



User Guide

This report contains a wide range of useful information about the lung transplant program at University of California San Francisco Medical Center (CASF). 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 deceased donor transplant rate at this program was 132.6 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. 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 0.2 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. Figure B7 shows the distribution of program offer acceptance rates as well as the offer acceptance rate for this program. Figures B8 - B12 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.

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

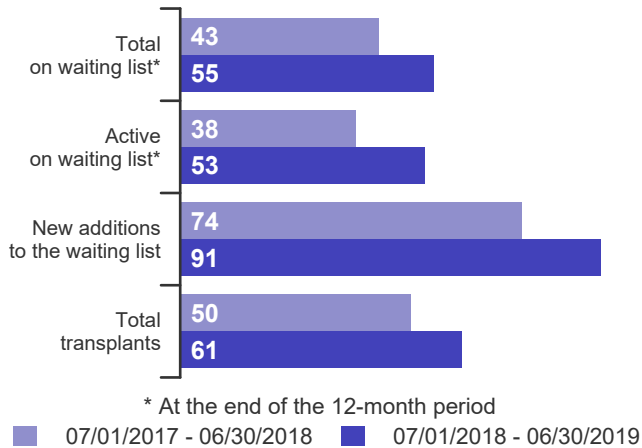


Table A1. Census of transplant recipients

Recipients	07/01/2017-06/30/2018	07/01/2018-06/30/2019
Transplanted at this center	50	61
Followed by this center*	318	337
...transplanted at this program	311	331
...transplanted elsewhere	7	6

* 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

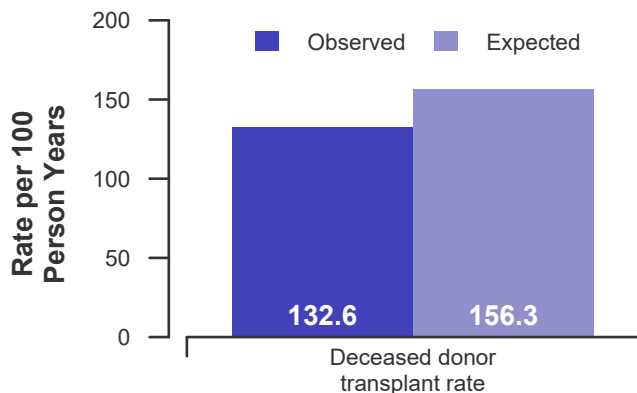


Figure A3. Waiting list mortality rates
07/01/2017 - 06/30/2019

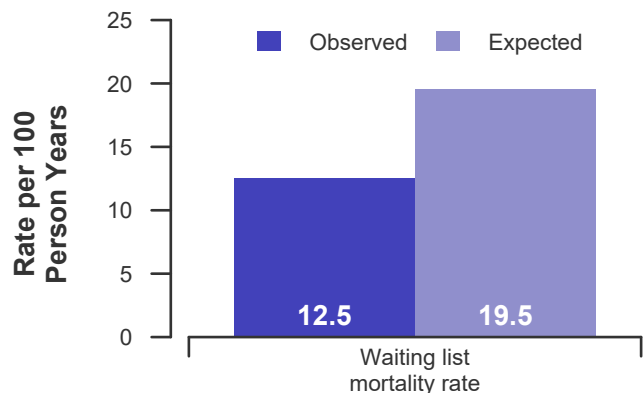


Figure A4. First-year adult graft and patient survival: 07/01/2016 - 12/31/2018

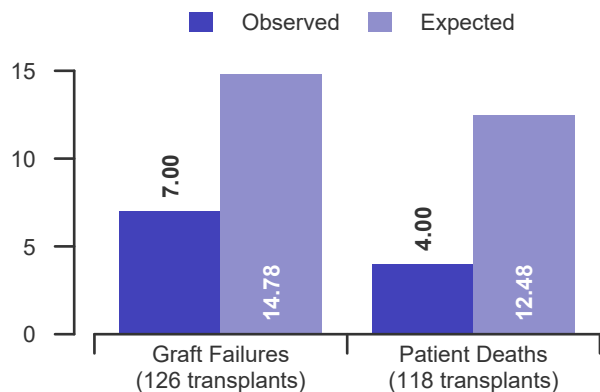
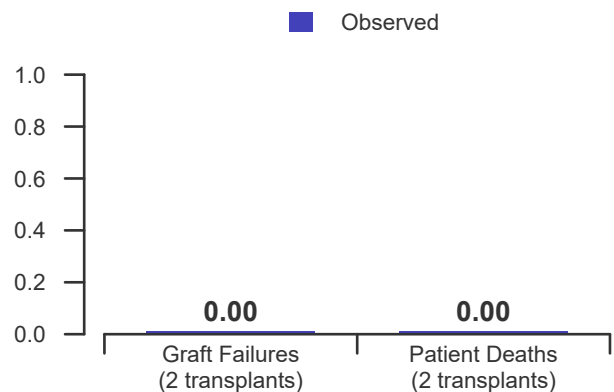


Figure A5. First-year pediatric graft and patient survival: 07/01/2016 - 12/31/2018





B. Waiting List Information

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

Waiting List Registrations	Counts for this center		Activity for 07/01/2018 to 06/30/2019 as percent of registrants on waiting list on 07/01/2018		
	07/01/2017-06/30/2018	07/01/2018-06/30/2019	This Center (%)	OPTN Region (%)	U.S. (%)
On waiting list at start	28	43	100.0	100.0	100.0
Additions					
New listings at this center	74	91	211.6	203.6	213.9
Removals					
Transferred to another center	0	0	0.0	2.8	1.9
Received living donor transplant*	0	0	0.0	0.0	0.0
Received deceased donor transplant*	50	61	141.9	174.7	177.8
Died	2	3	7.0	12.3	10.9
Transplanted at another center	0	0	0.0	1.2	2.3
Deteriorated	4	9	20.9	10.7	11.1
Recovered	1	0	0.0	1.2	2.8
Other reasons	2	6	14.0	7.9	10.1
On waiting list at end of period	43	55	127.9	92.9	97.0

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



B. Waiting List Information

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

Demographic Characteristic	New Waiting List Registrations 07/01/2018 to 06/30/2019 (%)			All Waiting List Registrations on 06/30/2019 (%)		
	This Center	OPTN Region	U.S.	This Center	OPTN Region	U.S.
	(N=91)	(N=515)	(N=3,153)	(N=55)	(N=235)	(N=1,430)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	58.2	65.0	74.7	56.4	53.2	69.3
African-American	9.9	5.0	10.9	9.1	7.7	13.2
Hispanic/Latino	18.7	22.1	11.2	20.0	29.4	13.2
Asian	11.0	6.2	2.6	10.9	8.9	3.6
Other	2.2	1.6	0.7	3.6	0.9	0.7
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Age (%)						
<2 years	0.0	0.0	0.2	0.0	0.0	0.4
2-11 years	0.0	0.0	0.6	0.0	0.0	0.9
12-17 years	0.0	0.8	1.2	0.0	0.4	1.1
18-34 years	8.8	7.2	8.3	12.7	11.9	9.1
35-49 years	12.1	12.2	12.1	9.1	14.9	13.9
50-64 years	45.1	42.3	44.2	50.9	47.2	48.5
65-69 years	26.4	24.7	22.3	21.8	20.4	18.9
70+ years	7.7	12.8	11.0	5.5	5.1	7.2
Gender (%)						
Male	48.4	55.5	56.6	32.7	41.3	41.5
Female	51.6	44.5	43.4	67.3	58.7	58.5

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



B. Waiting List Information

Table B3. Medical characteristics of waiting list candidates

Candidates registered on the waiting list between 07/01/2018 and 06/30/2019

Medical Characteristic	New Waiting List Registrations 07/01/2018 to 06/30/2019 (%)			All Waiting List Registrations on 06/30/2019 (%)		
	This Center	OPTN Region	U.S.	This Center	OPTN Region	U.S.
	(N=91)	(N=515)	(N=3,153)	(N=55)	(N=235)	(N=1,430)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Blood Type (%)						
O	47.3	49.7	47.2	56.4	57.0	51.0
A	34.1	35.9	37.1	30.9	29.4	34.5
B	12.1	9.7	11.3	10.9	9.8	11.7
AB	6.6	4.7	4.4	1.8	3.8	2.7
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Previous Transplant (%)						
Yes	2.2	4.1	3.8	0.0	2.6	2.9
No	97.8	95.9	96.2	100.0	97.4	97.1
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Primary Disease (%)						
Idiopathic Pulmonary Arterial Hypertension	4.4	7.2	6.2	5.5	12.3	8.7
Cystic Fibrosis	5.5	5.0	8.5	5.5	4.7	7.9
Idiopathic Pulmonary Fibrosis	74.7	67.8	61.4	49.1	52.3	44.3
Emphysema/COPD	14.3	18.4	21.2	38.2	27.7	35.5
Other	1.1	1.6	2.6	1.8	3.0	3.7
Missing	0.0	0.0	0.0	0.0	0.0	0.0



B. Waiting List Information

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

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	28	68	226	1,400
Person Years**	83.7	148.4	481.6	2,865.9
Removals for Transplant	111	213	831	5,144
Adult (18+) Candidates				
Count on waiting list at start*	28	68	226	1,369
Person Years**	83.5	146.3	479.5	2,795.2
Removals for transplant	109	208	824	5,050
Pediatric (<18) Candidates				
Count on waiting list at start*	0	0	0	31
Person Years**	0.3	2.1	2.1	70.7
Removals for transplant	2	5	7	94

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

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

Figure B1D. Observed and expected deceased donor transplant rates: 07/01/2017 - 06/30/2019

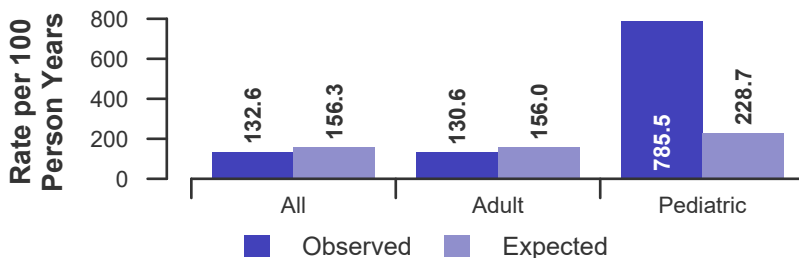


Figure B2D. Deceased donor transplant rate ratio estimate

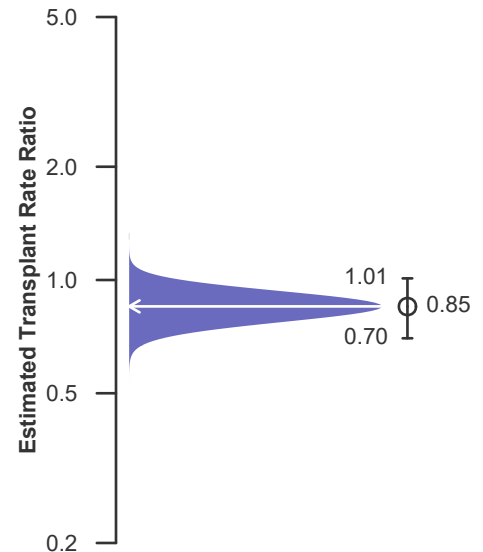
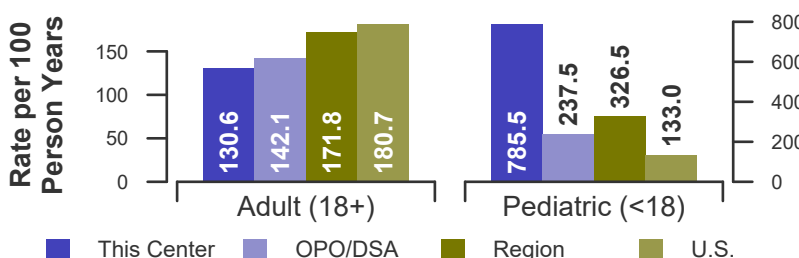


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 07/01/2017 - 06/30/2019





B. Waiting List Information

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*	28	68	226	1,400
Person Years**	95.7	168.1	545.4	3,249.7
Number of deaths	12	21	76	545
Adult (18+) Candidates				
Count on waiting list at start*	28	68	226	1,369
Person Years**	95.5	165.4	542.7	3,172.9
Number of deaths	12	21	76	530
Pediatric (<18) Candidates				
Count on waiting list at start*	0	0	0	31
Person Years**	0.3	2.7	2.7	76.7
Number of deaths	0	0	0	15

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

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

Figure B4. Observed and expected waiting list mortality rates: 07/01/2017 - 06/30/2019

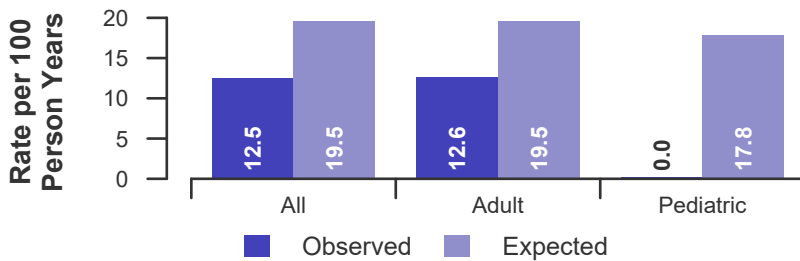


Figure B5. Waiting list mortality rate ratio estimate

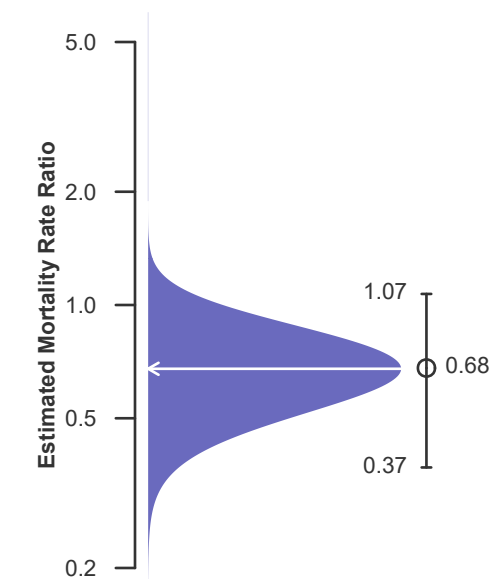
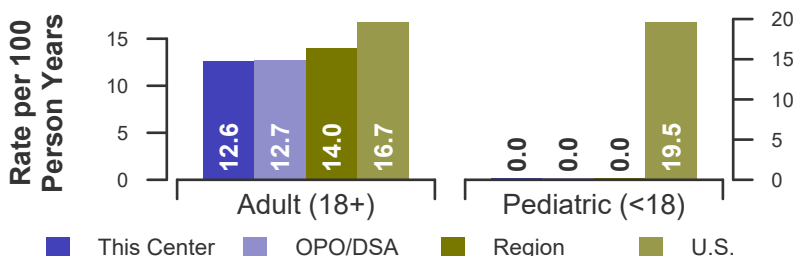


Figure B6. Observed adult (18+) and pediatric (<18) waiting list mortality rates: 07/01/2017 - 06/30/2019





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)	This Center (N=65)			U.S. (N=3,000)		
	Months Since Listing			Months Since Listing		
	6	12	18	6	12	18
Alive on waiting list (%)	38.5	24.6	10.8	24.3	12.5	7.8
Died on the waiting list without transplant (%)	0.0	3.1	3.1	4.7	5.8	6.2
Removed without transplant (%):						
Condition worsened (status unknown)	7.7	7.7	7.7	3.2	4.0	4.3
Condition improved (status unknown)	0.0	0.0	0.0	0.3	0.5	0.7
Refused transplant (status unknown)	0.0	0.0	1.5	0.2	0.3	0.4
Other	0.0	4.6	6.2	1.2	2.2	2.7
Transplant (living or deceased donor) (%):						
Functioning (alive)	53.8	58.5	43.1	61.2	64.3	44.2
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.1	0.1	0.2
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.1
Died	0.0	0.0	0.0	3.8	6.8	10.3
Status Yet Unknown*	0.0	1.5	27.7	0.7	2.8	22.7
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.3	0.4	0.6
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	0.0	3.1	3.1	8.5	12.6	16.4
Total % known died or removed as unstable	7.7	10.8	10.8	11.7	16.7	20.7
Total % removed for transplant	53.8	60.0	70.8	65.8	74.1	77.4
Total % with known functioning transplant (alive)	53.8	58.5	43.1	61.2	64.3	44.2

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



B. Waiting List Information

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

Characteristic	N	Percent transplanted at time periods since listing								
		This Center				United States				
		30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	201	25.9	70.6	76.1	77.6	7,816	27.0	68.7	74.6	76.7
Ethnicity/Race*										
White	136	27.9	69.9	75.0	77.2	6,235	27.2	69.8	75.9	78.0
African-American	24	25.0	75.0	83.3	83.3	732	24.7	65.7	71.2	73.1
Hispanic/Latino	34	20.6	76.5	79.4	79.4	608	28.5	65.8	70.7	72.4
Asian	7	14.3	42.9	57.1	57.1	193	21.2	56.0	60.1	61.1
Other	0	--	--	--	--	48	31.2	58.3	72.9	77.1
Unknown	0	--	--	--	--	0	--	--	--	--
Age										
<2 years	0	--	--	--	--	26	26.9	61.5	61.5	61.5
2-11 years	0	--	--	--	--	65	4.6	52.3	56.9	60.0
12-17 years	1	0.0	100.0	100.0	100.0	125	20.8	52.8	59.2	59.2
18-34 years	14	14.3	64.3	64.3	64.3	816	24.8	61.9	69.9	72.4
35-49 years	37	18.9	70.3	75.7	78.4	999	23.2	61.3	67.5	70.2
50-64 years	94	29.8	74.5	78.7	80.9	3,674	26.3	69.7	76.2	78.4
65-69 years	41	24.4	70.7	80.5	80.5	1,551	29.7	72.9	77.9	79.2
70+ years	14	35.7	50.0	57.1	57.1	560	37.5	78.8	81.2	82.1
Gender										
Male	122	31.1	77.9	79.5	79.5	4,389	33.0	76.5	80.9	82.0
Female	79	17.7	59.5	70.9	74.7	3,427	19.3	58.6	66.6	69.8

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



B. Waiting List Information

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

Characteristic	N	Percent transplanted at time periods since listing								
		This Center				United States				
		30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	201	25.9	70.6	76.1	77.6	7,816	27.0	68.7	74.6	76.7
Blood Type										
O	94	26.6	71.3	74.5	75.5	3,566	27.3	67.5	73.9	76.1
A	71	26.8	74.6	81.7	83.1	3,025	26.9	69.7	75.5	77.6
B	28	17.9	60.7	64.3	67.9	917	26.0	69.0	74.6	76.1
AB	8	37.5	62.5	87.5	87.5	308	27.6	70.8	74.7	75.6
Previous Transplant										
Yes	10	50.0	70.0	70.0	70.0	355	30.4	66.8	68.5	69.3
No	191	24.6	70.7	76.4	78.0	7,461	26.8	68.7	74.9	77.0
Primary Disease										
Congenital Disease	0	--	--	--	--	0	--	--	--	--
Retransplant/Graft Failure	0	--	--	--	--	0	--	--	--	--
Idiopathic Pulmonary Arterial Hypertension	8	0.0	37.5	37.5	37.5	357	15.1	48.5	52.9	54.6
Cystic Fibrosis	14	28.6	85.7	85.7	92.9	889	23.7	64.8	73.1	75.8
Idiopathic Pulmonary Fibrosis	147	29.3	78.2	83.7	83.7	4,478	32.7	73.2	77.0	78.0
Alpha-1-Antitrypsin Deficiency	0	--	--	--	--	0	--	--	--	--
Emphysema/COPD	27	18.5	40.7	48.1	55.6	1,870	17.5	63.7	73.9	78.1
Other	5	0.0	20.0	40.0	40.0	222	23.9	66.2	73.4	76.6
Missing	0	--	--	--	--	0	--	--	--	--



B. Waiting List Information

Table B9. Time to transplant for waiting list candidates*

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

Percentile	Center	Months to Transplant**		U.S.
		OPO/DSA	Region	
5th	0.2	0.2	0.1	0.2
10th	0.3	0.3	0.2	0.3
25th	1.0	1.0	0.6	0.8
50th (median time to transplant)	4.6	4.8	2.4	3.0
75th	23.8	22.6	12.7	15.1

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

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



B. Waiting List Information

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	1,682	2,331	6,616	53,221
Number of Acceptances	61	101	435	2,584
Expected Acceptances	72.4	96.8	394.0	2,582.4
Offer Acceptance Ratio*	0.85	1.04	1.10	1.00
95% Credible Interval**	[0.65, 1.07]	--	--	--
PHS increased infectious risk				
Number of Offers	528	720	2,156	14,568
Number of Acceptances	13	26	102	731
Expected Acceptances	20.7	27.2	109.3	730.2
Offer Acceptance Ratio*	0.66	0.96	0.93	1.00
95% Credible Interval**	[0.37, 1.04]	--	--	--
Donor was current smoker				
Number of Offers	56	65	130	4,942
Number of Acceptances	4	5	13	174
Expected Acceptances	3.6	4.1	9.3	174.5
Offer Acceptance Ratio*	1.07	1.16	1.33	1.00
95% Credible Interval**	[0.39, 2.08]	--	--	--
Donor age >= 55				
Number of Offers	216	284	817	9,059
Number of Acceptances	15	21	67	306
Expected Acceptances	11.7	14.8	48.1	307.5
Offer Acceptance Ratio*	1.24	1.37	1.38	1.00
95% Credible Interval**	[0.73, 1.90]	--	--	--
Hard-to-Place Lungs (Over 50 Offers)				
Number of Offers	655	958	1,882	17,680
Number of Acceptances	1	8	48	330
Expected Acceptances	13.0	19.8	39.9	328.4
Offer Acceptance Ratio*	0.20	0.46	1.19	1.00
95% Credible Interval**	[0.04, 0.48]	--	--	--
Donor more than 500 miles away				
Number of Offers	275	356	706	10,283
Number of Acceptances	5	11	53	352
Expected Acceptances	11.5	14.9	32.0	332.0
Offer Acceptance Ratio*	0.52	0.77	1.62	1.06
95% Credible Interval**	[0.21, 0.97]	--	--	--

* The offer acceptance ratio estimates the relative offer acceptance practice of University of California San Francisco Medical Center (CASF) 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).

** As an example, the 95% Credible Interval for the overall offer acceptance ratio, [0.65, 1.07], indicates the location of CASF's true offer acceptance ratio with 95% probability. The best estimate is 15% less likely to accept an offer compared to national acceptance behavior, but CASF's performance could plausibly range from 35% reduced acceptance up to 7% higher acceptance.



B. Waiting List Information

Figure B7. Offer acceptance: Overall

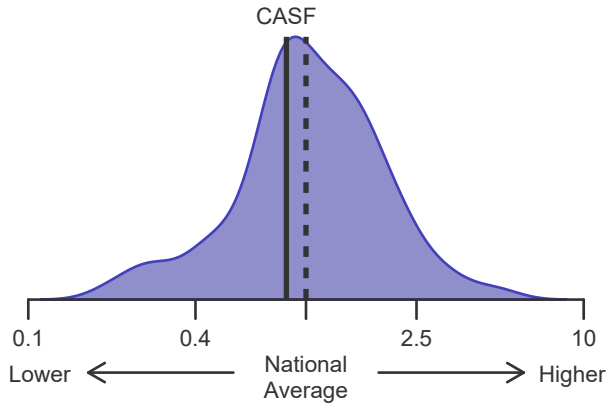


Figure B8. Offer acceptance: PHS increased infectious risk

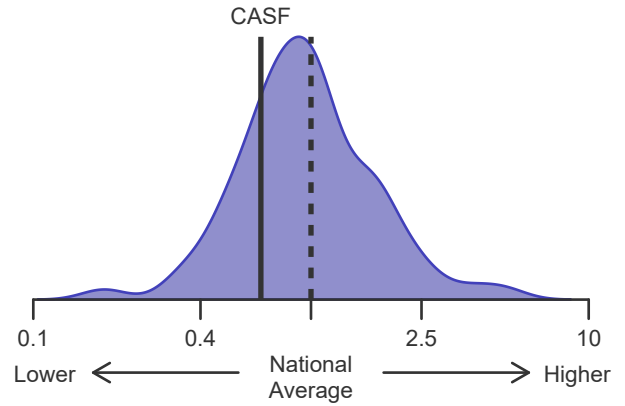


Figure B9. Offer acceptance: Donor was current smoker

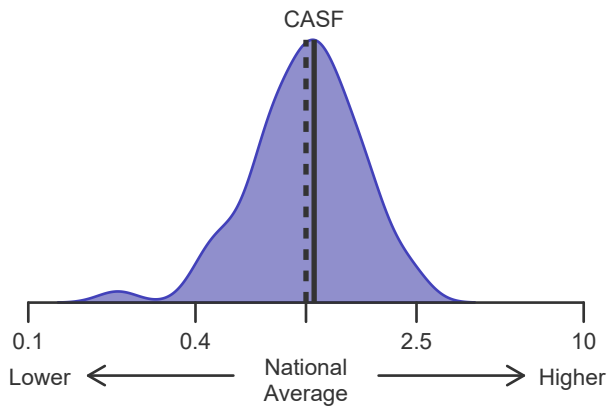


Figure B10. Offer acceptance: Donor age >= 55

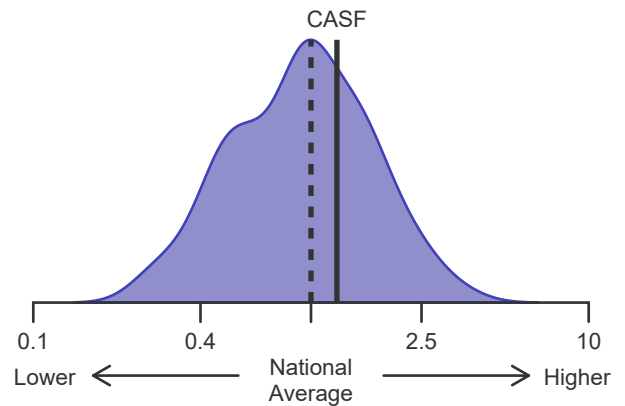


Figure B11. Offer acceptance: Offer number > 50

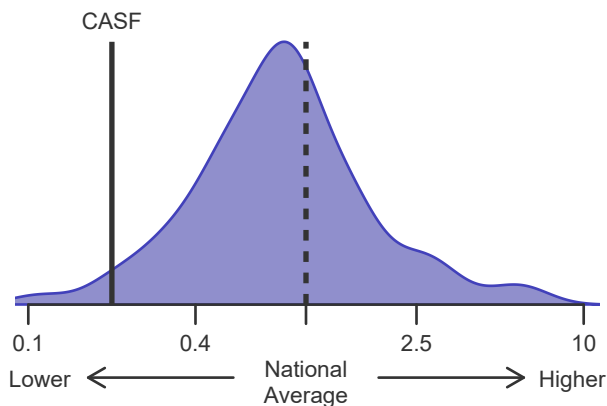
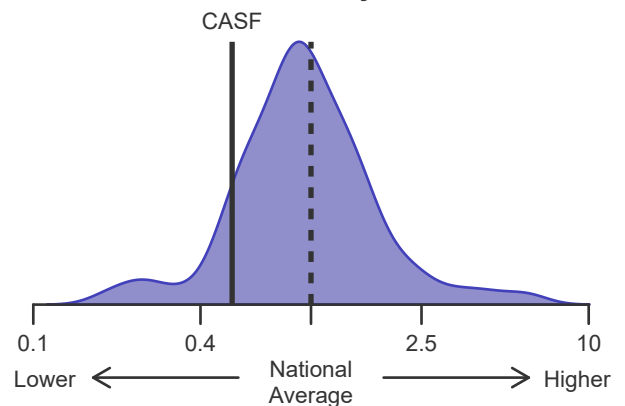


Figure B12. Offer acceptance: Donor more than 500 miles away





C. Transplant Information

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

Characteristic	Percentage in each category		
	Center (N=61)	Region (N=442)	U.S. (N=2,621)
Ethnicity/Race (%)*			
White	54.1	68.1	77.7
African-American	6.6	4.1	9.5
Hispanic/Latino	21.3	20.4	10.0
Asian	14.8	5.7	2.2
Other	3.3	1.8	0.6
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	0.0	0.0	0.1
2-11 years	0.0	0.2	0.3
12-17	0.0	0.2	0.9
18-34	6.6	5.9	8.3
35-49 years	13.1	12.4	11.6
50-64 years	45.9	42.1	44.0
65-69 years	24.6	24.4	22.7
70+ years	9.8	14.7	12.1
Gender (%)			
Male	59.0	56.8	59.4
Female	41.0	43.2	40.6

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



C. Transplant Information

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

Characteristic	Percentage in each category		
	Center (N=61)	Region (N=442)	U.S. (N=2,621)
Blood Type (%)			
O	47.5	50.2	47.9
A	37.7	33.5	36.4
B	9.8	11.5	11.1
AB	4.9	4.8	4.7
Previous Transplant (%)			
Yes	3.3	3.2	3.1
No	96.7	96.8	96.9
Body Mass Index (%)			
0-20	19.7	20.6	17.9
21-25	29.5	32.8	33.8
26-30	42.6	35.1	35.8
31-35	8.2	11.1	11.6
36-40	0.0	0.5	0.5
41+	0.0	0.0	0.1
Unknown	0.0	0.0	0.3
Primary Disease (%)			
Idiopathic Pulmonary Arterial Hypertension	8.2	7.0	5.6
Cystic Fibrosis	8.2	7.5	10.4
Idiopathic Pulmonary Fibrosis	75.4	63.1	58.5
Emphysema/COPD	8.2	20.6	23.0
Other	0.0	1.8	2.4
Missing	0.0	0.0	0.0
Recipient Medical Condition at Transplant (%)			
Not Hospitalized	41.0	71.3	74.6
Hospitalized	23.0	8.6	11.1
ICU	36.1	20.1	14.3
Unknown	0.0	0.0	0.1



C. Transplant Information

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

Donor Characteristic	Percentage in each category		
	Center (N=61)	Region (N=442)	U.S. (N=2,621)
Cause of Death (%)			
Deceased: Stroke	36.1	32.4	28.0
Deceased: MVA	8.2	15.6	15.5
Deceased: Other	55.7	52.0	56.5
Ethnicity/Race (%)*			
White	49.2	45.0	61.4
African-American	9.8	8.8	16.8
Hispanic/Latino	27.9	38.2	17.7
Asian	13.1	6.6	3.1
Other	0.0	1.4	0.9
Not Reported	0.0	0.0	0.0
Age (%)			
<2 years	0.0	0.0	0.2
2-11 years	0.0	0.0	0.8
12-17	1.6	3.6	6.1
18-34	34.4	40.3	44.1
35-49 years	27.9	31.4	28.0
50-64 years	29.5	22.2	19.2
65-69 years	6.6	2.5	1.6
70+ years	0.0	0.0	0.0
Gender (%)			
Male	62.3	61.1	60.4
Female	37.7	38.9	39.6
Blood Type (%)			
O	47.5	54.5	51.7
A	37.7	31.4	34.4
B	11.5	12.0	11.2
AB	3.3	2.0	2.7
Unknown	0.0	0.0	0.0

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



C. Transplant Information

Table C4D. Deceased donor transplant characteristics
Transplants performed between 07/01/2018 and 06/30/2019

Transplant Characteristic	Percentage in each category		
	Center (N=61)	Region (N=442)	U.S. (N=2,621)
Total Ischemic Time (Minutes): Local (%)			
Deceased: 0-90 min	0.0	0.4	0.3
Deceased: 91-180 min	0.0	12.4	10.3
Deceased: 181-270 min	32.4	41.2	33.6
Deceased: 271-360 min	62.2	29.6	35.8
Deceased: 361+ min	5.4	15.9	19.2
Not Reported	0.0	0.4	0.9
Total Ischemic Time (Minutes): Shared (%)			
Deceased: 0-90 min	0.0	1.4	0.3
Deceased: 91-180 min	0.0	0.9	0.6
Deceased: 181-270 min	0.0	25.5	19.6
Deceased: 271-360 min	25.0	39.8	39.4
Deceased: 361+ min	75.0	32.4	39.0
Not Reported	0.0	0.0	1.1
Procedure Type (%)			
Lung alone	100.0	98.9	98.8
Lung and another organ	0.0	1.1	1.2
Sharing (%)			
Local	60.7	51.1	29.3
Shared	39.3	48.9	70.7
Median Time in Hospital After Transplant*	16.0 Days	16.0 Days	18.0 Days

* Multiple organ transplants are excluded from this statistic.



C. Transplant Information

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

	CASF	U.S.
Number of transplants evaluated	126	5,961
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.41%	97.25%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	96.83%	--
Number of observed graft failures (including deaths) during the first month after transplant	2	164
Number of expected graft failures (including deaths) during the first month after transplant	4.06	--
Estimated hazard ratio*	0.66	--
95% credible interval for the hazard ratio**	[0.18, 1.45]	--

* The hazard ratio provides an estimate of how University of California San Francisco Medical Center (CASF)'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 CASF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.18, 1.45], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 34% lower risk of graft failure compared to an average program, but CASF's performance could plausibly range from 82% reduced risk up to 45% increased risk.

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

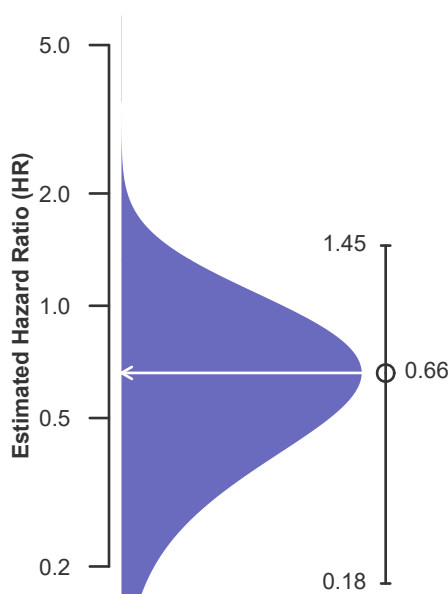
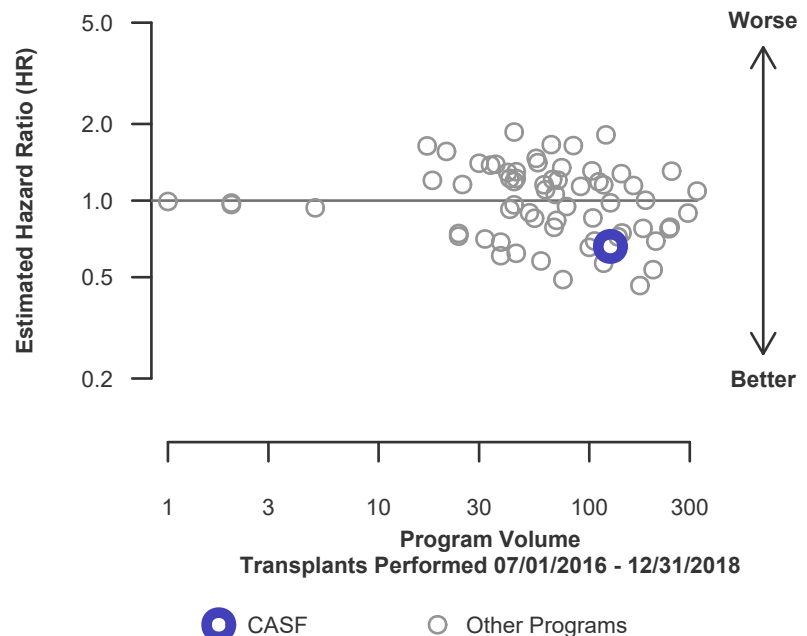


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison





C. Transplant Information

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

	CASF	U.S.
Number of transplants evaluated	126	5,961
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	94.21%	88.91%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	87.26%	--
Number of observed graft failures (including deaths) during the first year after transplant	7	607
Number of expected graft failures (including deaths) during the first year after transplant	14.78	--
Estimated hazard ratio*	0.54	--
95% credible interval for the hazard ratio**	[0.25, 0.94]	--

* The hazard ratio provides an estimate of how University of California San Francisco Medical Center (CASF)'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 CASF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.25, 0.94], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 46% lower risk of graft failure compared to an average program, but CASF's performance could plausibly range from 75% reduced risk up to 6% reduced risk.

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

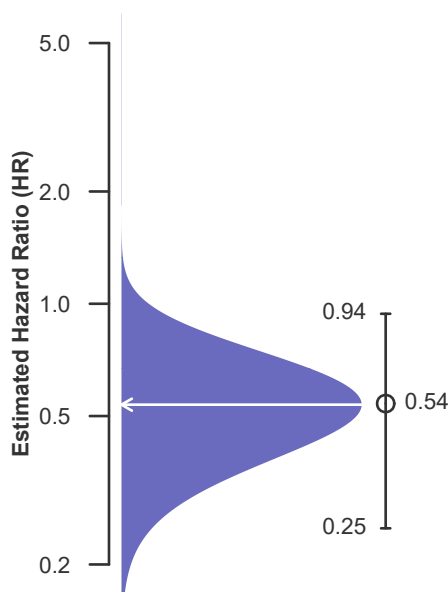
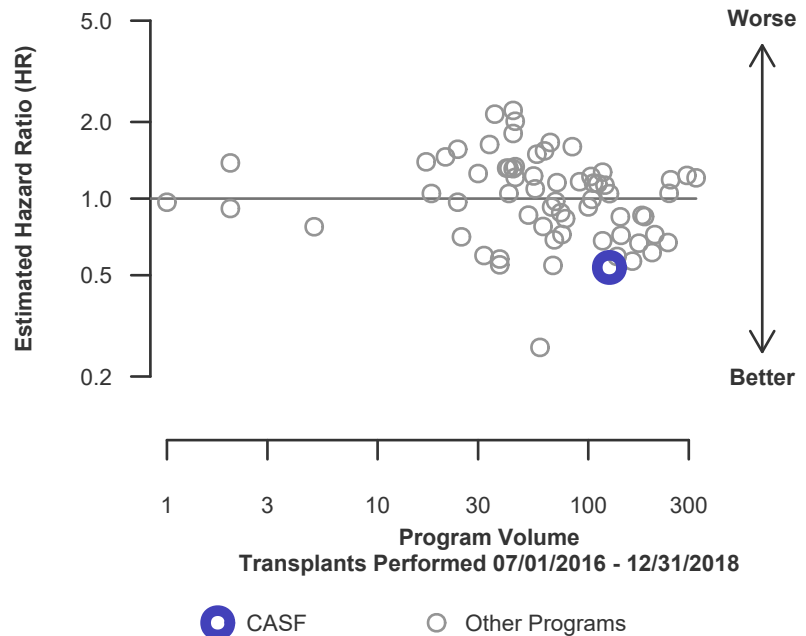


Figure C4D. Adult (18+) 1-year deceased donor graft failure HR program comparison





C. Transplant Information

Table 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

	CASF	U.S.
Number of transplants evaluated	129	5,043
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	85.93%	71.41%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	71.97%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	18	1,422
Number of expected graft failures (including deaths) during the first 3 years after transplant	39.34	--
Estimated hazard ratio*	0.48	--
95% credible interval for the hazard ratio**	[0.30, 0.72]	--

* The hazard ratio provides an estimate of how University of California San Francisco Medical Center (CASF)'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 CASF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.30, 0.72], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 52% lower risk of graft failure compared to an average program, but CASF's performance could plausibly range from 70% reduced risk up to 28% reduced risk.

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

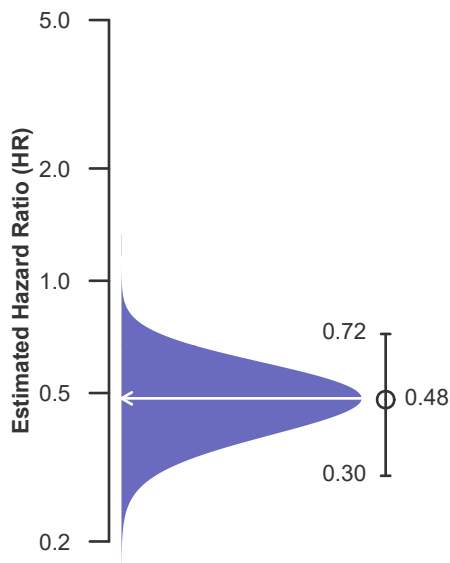
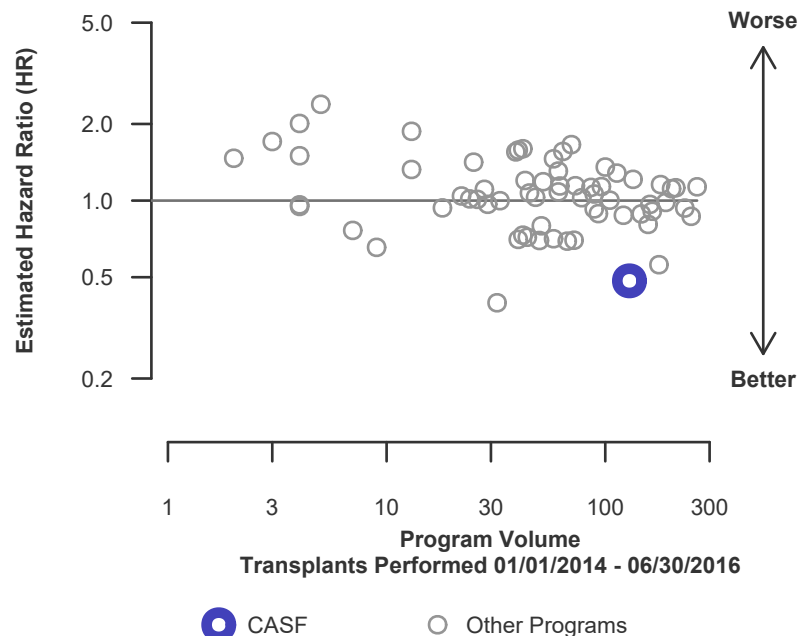


Figure C6D. Adult (18+) 3-year deceased donor graft failure HR program comparison





C. Transplant Information

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

	CASF	U.S.
Number of transplants evaluated	2	102
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	96.08%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	96.10%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	4
Number of expected graft failures (including deaths) during the first month after transplant	0.08	--
Estimated hazard ratio*	0.96	--
95% credible interval for the hazard ratio**	[0.12, 2.68]	--

* The hazard ratio provides an estimate of how University of California San Francisco Medical Center (CASF)'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 CASF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.12, 2.68], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 4% lower risk of graft failure compared to an average program, but CASF's performance could plausibly range from 88% reduced risk up to 168% increased risk.

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

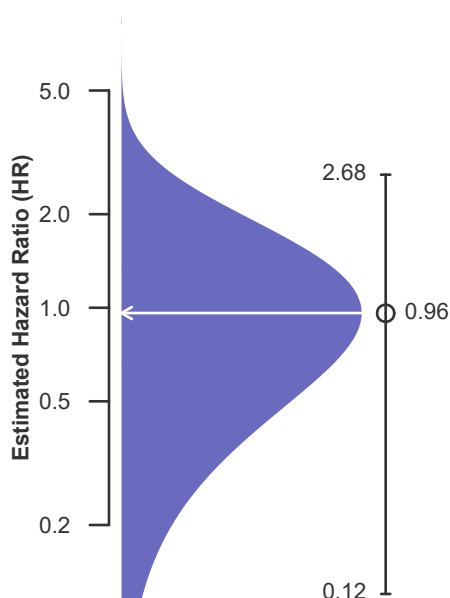
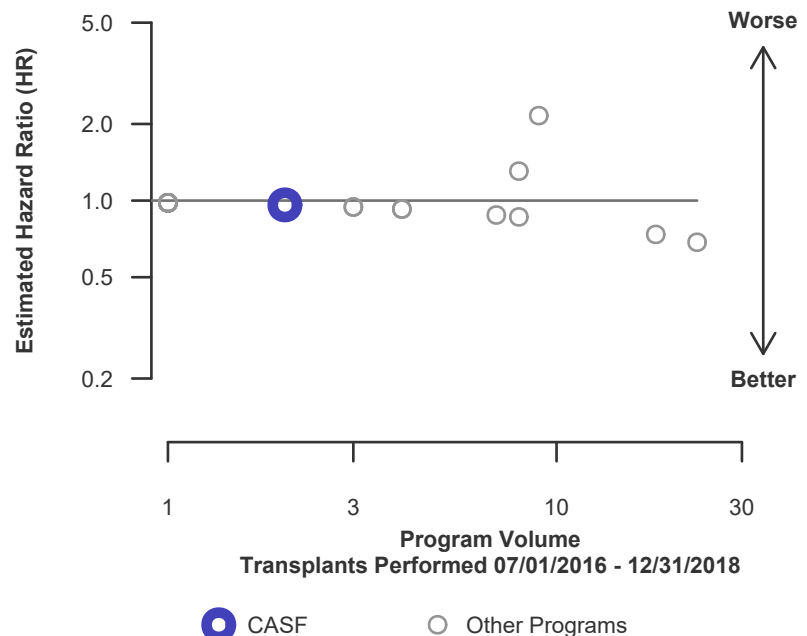


Figure C8D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison





C. Transplant Information

Table 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

	CASF	U.S.
Number of transplants evaluated	2	102
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	85.50%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	85.58%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	14
Number of expected graft failures (including deaths) during the first year after transplant	0.31	--
Estimated hazard ratio*	0.87	--
95% credible interval for the hazard ratio**	[0.10, 2.41]	--

* The hazard ratio provides an estimate of how University of California San Francisco Medical Center (CASF)'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 CASF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.10, 2.41], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 13% lower risk of graft failure compared to an average program, but CASF's performance could plausibly range from 90% reduced risk up to 141% increased risk.

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

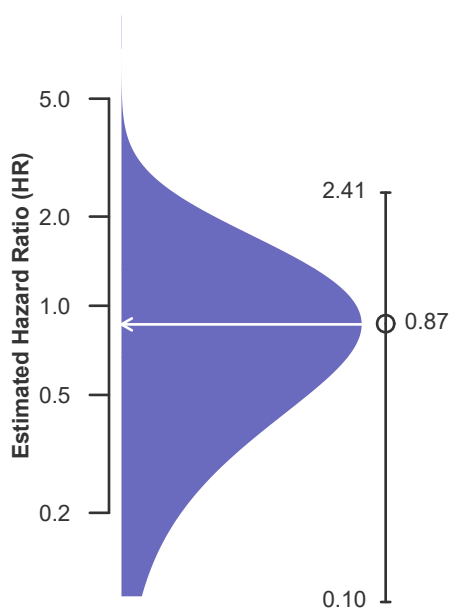
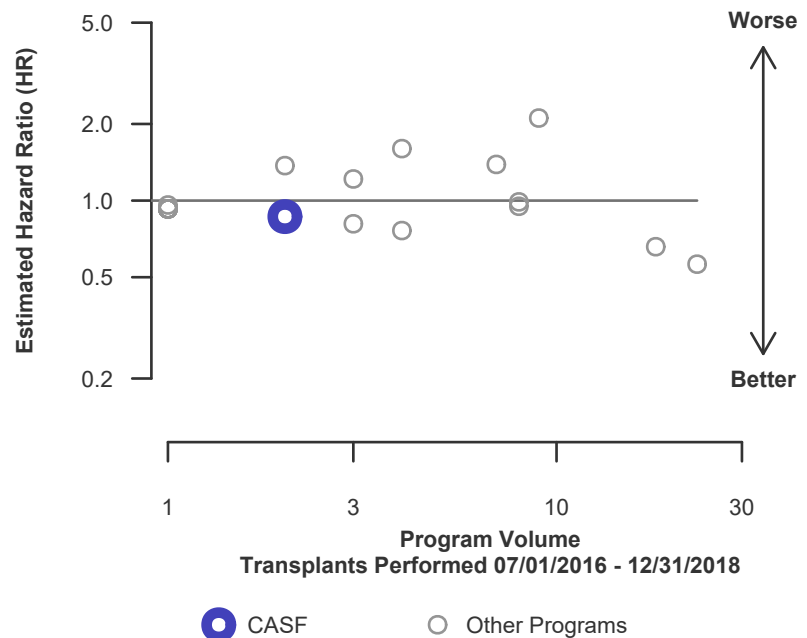


Figure C10D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison





C. Transplant Information

Table 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

	CASF	U.S.
Number of transplants evaluated	1	108
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	100.00%	60.82%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	61.02%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	42
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.49	--
Estimated hazard ratio*	0.80	--
95% credible interval for the hazard ratio**	[0.10, 2.23]	--

* The hazard ratio provides an estimate of how University of California San Francisco Medical Center (CASF)'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 CASF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.10, 2.23], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 20% lower risk of graft failure compared to an average program, but CASF's performance could plausibly range from 90% reduced risk up to 123% increased risk.

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

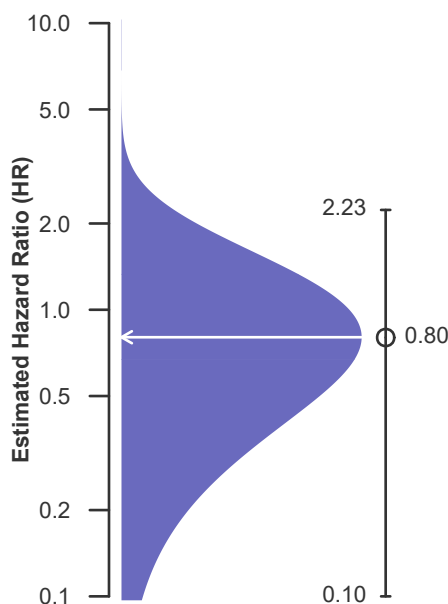
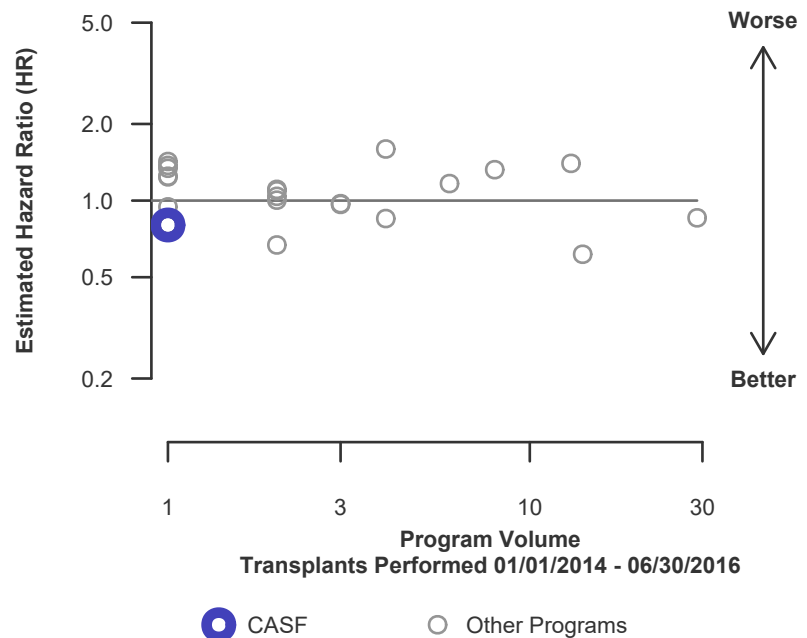


Figure C12D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison





C. Transplant Information

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

	CASF	U.S.
Number of transplants evaluated	118	5,789
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	99.15%	97.67%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	97.52%	--
Number of observed deaths during the first month after transplant	1	135
Number of expected deaths during the first month after transplant	2.96	--
Estimated hazard ratio*	0.61	--
95% credible interval for the hazard ratio**	[0.12, 1.46]	--

* The hazard ratio provides an estimate of how University of California San Francisco Medical Center (CASF)'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 CASF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.12, 1.46], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 39% lower risk of patient death compared to an average program, but CASF's performance could plausibly range from 88% reduced risk up to 46% increased risk.

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

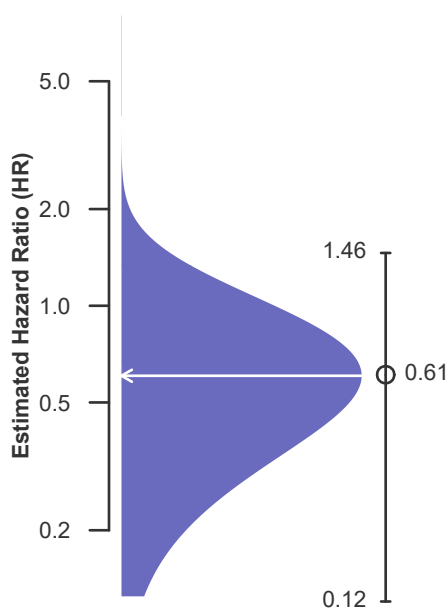
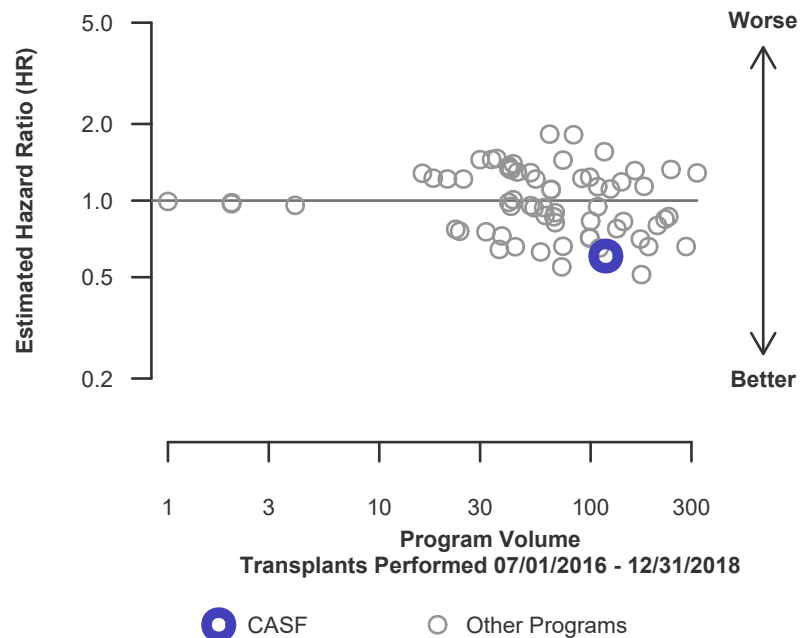


Figure C14D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)





C. Transplant Information

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

	CASF	U.S.
Number of transplants evaluated	118	5,789
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	96.36%	89.39%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	88.67%	--
Number of observed deaths during the first year after transplant	4	564
Number of expected deaths during the first year after transplant	12.48	--
Estimated hazard ratio*	0.41	--
95% credible interval for the hazard ratio**	[0.15, 0.81]	--

* The hazard ratio provides an estimate of how University of California San Francisco Medical Center (CASF)'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 CASF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.15, 0.81], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 59% lower risk of patient death compared to an average program, but CASF's performance could plausibly range from 85% reduced risk up to 19% reduced risk.

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

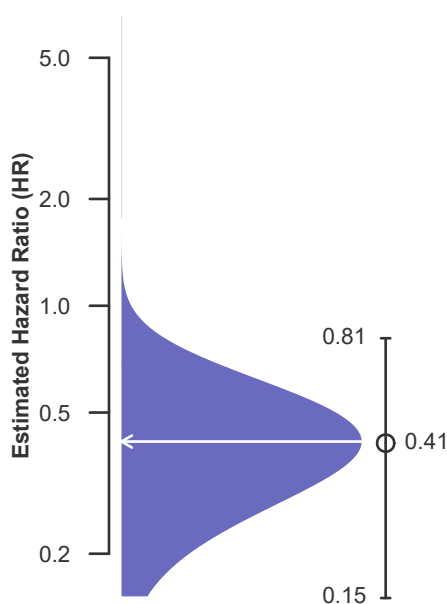
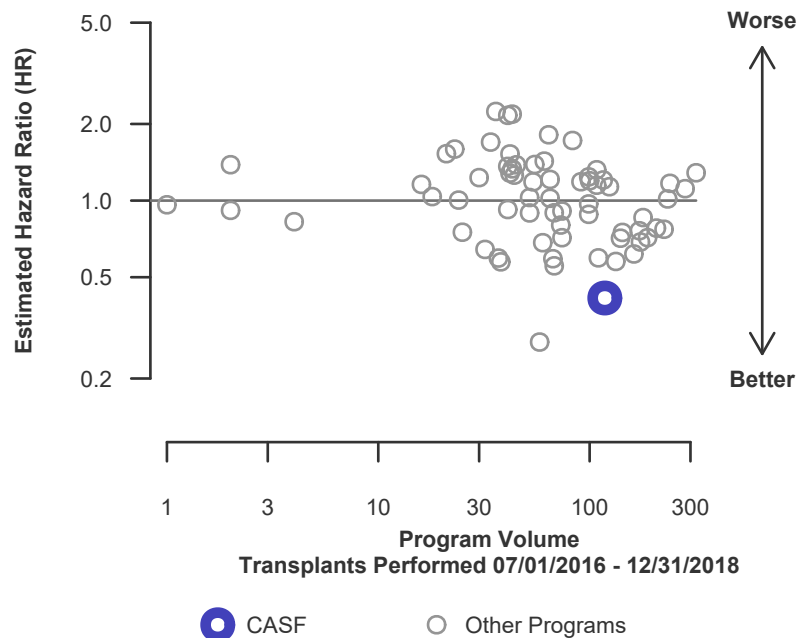


Figure C16D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)





C. Transplant Information

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

	CASF	U.S.
Number of transplants evaluated	124	4,856
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	90.32%	73.33%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	74.66%	--
Number of observed deaths during the first 3 years after transplant	12	1,295
Number of expected deaths during the first 3 years after transplant	34.56	--
Estimated hazard ratio*	0.38	--
95% credible interval for the hazard ratio**	[0.21, 0.61]	--

* The hazard ratio provides an estimate of how University of California San Francisco Medical Center (CASF)'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 CASF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.21, 0.61], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 62% lower risk of patient death compared to an average program, but CASF's performance could plausibly range from 79% reduced risk up to 39% reduced risk.

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

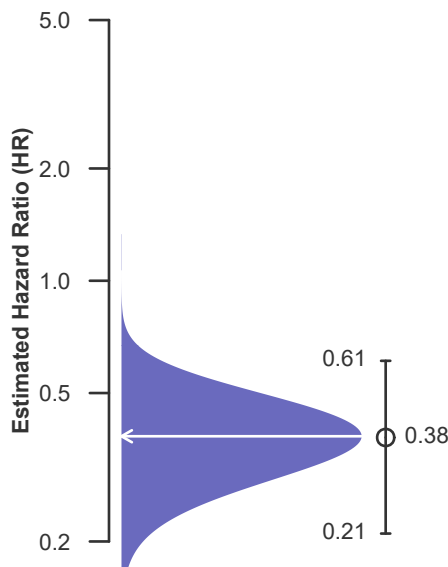
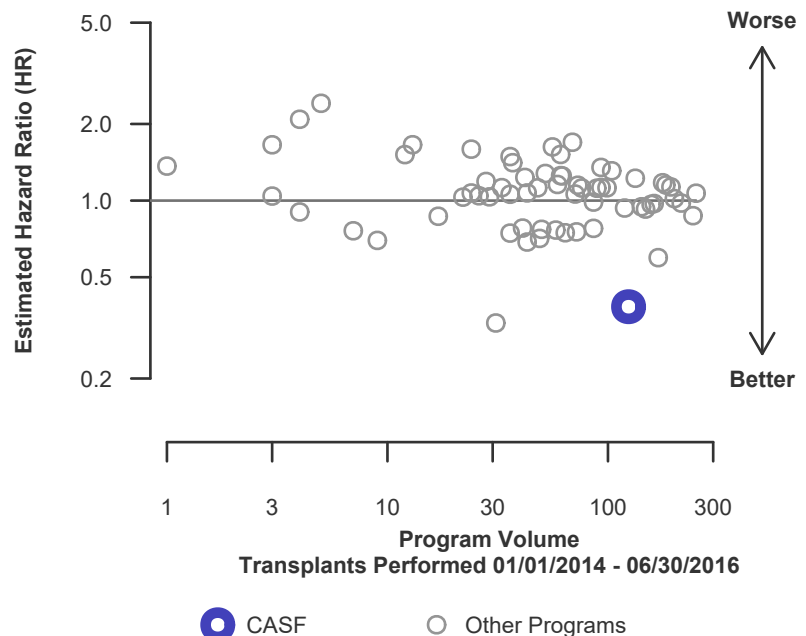


Figure C18D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)





C. Transplant Information

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

	CASF	U.S.
Number of transplants evaluated	2	101
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	96.04%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	96.06%	--
Number of observed deaths during the first month after transplant	0	4
Number of expected deaths during the first month after transplant	0.08	--
Estimated hazard ratio*	0.96	--
95% credible interval for the hazard ratio**	[0.12, 2.68]	--

* The hazard ratio provides an estimate of how University of California San Francisco Medical Center (CASF)'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 CASF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.12, 2.68], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 4% lower risk of patient death compared to an average program, but CASF's performance could plausibly range from 88% reduced risk up to 168% increased risk.

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

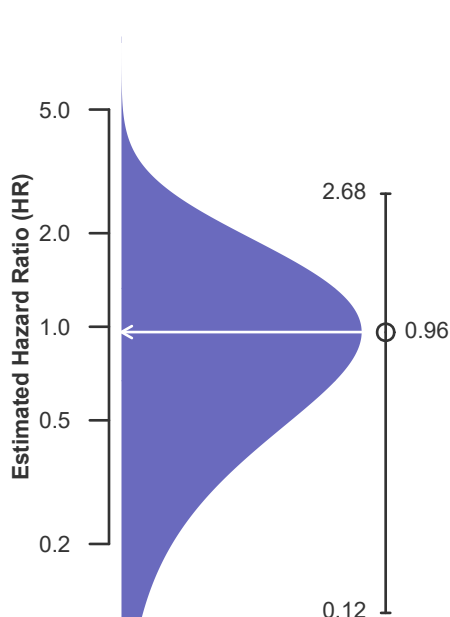
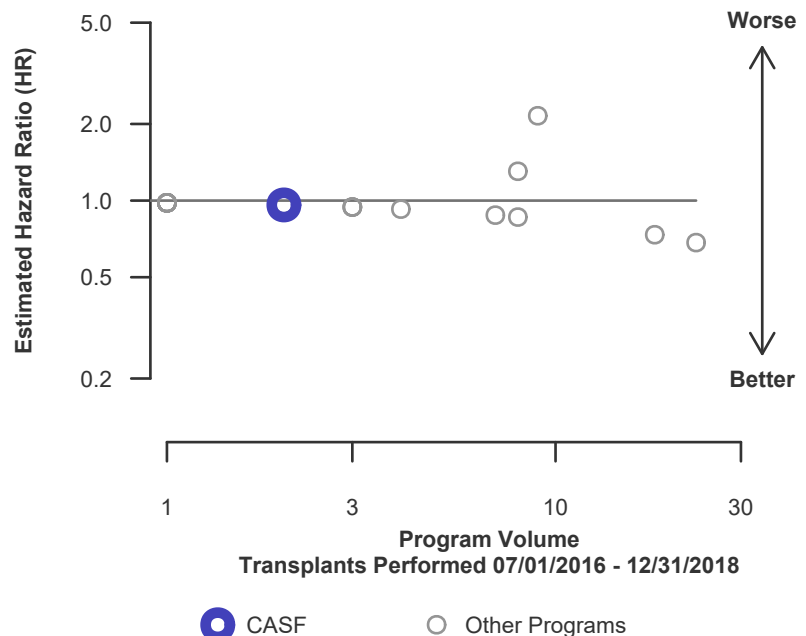


Figure C20D. Pediatric (<18) 1-month patient death HR program comparison (deceased donor grafts)





C. Transplant Information

Table 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

	CASF	U.S.
Number of transplants evaluated	2	101
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	85.42%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	85.50%	--
Number of observed deaths during the first year after transplant	0	14
Number of expected deaths during the first year after transplant	0.31	--
Estimated hazard ratio*	0.86	--
95% credible interval for the hazard ratio**	[0.10, 2.41]	--

* The hazard ratio provides an estimate of how University of California San Francisco Medical Center (CASFS)'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 CASFS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.10, 2.41], indicates the location of CASFS's true hazard ratio with 95% probability. The best estimate is 14% lower risk of patient death compared to an average program, but CASFS's performance could plausibly range from 90% reduced risk up to 141% increased risk.

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

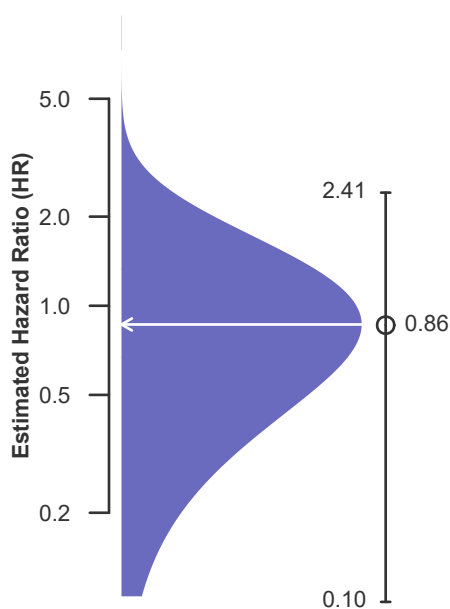
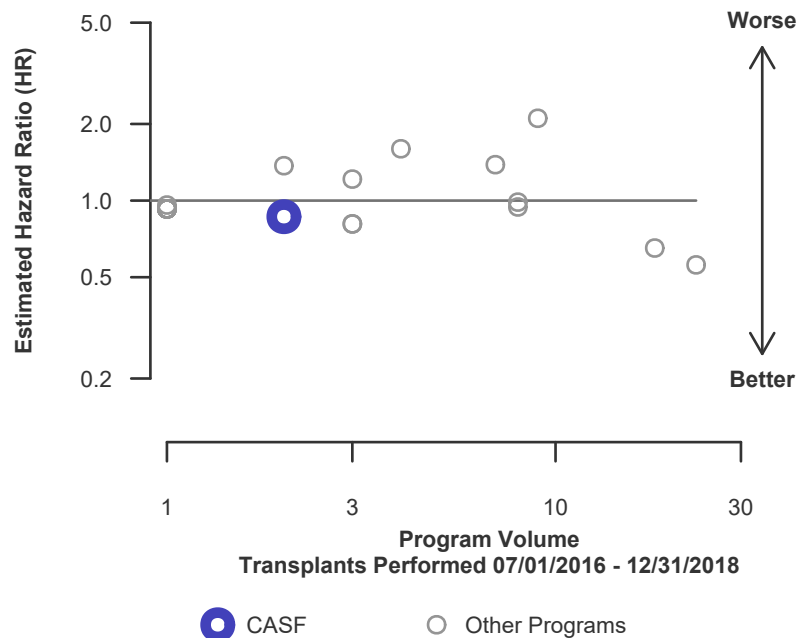


Figure C22D. Pediatric (<18) 1-year patient death HR program comparison (deceased donor grafts)





C. Transplant Information

Table 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

	CASF	U.S.
Number of transplants evaluated	1	100
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	61.00%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	61.20%	--
Number of observed deaths during the first 3 years after transplant	0	39
Number of expected deaths during the first 3 years after transplant	0.49	--
Estimated hazard ratio*	0.80	--
95% credible interval for the hazard ratio**	[0.10, 2.24]	--

* The hazard ratio provides an estimate of how University of California San Francisco Medical Center (CASF)'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 CASF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.10, 2.24], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 20% lower risk of patient death compared to an average program, but CASF's performance could plausibly range from 90% reduced risk up to 124% increased risk.

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

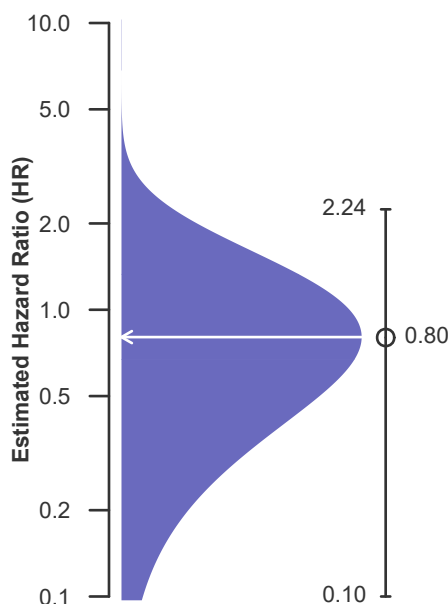
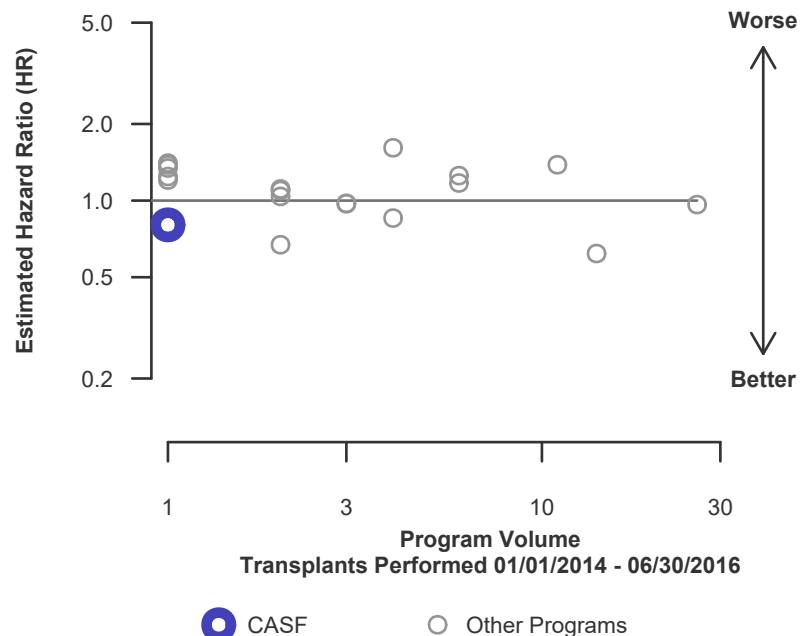


Figure C24D. Pediatric (<18) 3-year patient death HR program comparison (deceased donor grafts)





C. Transplant Information

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

Adult (18+) Transplants

Transplant Type	Transplants Performed		Lung Graft Failures		Estimated Lung Graft Survival	
	CASF-TX1	USA	CASF-TX1	USA	CASF-TX1	USA
Heart-Lung	4	62	1	7	66.7%	88.1%

First-Year Outcomes

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

Transplant Type	Transplants Performed		Patient Deaths		Estimated Patient Survival	
	CASF-TX1	USA	CASF-TX1	USA	CASF-TX1	USA
Heart-Lung	4	62	1	7	66.7%	88.1%

First-Year Outcomes

Pediatric (<18) Transplants

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