	[4.20, 6.41]			

<sup>\*</sup> The offer acceptance ratio estimates the relative offer acceptance practice of Mayo Clinic Hospital (AZMC) compared to the national offer acceptance practice. A ratio above one indicates the program is more likely to accept an offer compared to national offer acceptance practices (e.g., an offer acceptance ratio of 1.25 indicates a 25% more likely to accept an offer), while a ratio below one indicates the program is less likely to accept an offer compared to national offer acceptance practices (e.g., an offer acceptance ratio of 0.75 indicates a 25% less likely to accept an offer).

<sup>\*\*</sup> As an example, the 95% Credible Interval for the overall offer acceptance ratio, [2.04, 2.60], indicates the location of AZMC's true offer acceptance ratio with 95% probability. The best estimate is 131% more likely to accept an offer compared to national acceptance behavior, but AZMC's performance could plausibly range from 104% higher acceptance up to 160% higher acceptance.



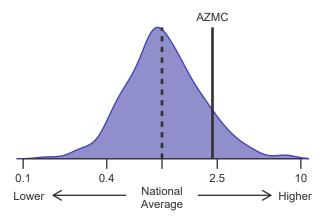
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Figure B7. Offer acceptance: Overall

Figure B8. Offer acceptance: Low-KDRI



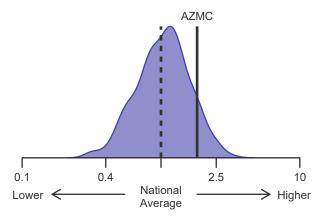
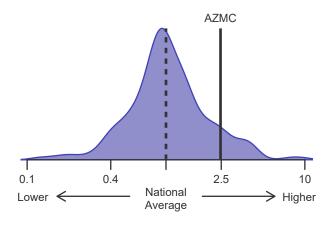


Figure B9. Offer acceptance: Medium-KDRI

Figure B10. Offer acceptance: High-KDRI



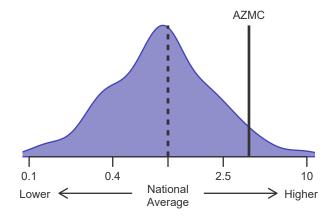
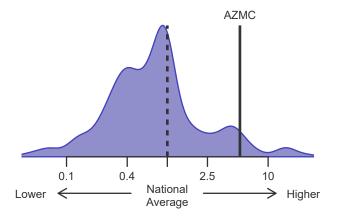


Figure B11. Offer acceptance: Offer number > 100





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# **C. Transplant Information**

# Table C1D. Deceased donor transplant recipient demographic characteristics Patients transplanted between 07/01/2018 and 06/30/2019

	Perce	Percentage in each category		
Characteristic	Center (N=283)	Region (N=2,600)	U.S. (N=15,530)	
Ethnicity/Race (%)*				
White	42.8	24.9	37.2	
African-American	11.7	11.7	33.2	
Hispanic/Latino	26.5	42.2	19.5	
Asian	11.0	17.5	8.1	
Other	8.1	3.7	1.9	
Unknown	0.0	0.0	0.0	
Age (%)				
<2 years	0.0	0.0	0.1	
2-11 years	0.0	0.9	1.2	
12-17	0.0	2.1	1.8	
18-34	10.6	10.8	9.7	
35-49 years	22.6	23.7	23.8	
50-64 years	38.5	40.7	40.7	
65-69 years	15.5	13.8	13.5	
70+ years	12.7	7.9	9.3	
Gender (%)				
Male	61.5	58.1	60.0	
Female	38.5	41.9	40.0	

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



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# **C. Transplant Information**

# Table C1L. Living donor transplant recipient demographic characteristics Patients transplanted between 07/01/2018 and 06/30/2019

	Perce	Percentage in each category		
Characteristic	Center (N=78)	Region (N=971)	U.S. (N=6,687)	
Ethnicity/Race (%)*				
White	66.7	48.3	63.7	
African-American	2.6	6.0	12.6	
Hispanic/Latino	17.9	29.4	16.1	
Asian	9.0	13.8	6.2	
Other	3.8	2.6	1.4	
Unknown	0.0	0.0	0.0	
Age (%)				
<2 years	0.0	0.0	0.1	
2-11 years	0.0	1.4	2.0	
12-17	0.0	1.6	1.7	
18-34	20.5	18.6	16.2	
35-49 years	34.6	28.2	26.2	
50-64 years	25.6	33.4	35.9	
65-69 years	11.5	9.3	9.9	
70+ years	7.7	7.4	7.9	
Gender (%)				
Male	67.9	64.0	62.6	
Female	32.1	36.0	37.4	

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



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# **C. Transplant Information**

# Table C2D. Deceased donor transplant recipient medical characteristics Patients transplanted between 07/01/2018 and 06/30/2019

	Percentage in each category		
Characteristic	Center (N=283)	Region (N=2,600)	U.S. (N=15,530)
Blood Type (%)			
0	39.2	47.9	46.4
A	36.7	32.2	33.7
В	17.3	15.0	14.5
AB	6.7	5.0	5.4
Previous Transplant (%)			
Yes	12.4	14.5	13.0
No	87.6	85.5	87.0
Peak PRA/CPRA Prior to Transplant (%)			
0-9%	62.9	54.5	59.3
10-79%	25.1	21.9	22.8
80+ %	12.0	23.5	17.9
Unknown	0.0	0.0	0.0
Body Mass Index (%)			
0-20	10.6	12.1	9.7
21-25	25.1	30.3	27.9
26-30	34.3	31.9	30.6
31-35	21.6	18.7	21.0
36-40	7.8	5.2	8.0
41+	0.7	0.7	1.4
Unknown	0.0	1.2	1.5
Primary Disease (%)*			
Glomerular Diseases	27.2	22.4	21.6
Tubular and Interstitial Disease	5.7	4.0	4.2
Polycystic Kidneys	10.6	6.7	7.5
Congenital, Familial, Metabolic	5.3	3.6	2.6
Diabetes	28.3	29.8	29.0
Renovascular & Vascular Diseases	0.0	0.3	0.2
Neoplasms	0.7	0.4	0.4
Hypertensive Nephrosclerosis	13.8	18.1	23.4
Other Kidney	8.1	14.4	10.8
Missing*	0.4	0.3	0.2

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



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# **C. Transplant Information**

# Table C2L. Living donor transplant recipient medical characteristics Patients transplanted between 07/01/2018 and 06/30/2019

	Percei	Percentage in each category		
Characteristic	Center (N=78)	Region (N=971)	U.S. (N=6,687)	
Blood Type (%)				
0	41.0	42.5	44.5	
A	39.7	38.4	37.8	
В	16.7	14.7	13.5	
AB	2.6	4.3	4.2	
Previous Transplant (%)				
Yes	12.8	9.5	10.9	
No	87.2	90.5	89.1	
Peak PRA/CPRA Prior to Transplant (%)				
0-9%	82.1	72.3	75.0	
10-79%	17.9	23.4	20.2	
80+ %	0.0	4.2	4.7	
Unknown	0.0	0.1	0.1	
Body Mass Index (%)				
0-20	6.4	13.9	12.5	
21-25	30.8	32.6	29.2	
26-30	29.5	30.6	30.2	
31-35	21.8	18.0	19.0	
36-40	9.0	3.6	7.0	
41+	2.6	0.6	1.3	
Unknown	0.0	0.6	0.7	
Primary Disease (%)*				
Glomerular Diseases	37.2	33.6	30.0	
Tubular and Interstitial Disease	7.7	5.3	5.6	
Polycystic Kidneys	11.5	11.8	12.3	
Congenital, Familial, Metabolic	1.3	3.5	3.4	
Diabetes	21.8	22.7	23.2	
Renovascular & Vascular Diseases	0.0	0.5	0.3	
Neoplasms	1.3	0.7	0.6	
Hypertensive Nephrosclerosis	11.5	11.2	15.1	
Other Kidney	7.7	10.2	9.2	
Missing*	0.0	0.5	0.3	

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



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# **C. Transplant Information**

Table C3D. Deceased donor characteristics
Transplants performed between 07/01/2018 and 06/30/2019

	Perce	Percentage in each category		
Donor Characteristic	Center (N=283)	Region (N=2,600)	U.S. (N=15,530)	
Cause of Death (%)				
Deceased: Stroke	16.3	26.2	23.5	
Deceased: MVA	15.9	15.4	14.2	
Deceased: Other	67.8	58.3	62.2	
Ethnicity/Race (%)*				
White	65.7	55.3	67.6	
African-American	6.7	8.5	13.7	
Hispanic/Latino	20.1	27.8	14.8	
Asian	2.1	5.5	2.6	
Other	5.3	2.9	1.3	
Not Reported	0.0	0.0	0.0	
Age (%)				
<2 years	1.4	1.5	0.9	
2-11 years	4.6	3.4	2.9	
12-17	4.6	3.2	4.1	
18-34	32.5	31.1	32.8	
35-49 years	28.3	32.4	32.1	
50-64 years	25.4	25.3	24.5	
65-69 years	2.8	2.5	2.0	
70+ years	0.4	0.6	0.6	
Gender (%)				
Male	63.6	63.0	61.2	
Female	36.4	37.0	38.8	
Blood Type (%)				
0	40.6	50.5	48.3	
A	41.7	33.6	36.2	
В	13.1	12.2	12.0	
AB	4.6	3.7	3.5	
Unknown	0.0	0.0	0.0	
No	85.9	84.0	86.3	

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



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# **C. Transplant Information**

Table C3L. Living donor characteristics
Transplants performed between 07/01/2018 and 06/30/2019

	Percei	Percentage in each category		
Donor Characteristic	Center (N=78)	Region (N=971)	U.S. (N=6,687)	
Ethnicity/Race (%)*				
White	78.2	59.8	69.8	
African-American	0.0	3.2	8.9	
Hispanic/Latino	15.4	24.5	15.1	
Asian	3.8	9.2	4.6	
Other	2.6	3.3	1.6	
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	33.3	25.5	26.3	
35-49 years	41.0	38.2	38.9	
50-64 years	23.1	31.2	30.2	
65-69 years	2.6	3.8	3.5	
70+ years	0.0	1.2	1.1	
Gender (%)				
Male	28.2	33.2	34.9	
Female	71.8	66.8	65.1	
Blood Type (%)				
0	60.3	57.8	63.0	
A	26.9	31.0	27.7	
В	11.5	10.0	8.1	
AB	1.3	1.2	1.2	
Unknown	0.0	0.0	0.0	

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



Center Code: AZMC Transplant Program (Organ): Kidney

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# **C. Transplant Information**

Table C4D. Deceased donor transplant characteristics

Transplants performed between 07/01/2018 and 06/30/2019

	Center (N=283)  23.7 56.4 19.2 0.6 0.0 0.0  8.7 40.2 50.4 0.8 0.0 0.0  9.9 41.3 48.8 0.0 6.7 24.0	Region (N=2,600) 32.6 52.1 12.9 1.7 0.3 0.4 6.8 44.6 37.2 9.1 2.1 0.2 14.3 39.5 45.5 0.6 8.9 25.2	U.S. (N=15,530)  34.8 47.4 14.4 1.8 0.7 0.9  8.7 39.7 35.8 11.5 3.6 0.8  11.7 38.4 49.3 0.5  7.5 24.2
Deceased: 0-11 hr Deceased: 12-21 hr Deceased: 22-31 hr Deceased: 32-41 hr Deceased: 42+ hr Not Reported  Cold Ischemic Time (Hours): Shared (%) Deceased: 0-11 hr Deceased: 12-21 hr Deceased: 12-21 hr Deceased: 22-31 hr Deceased: 32-41 hr Deceased: 32-41 hr Deceased: 42+ hr Not Reported  Level of Mismatch (%) A Locus Mismatches (%) 0 1 2 Not Reported  B Locus Mismatches (%) 0 1 2 Not Reported  DR Locus Mismatches (%) 0 1 2 Not Reported  Total Mismatches (%) 0 1 1 2 Not Reported  Total Mismatches (%) 0 1	56.4 19.2 0.6 0.0 0.0 8.7 40.2 50.4 0.8 0.0 0.0 9.9 41.3 48.8 0.0 6.7	52.1 12.9 1.7 0.3 0.4 6.8 44.6 37.2 9.1 2.1 0.2 14.3 39.5 45.5 0.6	47.4 14.4 1.8 0.7 0.9 8.7 39.7 35.8 11.5 3.6 0.8 11.7 38.4 49.3 0.5
Deceased: 12-21 hr Deceased: 22-31 hr Deceased: 32-41 hr Deceased: 42+ hr Not Reported  Cold Ischemic Time (Hours): Shared (%) Deceased: 0-11 hr Deceased: 12-21 hr Deceased: 22-31 hr Deceased: 32-41 hr Deceased: 32-41 hr Deceased: 42+ hr Not Reported  Level of Mismatch (%) A Locus Mismatches (%) 0 1 2 Not Reported  B Locus Mismatches (%) 0 1 2 Not Reported  DR Locus Mismatches (%) 0 1 2 Not Reported  Total Mismatches (%) 0 1 2 Not Reported  Total Mismatches (%) 0 1	56.4 19.2 0.6 0.0 0.0 8.7 40.2 50.4 0.8 0.0 0.0 9.9 41.3 48.8 0.0 6.7	52.1 12.9 1.7 0.3 0.4 6.8 44.6 37.2 9.1 2.1 0.2 14.3 39.5 45.5 0.6	47.4 14.4 1.8 0.7 0.9 8.7 39.7 35.8 11.5 3.6 0.8 11.7 38.4 49.3 0.5
Deceased: 22-31 hr Deceased: 32-41 hr Deceased: 42+ hr Not Reported Cold Ischemic Time (Hours): Shared (%) Deceased: 0-11 hr Deceased: 12-21 hr Deceased: 22-31 hr Deceased: 32-41 hr Deceased: 32-41 hr Deceased: 42+ hr Not Reported Level of Mismatch (%) A Locus Mismatches (%) 0 1 2 Not Reported B Locus Mismatches (%) 0 1 2 Not Reported DR Locus Mismatches (%) 0 1 2 Not Reported Total Mismatches (%) 0 1 2 Not Reported Total Mismatches (%) 0 1	19.2 0.6 0.0 0.0 8.7 40.2 50.4 0.8 0.0 0.0 9.9 41.3 48.8 0.0 6.7	12.9 1.7 0.3 0.4 6.8 44.6 37.2 9.1 2.1 0.2 14.3 39.5 45.5 0.6	14.4 1.8 0.7 0.9 8.7 39.7 35.8 11.5 3.6 0.8 11.7 38.4 49.3 0.5
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Deceased: 42+ hr Not Reported  Cold Ischemic Time (Hours): Shared (%)  Deceased: 0-11 hr Deceased: 12-21 hr Deceased: 22-31 hr Deceased: 32-41 hr Deceased: 42+ hr Not Reported  Level of Mismatch (%)  A Locus Mismatches (%)  0  1  2  Not Reported  B Locus Mismatches (%)  0  1  2  Not Reported  DR Locus Mismatches (%)  0  1  2  Not Reported  DR Locus Mismatches (%)  0  1  2  Not Reported  Total Mismatches (%)  0  1	0.0 0.0 8.7 40.2 50.4 0.8 0.0 0.0 9.9 41.3 48.8 0.0 6.7	0.3 0.4 6.8 44.6 37.2 9.1 2.1 0.2 14.3 39.5 45.5 0.6 8.9	0.7 0.9 8.7 39.7 35.8 11.5 3.6 0.8 11.7 38.4 49.3 0.5
Not Reported Cold Ischemic Time (Hours): Shared (%) Deceased: 0-11 hr Deceased: 12-21 hr Deceased: 22-31 hr Deceased: 32-41 hr Deceased: 42+ hr Not Reported Level of Mismatch (%) A Locus Mismatches (%) 0 1 2 Not Reported B Locus Mismatches (%) 0 1 2 Not Reported DR Locus Mismatches (%) 0 1 2 Not Reported Total Mismatches (%) 0 1 1 2 Not Reported Total Mismatches (%) 0 1	0.0 8.7 40.2 50.4 0.8 0.0 0.0 9.9 41.3 48.8 0.0 6.7	0.4 6.8 44.6 37.2 9.1 2.1 0.2 14.3 39.5 45.5 0.6 8.9	0.9  8.7 39.7 35.8 11.5 3.6 0.8  11.7 38.4 49.3 0.5
Cold Ischemic Time (Hours): Shared (%)  Deceased: 0-11 hr  Deceased: 12-21 hr  Deceased: 22-31 hr  Deceased: 32-41 hr  Deceased: 42+ hr  Not Reported  Level of Mismatch (%)  A Locus Mismatches (%)  0  1  2  Not Reported  B Locus Mismatches (%)  0  1  2  Not Reported  DR Locus Mismatches (%)  0  1  2  Not Reported  Total Mismatches (%)  0  1	8.7 40.2 50.4 0.8 0.0 0.0 9.9 41.3 48.8 0.0	6.8 44.6 37.2 9.1 2.1 0.2 14.3 39.5 45.5 0.6	8.7 39.7 35.8 11.5 3.6 0.8 11.7 38.4 49.3 0.5
Cold Ischemic Time (Hours): Shared (%)  Deceased: 0-11 hr  Deceased: 12-21 hr  Deceased: 22-31 hr  Deceased: 32-41 hr  Deceased: 42+ hr  Not Reported  Level of Mismatch (%)  A Locus Mismatches (%)  0  1  2  Not Reported  B Locus Mismatches (%)  0  1  2  Not Reported  DR Locus Mismatches (%)  0  1  2  Not Reported  DR Locus Mismatches (%)  0  1  2  Not Reported  Total Mismatches (%)  0  1	8.7 40.2 50.4 0.8 0.0 0.0 9.9 41.3 48.8 0.0	6.8 44.6 37.2 9.1 2.1 0.2 14.3 39.5 45.5 0.6	39.7 35.8 11.5 3.6 0.8 11.7 38.4 49.3 0.5
Deceased: 0-11 hr Deceased: 12-21 hr Deceased: 22-31 hr Deceased: 32-41 hr Deceased: 42+ hr Not Reported Level of Mismatch (%) A Locus Mismatches (%) 0 1 2 Not Reported B Locus Mismatches (%) 0 1 2 Not Reported DR Locus Mismatches (%) 0 1 2 Not Reported Total Mismatches (%) 0 1	40.2 50.4 0.8 0.0 0.0 9.9 41.3 48.8 0.0	44.6 37.2 9.1 2.1 0.2 14.3 39.5 45.5 0.6	39.7 35.8 11.5 3.6 0.8 11.7 38.4 49.3 0.5
Deceased: 12-21 hr Deceased: 22-31 hr Deceased: 32-41 hr Deceased: 42+ hr Not Reported Level of Mismatch (%) A Locus Mismatches (%) 0 1 2 Not Reported B Locus Mismatches (%) 0 1 2 Not Reported DR Locus Mismatches (%) 0 1 2 Not Reported  DR Locus Mismatches (%) 0 1 2 Not Reported  Total Mismatches (%) 0 1	40.2 50.4 0.8 0.0 0.0 9.9 41.3 48.8 0.0	44.6 37.2 9.1 2.1 0.2 14.3 39.5 45.5 0.6	39.7 35.8 11.5 3.6 0.8 11.7 38.4 49.3 0.5
Deceased: 22-31 hr Deceased: 32-41 hr Deceased: 42+ hr Not Reported Level of Mismatch (%) A Locus Mismatches (%) 0 1 2 Not Reported B Locus Mismatches (%) 0 1 2 Not Reported DR Locus Mismatches (%) 0 1 2 Not Reported DR Locus Mismatches (%) 0 1 2 Not Reported Total Mismatches (%) 0 1	50.4 0.8 0.0 0.0 9.9 41.3 48.8 0.0	37.2 9.1 2.1 0.2 14.3 39.5 45.5 0.6	35.8 11.5 3.6 0.8 11.7 38.4 49.3 0.5
Deceased: 32-41 hr Deceased: 42+ hr Not Reported Level of Mismatch (%) A Locus Mismatches (%) 0 1 2 Not Reported B Locus Mismatches (%) 0 1 2 Not Reported DR Locus Mismatches (%) 0 1 2 Not Reported DR Locus Mismatches (%) 0 1 2 Not Reported Total Mismatches (%) 0 1	0.8 0.0 0.0 9.9 41.3 48.8 0.0	9.1 2.1 0.2 14.3 39.5 45.5 0.6	11.5 3.6 0.8 11.7 38.4 49.3 0.5
Deceased: 42+ hr Not Reported  Level of Mismatch (%)  A Locus Mismatches (%)  0  1  2  Not Reported  B Locus Mismatches (%)  0  1  2  Not Reported  DR Locus Mismatches (%)  0  1  2  Not Reported  DR Locus Mismatches (%)  0  1  2  Not Reported  Total Mismatches (%)  0  1	9.9 41.3 48.8 0.0	2.1 0.2 14.3 39.5 45.5 0.6	3.6 0.8 11.7 38.4 49.3 0.5
Not Reported Level of Mismatch (%)  A Locus Mismatches (%)  0  1  2  Not Reported  B Locus Mismatches (%)  0  1  2  Not Reported  DR Locus Mismatches (%)  0  1  2  Not Reported  DR Locus Mismatches (%)  0  1  2  Not Reported  Total Mismatches (%)  0  1	9.9 41.3 48.8 0.0	0.2 14.3 39.5 45.5 0.6	0.8 11.7 38.4 49.3 0.5
Level of Mismatch (%)  A Locus Mismatches (%)  0  1  2  Not Reported  B Locus Mismatches (%)  0  1  2  Not Reported  DR Locus Mismatches (%)  0  1  2  Not Reported  DR Locus Mismatches (%)  0  1  2  Not Reported  Total Mismatches (%)  0  1	9.9 41.3 48.8 0.0	14.3 39.5 45.5 0.6	11.7 38.4 49.3 0.5
A Locus Mismatches (%)  0 1 2 Not Reported B Locus Mismatches (%) 0 1 2 Not Reported DR Locus Mismatches (%) 0 1 2 Not Reported Total Mismatches (%) 0 1	41.3 48.8 0.0 6.7	39.5 45.5 0.6 8.9	38.4 49.3 0.5 7.5
0 1 2 Not Reported B Locus Mismatches (%) 0 1 2 Not Reported DR Locus Mismatches (%) 0 1 2 Not Reported Total Mismatches (%) 0 1	41.3 48.8 0.0 6.7	39.5 45.5 0.6 8.9	38.4 49.3 0.5 7.5
1 2 Not Reported B Locus Mismatches (%) 0 1 2 Not Reported DR Locus Mismatches (%) 0 1 2 Not Reported Total Mismatches (%) 0 1	41.3 48.8 0.0 6.7	39.5 45.5 0.6 8.9	38.4 49.3 0.5 7.5
2 Not Reported B Locus Mismatches (%) 0 1 2 Not Reported DR Locus Mismatches (%) 0 1 2 Not Reported Total Mismatches (%) 0 1	48.8 0.0 6.7	45.5 0.6 8.9	49.3 0.5 7.5
Not Reported B Locus Mismatches (%) 0 1 2 Not Reported DR Locus Mismatches (%) 0 1 2 Not Reported Total Mismatches (%) 0 1	0.0 6.7	0.6 8.9	0.5 7.5
B Locus Mismatches (%) 0 1 2 Not Reported DR Locus Mismatches (%) 0 1 2 Not Reported Total Mismatches (%) 0 1	6.7	8.9	7.5
0 1 2 Not Reported DR Locus Mismatches (%) 0 1 2 Not Reported Total Mismatches (%) 0 1			
1 2 Not Reported DR Locus Mismatches (%) 0 1 2 Not Reported Total Mismatches (%) 0 1			
2 Not Reported DR Locus Mismatches (%) 0 1 2 Not Reported Total Mismatches (%) 0 1	24.0	25.2	24.2
Not Reported DR Locus Mismatches (%) 0 1 2 Not Reported Total Mismatches (%) 0 1			
DR Locus Mismatches (%) 0 1 2 Not Reported Total Mismatches (%) 0 1	69.3	65.3	67.8
0 1 2 Not Reported Total Mismatches (%) 0 1	0.0	0.6	0.5
1 2 Not Reported Total Mismatches (%) 0 1			
2 Not Reported Total Mismatches (%) 0 1	14.8	19.3	16.6
Not Reported Total Mismatches (%) 0 1	48.1	45.2	47.4
Total Mismatches (%) 0 1	37.1	34.9	35.4
0 1	0.0	0.6	0.5
1			
	3.5	6.2	4.7
2	1.4	1.8	1.3
	3.9	5.0	4.6
3	15.9	14.3	13.5
4	25.1	27.5	27.7
5	34.6	31.5	32.5
6	15.5	13.2	15.2
Not Reported	0.0	0.6	0.5
Procedure Type (%)			0.0
Kidney alone	91.2	93.0	94.1
Kidney and another organ	8.8	7.0	5.9
Dialysis in First Week After Transplant (%)	0.0		0.0
Yes	62.5	39.4	29.6
No	37.5	60.5	70.1
Not Reported	0.0	0.0	0.4
	0.0	0.0	0.4
<b>Sharing (%)</b> Local	55 1	64.2	60.4
Shared	55.1 44.9	61.3 38.7	68.1 31.9
	3.0 Days	5.0 Days	5.0 Days

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



Center Code: AZMC Transplant Program (Organ): Kidney

Release Date: January 7, 2020 Based on Data Available: October 31, 2019 SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

# **C.** Transplant Information

Table C4L. Living donor transplant characteristics
Transplants performed between 07/01/2018 and 06/30/2019

	Percentage in each category		
Transplant Characteristic	Center	Region	U.S.
	(N=78)	(N=971)	(N=6,687)
Relation with Donor (%)			
Related	47.4	41.8	40.0
Unrelated	52.6	57.9	59.8
Not Reported	0.0	0.3	0.1
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	28.2	17.5	16.9
1	44.9	48.4	48.9
2	25.6	27.8	30.8
Not Reported	1.3	6.3	3.4
B Locus Mismatches (%)			
0	10.3	9.9	10.3
1	42.3	41.5	41.9
2	46.2	42.3	44.5
Not Reported	1.3	6.3	3.4
DR Locus Mismatches (%)			
0	17.9	16.3	15.8
1	55.1	45.3	48.1
2	25.6	32.1	32.8
Not Reported	1.3	6.3	3.4
Total Mismatches (%)		0.0	<b>.</b>
0	6.4	5.6	5.2
1	6.4	3.5	3.6
2	15.4	11.9	12.4
3	25.6	22.8	22.5
4	11.5	16.8	18.0
5	23.1	22.0	22.5
6	10.3	11.1	12.5
Not Reported	1.3	6.3	3.4
Procedure Type (%)	1.0	0.0	0.4
Kidney alone	100.0	99.9	100.0
Kidney and another organ	0.0	0.1	0.0
Dialysis in First Week After Transplant (%)	0.0	0.1	0.0
Yes	5.1	3.3	3.1
No	94.9	96.7	96.4
Not Reported	0.0	0.0	0.5
Median Time in Hospital After Transplant*	2.0 Days	4.0 Days	4.0 Days

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



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 7, 2020

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Table C5. Adult (18+) 1-month survival with a functioning graft Single organ transplants performed between 07/01/2016 and 12/31/2018 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZMC	U.S.
Number of transplants evaluated	747	46,453
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.39%	98.61%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.51%	
Number of observed graft failures (including deaths) during the first month after transplant	12	645
Number of expected graft failures (including deaths) during the first month after transplant	11.15	
Estimated hazard ratio*	1.06	
95% credible interval for the hazard ratio**	[0.58, 1.69]	

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

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

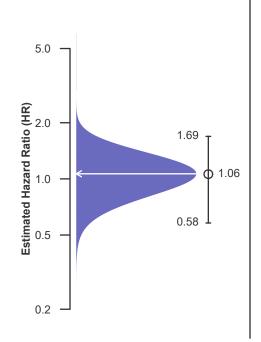
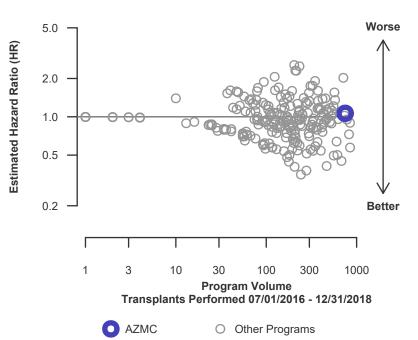


Figure C2. Adult (18+) 1-month graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.58, 1.69], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 6% higher risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 42% reduced risk up to 69% increased risk.



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 7, 2020

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Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2016 and 12/31/2018 Deaths and retransplants are considered graft failures

AZMC	U.S.
577	31,966
98.09%	98.32%
98.27%	
11	538
9.99	
1.08	
[0.58, 1.75]	
	577 98.09% 98.27% 11 9.99 1.08

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

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

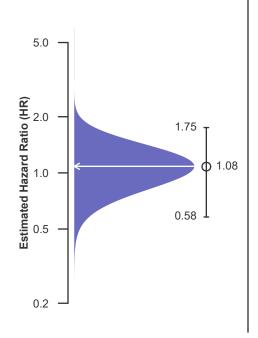
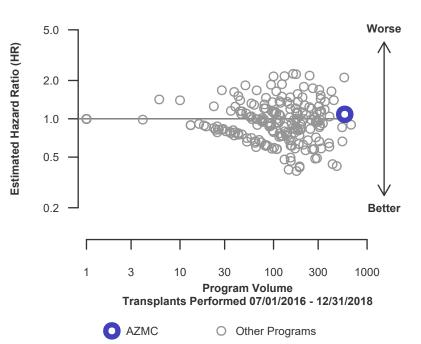


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.58, 1.75], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 8% higher risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 42% reduced risk up to 75% increased risk.



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 7, 2020

Based on Data Available: October 31, 2019

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

Table C5L. Adult (18+) 1-month survival with a functioning living donor graft Single organ transplants performed between 07/01/2016 and 12/31/2018 Deaths and retransplants are considered graft failures

AZMC	U.S.
170	14,487
99.41%	99.26%
99.32%	
1	107
1.16	
0.95	
[0.20, 2.29]	
	170 99.41% 99.32% 1 1.16 0.95

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

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

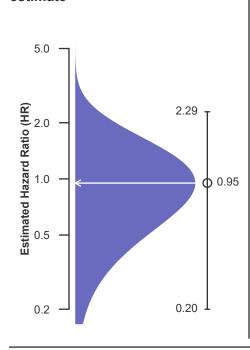
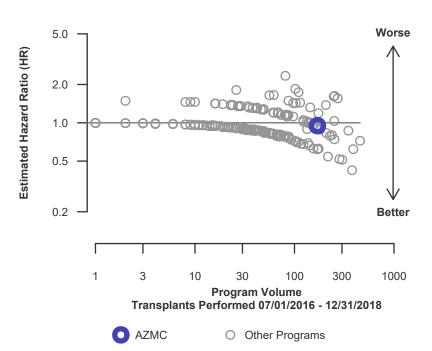


Figure C2L. Adult (18+) 1-month living donor graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.20, 2.29], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 5% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 80% reduced risk up to 129% increased risk.



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 7, 2020

Based on Data Available: October 31, 2019

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Table C6. Adult (18+) 1-year survival with a functioning graft
Single organ transplants performed between 07/01/2016 and 12/31/2018
Deaths and retransplants are considered graft failures

AZMC	U.S.
747	46,453
95.93%	95.90%
95.54%	
29	1,787
31.37	
0.93	
[0.63, 1.28]	
	747 95.93% 95.54% 29 31.37 0.93

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

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

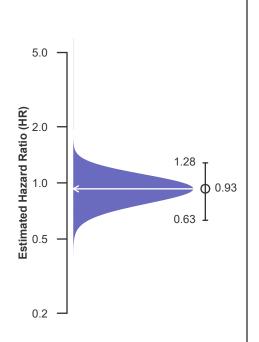
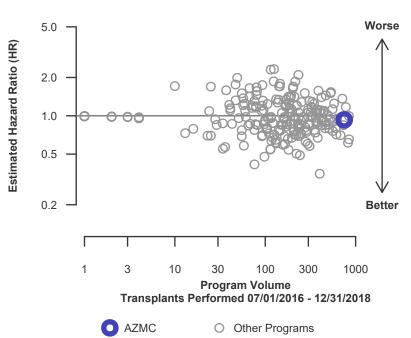


Figure C4. Adult (18+) 1-year graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.63, 1.28], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 7% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 37% reduced risk up to 28% increased risk.



Center Code: AZMC Transplant Program (Organ): Kidney Release Date: January 7, 2020

Based on Data Available: October 31, 2019

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

Table C6D. Adult (18+) 1-year survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2016 and 12/31/2018 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZMC	U.S.
Number of transplants evaluated	577	31,966
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	94.92%	94.91%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	94.74%	
Number of observed graft failures (including deaths) during the first year after transplant	28	1,529
Number of expected graft failures (including deaths) during the first year after transplant	28.61	
Estimated hazard ratio*	0.98	
95% credible interval for the hazard ratio**	[0.66, 1.36]	

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

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

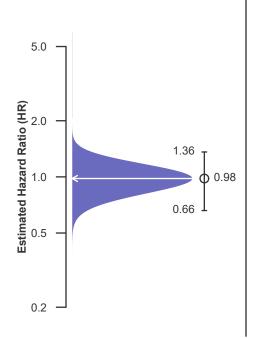
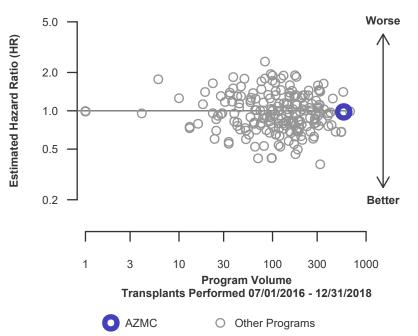


Figure C4D. Adult (18+) 1-year deceased donor graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.66, 1.36], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 2% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 34% reduced risk up to 36% increased risk.



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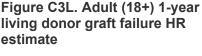
# C. Transplant Information

Table C6L. Adult (18+) 1-year survival with a functioning living donor graft Single organ transplants performed between 07/01/2016 and 12/31/2018 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZMC	U.S.
Number of transplants evaluated	170	14,487
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	99.41%	98.09%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	98.24%	
Number of observed graft failures (including deaths) during the first year after transplant	1	258
Number of expected graft failures (including deaths) during the first year after transplant	2.76	
Estimated hazard ratio*	0.63	
95% credible interval for the hazard ratio**	[0.13, 1.52]	

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

<sup>\*\*</sup> The 95% credible interval, [0.13, 1.52], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 37% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 87% reduced risk up to 52% increased risk.



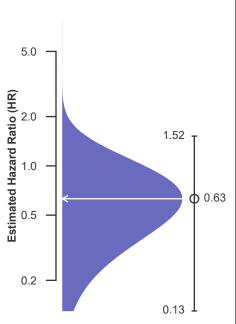
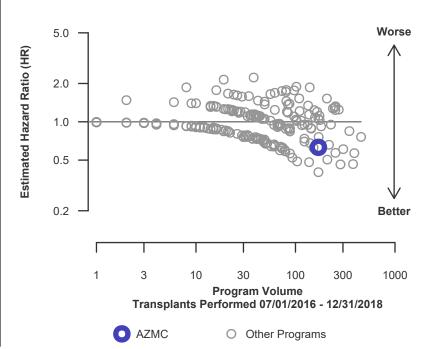


Figure C4L. Adult (18+) 1-year living donor graft failure HR program comparison





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Table C7. Adult (18+) 3-year survival with a functioning graft Single organ transplants performed between 01/01/2014 and 06/30/2016 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZMC	U.S.
Number of transplants evaluated	697	40,310
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	89.24%	89.02%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	88.24%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	75	4,426
Number of expected graft failures (including deaths) during the first 3 years after transplant	82.35	
Estimated hazard ratio*	0.91	
95% credible interval for the hazard ratio**	[0.72, 1.13]	

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

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

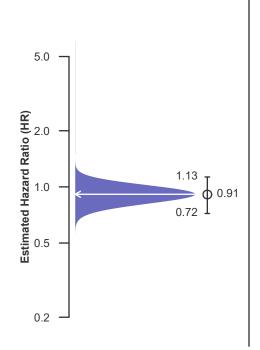
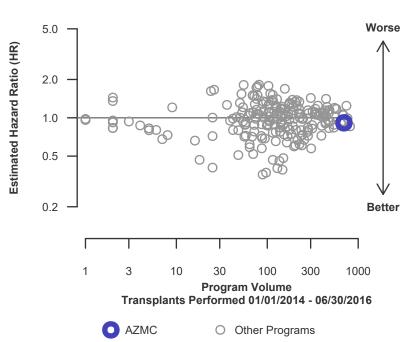


Figure C6. Adult (18+) 3-year graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.72, 1.13], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 9% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 28% reduced risk up to 13% increased risk.



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Table C7D. Adult (18+) 3-year survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2014 and 06/30/2016 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZMC	U.S.
Number of transplants evaluated	540	27,101
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	87.59%	86.62%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	86.47%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	67	3,626
Number of expected graft failures (including deaths) during the first 3 years after transplant	73.42	
Estimated hazard ratio*	0.91	
95% credible interval for the hazard ratio**	[0.71, 1.14]	

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

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

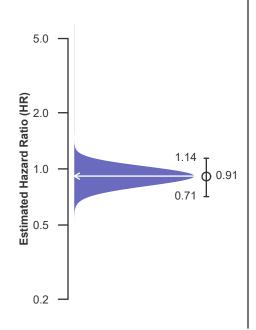
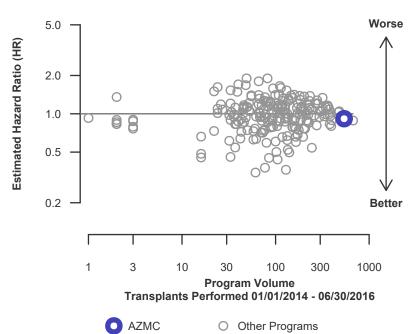


Figure C6D. Adult (18+) 3-year deceased donor graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.71, 1.14], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 9% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 29% reduced risk up to 14% increased risk.



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Table C7L. Adult (18+) 3-year survival with a functioning living donor graft Single organ transplants performed between 01/01/2014 and 06/30/2016 Deaths and retransplants are considered graft failures

AZMC	U.S.
157	13,209
94.90%	93.94%
94.34%	
8	800
8.93	
0.91	
[0.44, 1.56]	
	157 94.90% 94.34% 8 8.93 0.91

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

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

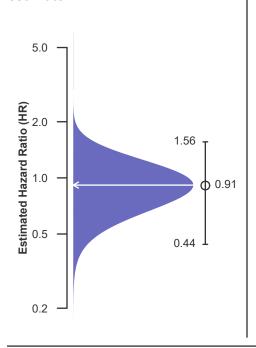
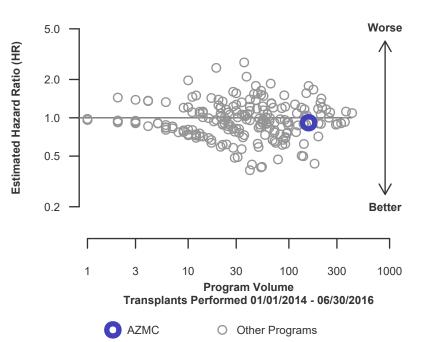


Figure C6L. Adult (18+) 3-year living donor graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.44, 1.56], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 9% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 56% reduced risk up to 56% increased risk.



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Table C8. Pediatric (<18) 1-month survival with a functioning graft Single organ transplants performed between 07/01/2016 and 12/31/2018 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZMC	U.S.
Number of transplants evaluated	1	2,099
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.86%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.66%	
Number of observed graft failures (including deaths) during the first month after transplant	0	24
Number of expected graft failures (including deaths) during the first month after transplant	0.01	
Estimated hazard ratio*	0.99	
95% credible interval for the hazard ratio**	[0.12, 2.77]	

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

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

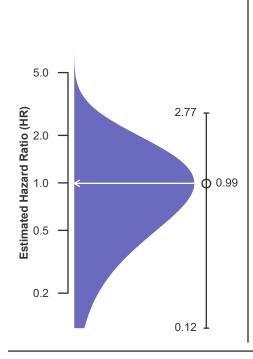
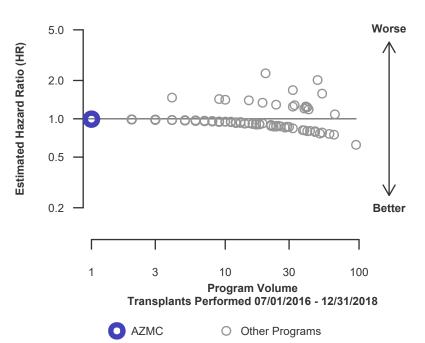


Figure C8. Pediatric (<18) 1-month graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.12, 2.77], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 1% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 88% reduced risk up to 177% increased risk.



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Table C8D. Pediatric (<18) 1-month survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2016 and 12/31/2018 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZMC	U.S.
Number of transplants evaluated	1	1,417
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.66%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.66%	
Number of observed graft failures (including deaths) during the first month after transplant	0	19
Number of expected graft failures (including deaths) during the first month after transplant	0.01	
Estimated hazard ratio*	0.99	
95% credible interval for the hazard ratio**	[0.12, 2.77]	

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

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

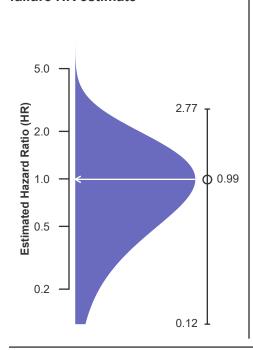
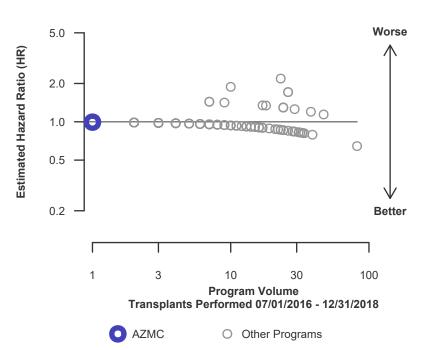


Figure C8D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.12, 2.77], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 1% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 88% reduced risk up to 177% increased risk.



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# C. Transplant Information

Table C8L. Pediatric (<18) 1-month survival with a functioning living donor graft Single organ transplants performed between 07/01/2016 and 12/31/2018 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2016-12/31/2018

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

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

This center did not perform any transplants relevant to this figure during 07/01/2016-12/31/2018



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Table C9. Pediatric (<18) 1-year survival with a functioning graft Single organ transplants performed between 07/01/2016 and 12/31/2018 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZMC	U.S.
Number of transplants evaluated	1	2,099
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	98.07%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.57%	
Number of observed graft failures (including deaths) during the first year after transplant	0	38
Number of expected graft failures (including deaths) during the first year after transplant	0.02	
Estimated hazard ratio*	0.99	
95% credible interval for the hazard ratio**	[0.12, 2.75]	

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

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

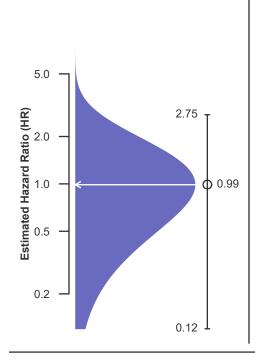
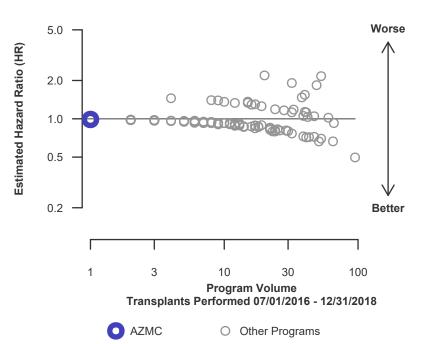


Figure C10. Pediatric (<18) 1-year graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.12, 2.75], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 1% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 88% reduced risk up to 175% increased risk.



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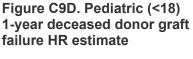
# C. Transplant Information

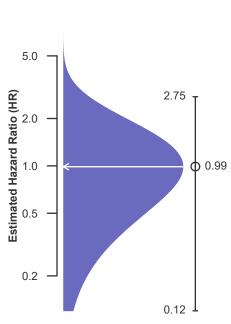
Table C9D. Pediatric (<18) 1-year survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2016 and 12/31/2018 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZMC	U.S.
Number of transplants evaluated	1	1,417
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	97.57%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.57%	
Number of observed graft failures (including deaths) during the first year after transplant	0	32
Number of expected graft failures (including deaths) during the first year after transplant	0.02	
Estimated hazard ratio*	0.99	
95% credible interval for the hazard ratio**	[0.12, 2.75]	

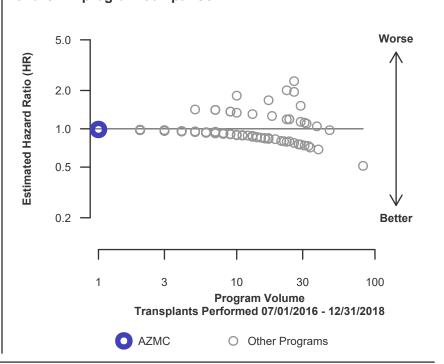
<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate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

<sup>\*\*</sup> The 95% credible interval, [0.12, 2.75], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 1% lower risk of graft failure compared to an average program, but AZMC's performance could plausibly range from 88% reduced risk up to 175% increased risk.





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





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# C. Transplant Information

Table C9L. Pediatric (<18) 1-year survival with a functioning living donor graft Single organ transplants performed between 07/01/2016 and 12/31/2018 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2016-12/31/2018

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

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

This center did not perform any transplants relevant to this figure during 07/01/2016-12/31/2018



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# **C. Transplant Information**

Table C10. Pediatric (<18) 3-year survival with a functioning graft
Single organ transplants performed between 01/01/2014 and 06/30/2016
Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2014-06/30/2016

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

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016



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# C. Transplant Information

Table C10D. Pediatric (<18) 3-year survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2014 and 06/30/2016 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2014-06/30/2016

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

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016



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# C. Transplant Information

Table C10L. Pediatric (<18) 3-year survival with a functioning living donor graft Single organ transplants performed between 01/01/2014 and 06/30/2016 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2014-06/30/2016

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

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016



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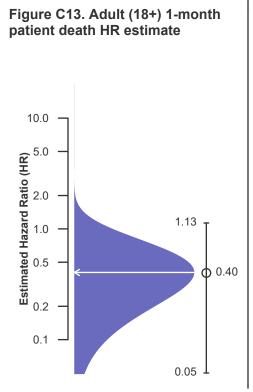
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Table C11. Adult (18+) 1-month patient survival Single organ transplants performed between 07/01/2016 and 12/31/2018 Retransplants excluded

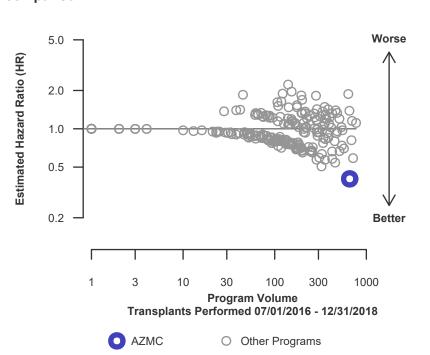
Retransplants excluded	AZMC	U.S.
Number of transplants evaluated	658	40,946
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.57%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.55%	
Number of observed deaths during the first month after transplant	0	178
Number of expected deaths during the first month after transplant	2.95	
Estimated hazard ratio*	0.40	
95% credible interval for the hazard ratio**	[0.05, 1.13]	

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

<sup>\*\*</sup> The 95% credible interval, [0.05, 1.13], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 60% lower risk of patient death compared to an average program, but AZMC's performance could plausibly range from 95% reduced risk up to 13% increased risk.









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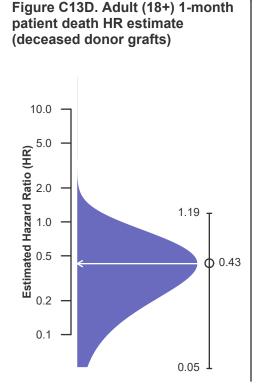
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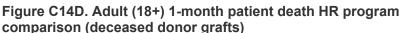
Table C11D. Adult (18+) 1-month patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2016 and 12/31/2018
Retransplants excluded

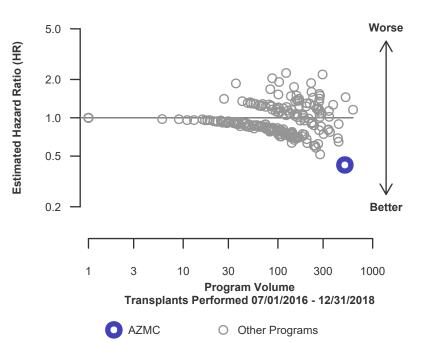
Retransplants excluded	AZMC	U.S.
Number of transplants evaluated	509	27,873
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.44%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.47%	
Number of observed deaths during the first month after transplant	0	155
Number of expected deaths during the first month after transplant	2.70	
Estimated hazard ratio*	0.43	
95% credible interval for the hazard ratio**	[0.05, 1.19]	

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

<sup>\*\*</sup> The 95% credible interval, [0.05, 1.19], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 57% lower risk of patient death compared to an average program, but AZMC's performance could plausibly range from 95% reduced risk up to 19% increased risk.









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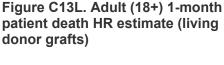
# C. Transplant Information

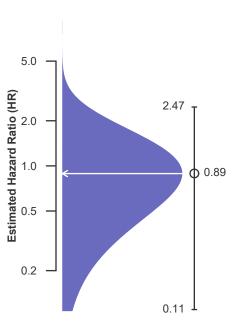
Table C11L. Adult (18+) 1-month patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2016 and 12/31/2018 Retransplants excluded

Retransplants excluded	AZMC	U.S.
Number of transplants evaluated	149	13,073
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.82%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.83%	
Number of observed deaths during the first month after transplant	0	23
Number of expected deaths during the first month after transplant	0.25	
Estimated hazard ratio*	0.89	
95% credible interval for the hazard ratio**	[0.11, 2.47]	

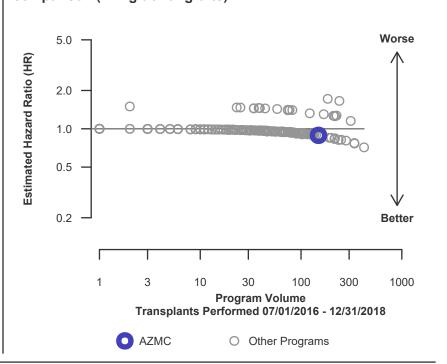
<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate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

<sup>\*\*</sup> The 95% credible interval, [0.11, 2.47], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 11% lower risk of patient death compared to an average program, but AZMC's performance could plausibly range from 89% reduced risk up to 147% increased risk.





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





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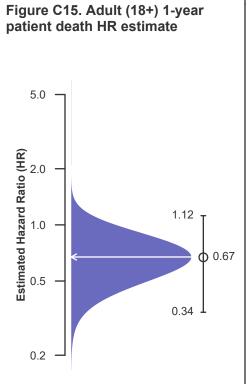
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Table C12. Adult (18+) 1-year patient survival Single organ transplants performed between 07/01/2016 and 12/31/2018 Retransplants excluded

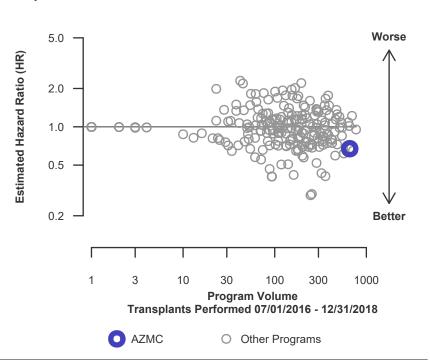
Retransplants excluded	AZMC	U.S.
Number of transplants evaluated	658	40,946
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	98.54%	97.71%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	97.63%	
Number of observed deaths during the first year after transplant	9	856
Number of expected deaths during the first year after transplant	14.35	
Estimated hazard ratio*	0.67	
95% credible interval for the hazard ratio**	[0.34, 1.12]	

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

<sup>\*\*</sup> The 95% credible interval, [0.34, 1.12], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 33% lower risk of patient death compared to an average program, but AZMC's performance could plausibly range from 66% reduced risk up to 12% increased risk.









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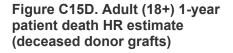
# **C. Transplant Information**

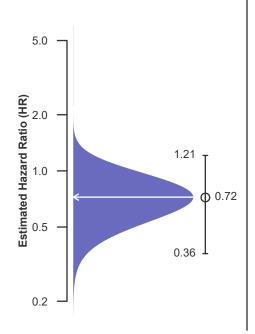
Table C12D. Adult (18+) 1-year patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2016 and 12/31/2018

Retransplants excluded	AZMC	U.S.
Number of transplants evaluated	509	27,873
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	98.12%	97.05%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	97.19%	
Number of observed deaths during the first year after transplant	9	751
Number of expected deaths during the first year after transplant	13.21	
Estimated hazard ratio*	0.72	
95% credible interval for the hazard ratio**	[0.36, 1.21]	

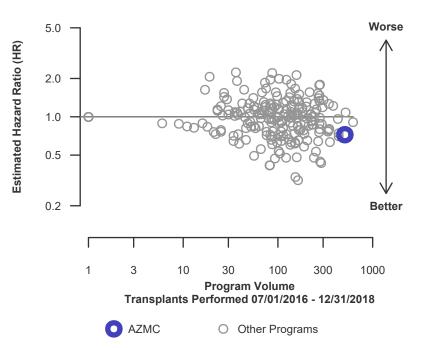
<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate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

<sup>\*\*</sup> The 95% credible interval, [0.36, 1.21], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 28% lower risk of patient death compared to an average program, but AZMC's performance could plausibly range from 64% reduced risk up to 21% increased risk.





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





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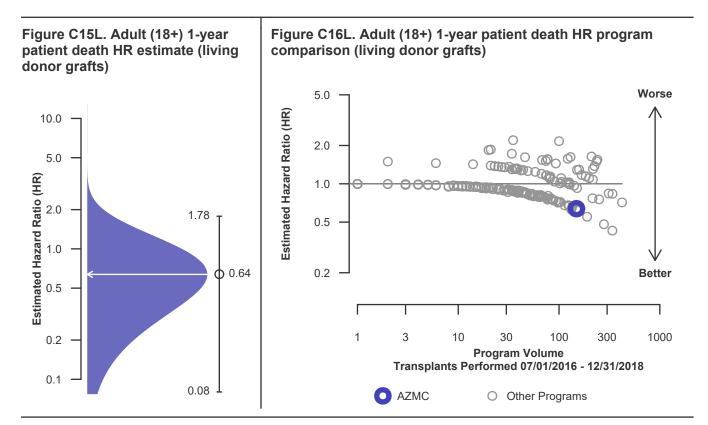
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Table C12L. Adult (18+) 1-year patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2016 and 12/31/2018

Retransplants excluded	AZMC	U.S.
Number of transplants evaluated	149	13,073
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.12%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.15%	
Number of observed deaths during the first year after transplant	0	105
Number of expected deaths during the first year after transplant	1.14	
Estimated hazard ratio*	0.64	
95% credible interval for the hazard ratio**	[0.08, 1.78]	

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

<sup>\*\*</sup> The 95% credible interval, [0.08, 1.78], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 36% lower risk of patient death compared to an average program, but AZMC's performance could plausibly range from 92% reduced risk up to 78% increased risk.





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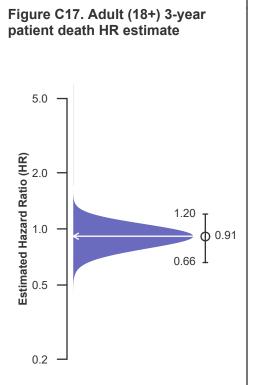
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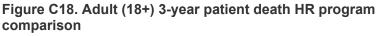
Table C13. Adult (18+) 3-year patient survival Single organ transplants performed between 01/01/2014 and 06/30/2016 Retransplants excluded

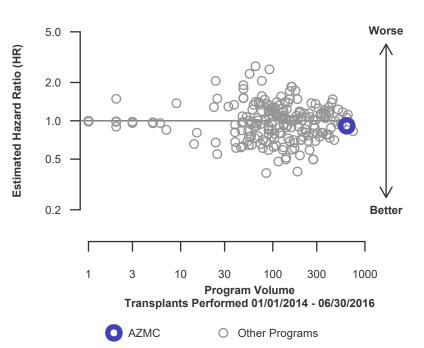
Retransplants excluded	AZMC	U.S.
Number of transplants evaluated	635	34,940
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	93.39%	93.49%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.76%	
Number of observed deaths during the first 3 years after transplant	42	2,276
Number of expected deaths during the first 3 years after transplant	46.18	
Estimated hazard ratio*	0.91	
95% credible interval for the hazard ratio**	[0.66, 1.20]	

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

<sup>\*\*</sup> The 95% credible interval, [0.66, 1.20], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 9% lower risk of patient death compared to an average program, but AZMC's performance could plausibly range from 34% reduced risk up to 20% increased risk.









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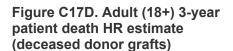
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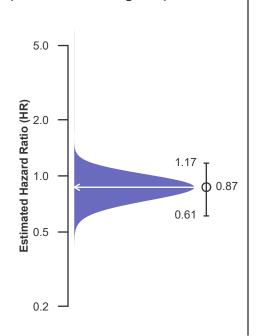
Table C13D. Adult (18+) 3-year patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2014 and 06/30/2016

Retransplants excluded	AZMC	U.S.
Number of transplants evaluated	492	23,108
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	92.68%	91.86%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	91.56%	
Number of observed deaths during the first 3 years after transplant	36	1,880
Number of expected deaths during the first 3 years after transplant	41.73	
Estimated hazard ratio*	0.87	
95% credible interval for the hazard ratio**	[0.61, 1.17]	

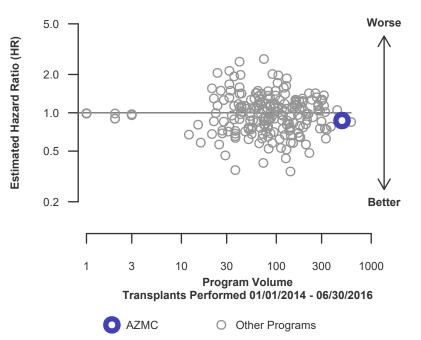
<sup>\*</sup> The hazard ratio provides an estimate of how Mayo Clinic Hospital (AZMC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate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

<sup>\*\*</sup> The 95% credible interval, [0.61, 1.17], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 13% lower risk of patient death compared to an average program, but AZMC's performance could plausibly range from 39% reduced risk up to 17% increased risk.





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





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Table C13L. Adult (18+) 3-year patient survival (living donor graft recipients) Single organ transplants performed between 01/01/2014 and 06/30/2016 Retransplants excluded

Retransplants excluded	AZMC	U.S.
Number of transplants evaluated	143	11,832
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	95.80%	96.65%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	96.91%	
Number of observed deaths during the first 3 years after transplant	6	396
Number of expected deaths during the first 3 years after transplant	4.44	
Estimated hazard ratio*	1.24	
95% credible interval for the hazard ratio**	[0.54, 2.24]	

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

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

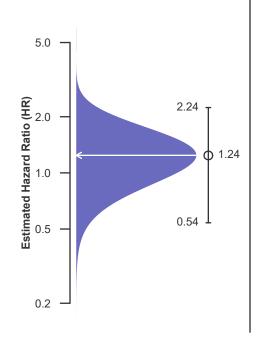
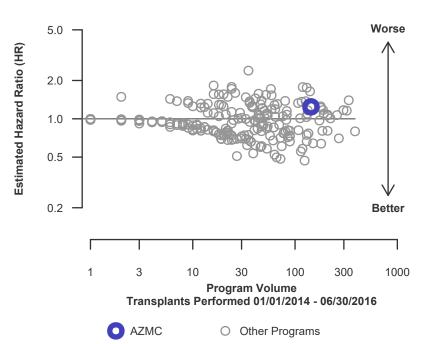


Figure C18L. Adult (18+) 3-year patient death HR program comparison (living donor grafts)



<sup>\*\*</sup> The 95% credible interval, [0.54, 2.24], indicates the location of AZMC's true hazard ratio with 95% probability. The best estimate is 24% higher risk of patient death compared to an average program, but AZMC's performance could plausibly range from 46% reduced risk up to 124% increased risk.



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# **C. Transplant Information**

Table C14. Pediatric (<18) 1-month patient survival
Single organ transplants performed between 07/01/2016 and 12/31/2018
Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2016-12/31/2018

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

This center did not perform any transplants relevant to this figure during 07/01/2016-12/31/2018



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# C. Transplant Information

Table C14D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2016 and 12/31/2018 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2016-12/31/2018

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

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

This center did not perform any transplants relevant to this figure during 07/01/2016-12/31/2018



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# C. Transplant Information

Table C14L. Pediatric (<18) 1-month patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2016 and 12/31/2018 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2016-12/31/2018

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

This center did not perform any transplants relevant to this figure during 07/01/2016-12/31/2018



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# **C. Transplant Information**

Table C15. Pediatric (<18) 1-year patient survival
Single organ transplants performed between 07/01/2016 and 12/31/2018
Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2016-12/31/2018

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

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

This center did not perform any transplants relevant to this figure during 07/01/2016-12/31/2018



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# C. Transplant Information

Table C15D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2016 and 12/31/2018 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2016-12/31/2018

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

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

This center did not perform any transplants relevant to this figure during 07/01/2016-12/31/2018



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# C. Transplant Information

Table C15L. Pediatric (<18) 1-year patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2016 and 12/31/2018 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2016-12/31/2018

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

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

This center did not perform any transplants relevant to this figure during 07/01/2016-12/31/2018



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# **C. Transplant Information**

Table C16. Pediatric (<18) 3-year patient survival
Single organ transplants performed between 01/01/2014 and 06/30/2016
Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2014-06/30/2016

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

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016



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# C. Transplant Information

Table C16D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2014 and 06/30/2016 Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2014-06/30/2016

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

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016



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# C. Transplant Information

Table C16L. Pediatric (<18) 3-year patient survival (living donor graft recipients) Single organ transplants performed between 01/01/2014 and 06/30/2016 Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2014-06/30/2016

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

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016



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# **C. Transplant Information**

Table C17. Multi-organ transplant graft survival: 07/01/2016 - 12/31/2018

Adult (18+) Transplants

**First-Year Outcomes** 

Transplant Type	Transplants Performed		Kidney Graft Failures		Estimated Kidney Graft Survival	
	AZMC-TX1	USA	AZMC-TX1	USA	AZMC-TX1	USA
Kidney-Heart	12	463	1	61	91.7%	86.4%
Kidney-Liver	32	1,742	2	203	93.8%	87.9%
Kidney-Pancreas	50	2,007	2	70	95.6%	96.2%

## Pediatric (<18) Transplants

No pediatric (<18) multi-organ transplants were performed

Table C18. Multi-organ transplant patient survival: 07/01/2016 - 12/31/2018

Adult (18+) Transplants

**First-Year Outcomes** 

Transplant Type	Transplants Performed Patient Deaths AZMC-TX1 USA AZMC-TX1 USA			Patient S	Estimated Patient Survival AZMC-TX1 USA	
Kidney-Heart	12	463	1	43	91.7%	90.3%
Kidney-Liver	32	1,742	1	167	96.9%	89.9%
Kidney-Pancreas	50	2,007	2	43	95.6%	97.7%

#### Pediatric (<18) Transplants

No pediatric (<18) multi-organ transplants were performed



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# **D. Living Donor Information**

Table D1. Living donor summary: 07/01/2016 - 06/30/2019

	This Center			United States		
Living Donor Follow-Up	07/2016- 06/2017	07/2017- 06/2018	07/2018- 12/2018	07/2016- 06/2017	07/2017- 06/2018	07/2018- 12/2018
Number of Living Donors	61	68	44	5,722	6,153	3,303
<b>6-Month Follow-Up</b> Donors due for follow-up	61	68	44	5,719	6,152	3,298
Timely clinical data	59 96.7%	61 89.7%	38 86.4%	5,100 89.2%	5,392 87.6%	2,864 86.8%
Timely lab data	59 96.7%	60 88.2%	30 68.2%	4,876 85.3%	5,210 84.7%	2,743 83.2%
<b>12-Month Follow-Up</b> Donors due for follow-up	61	68		5,719	6,150	
Timely clinical data	58 95.1%	59 86.8%		4,817 84.2%	5,087 82.7%	
Timely lab data	57 93.4%	46 67.6%		4,565 79.8%	4,811 78.2%	
<b>24-Month Follow-Up</b> Donors due for follow-up	61			5,718		
Timely clinical data	50 82.0%			4,368 76.4%		
Timely lab data	38 62.3%			4,002 70.0%		

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