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## User Guide

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This report contains a wide range of useful information about the liver transplant program at University of California at Los Angeles Medical Center (CAUC). 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 35.2 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 0.2 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. Figures 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.

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](mailto:srtr@srtr.org).



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## A. Program Summary

Figure A1. Waiting list and transplant activity

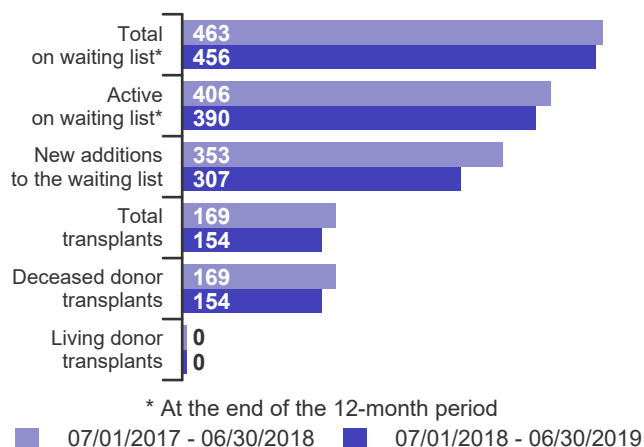


Table A1. Census of transplant recipients

Recipients	07/01/2017-06/30/2018	07/01/2018-06/30/2019
Transplanted at this center	169	154
Followed by this center*	1,529	1,626
...transplanted at this program	1,472	1,573
...transplanted elsewhere	57	53

\* 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

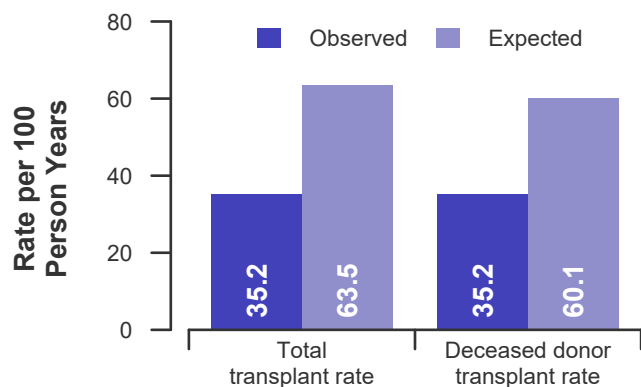


Figure A3. Waiting list mortality rates  
07/01/2017 - 06/30/2019

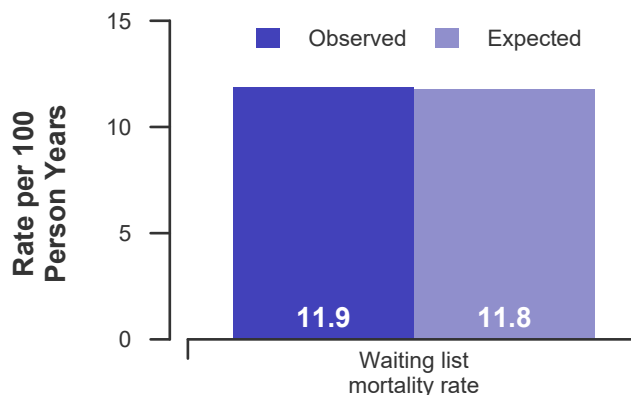


Figure A4. First-year adult graft and patient survival: 07/01/2016 - 12/31/2018

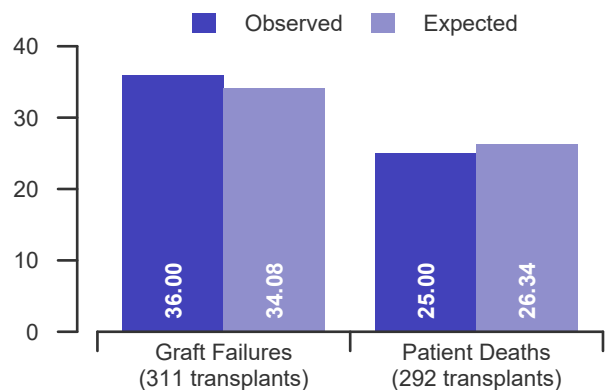
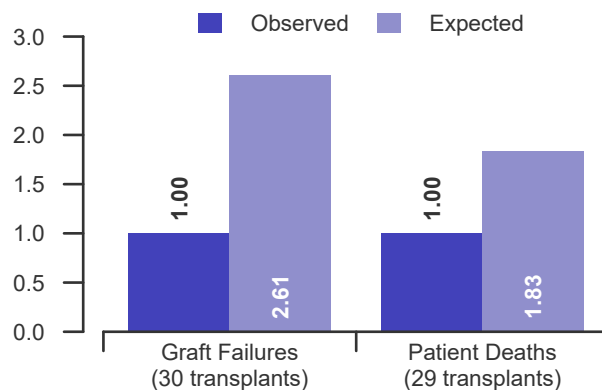


Figure A5. First-year pediatric graft and patient survival: 07/01/2016 - 12/31/2018





## 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. (%)
<b>On waiting list at start</b>	442	463	100.0	100.0	100.0
<b>Additions</b>					
New listings at this center	353	307	66.3	74.3	93.1
<b>Removals</b>					
Transferred to another center	12	12	2.6	1.4	1.1
Received living donor transplant*	0	0	0.0	1.9	3.4
Received deceased donor transplant*	169	154	33.3	44.6	57.6
Died	51	37	8.0	7.4	8.4
Transplanted at another center	9	11	2.4	1.8	2.8
Deteriorated	49	47	10.2	7.6	8.8
Recovered	18	18	3.9	5.5	7.1
Other reasons	24	35	7.6	8.5	9.3
<b>On waiting list at end of period</b>	463	456	98.5	95.5	94.6

\* 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 (N=307)	OPTN Region (N=2,118)	U.S. (N=13,078)	This Center (N=456)	OPTN Region (N=2,723)	U.S. (N=13,297)
<b>All (%)</b>	100.0	100.0	100.0	100.0	100.0	100.0
<b>Ethnicity/Race (%)*</b>						
White	44.0	48.0	68.9	39.9	48.1	67.6
African-American	4.2	2.9	7.7	4.8	3.6	7.5
Hispanic/Latino	39.7	36.1	16.9	42.5	34.4	17.9
Asian	11.4	10.2	4.7	12.3	11.6	5.6
Other	0.7	2.8	1.7	0.4	2.4	1.4
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
<b>Age (%)</b>						
<2 years	3.3	3.9	2.5	2.2	1.1	1.2
2-11 years	1.3	2.1	1.7	3.5	1.7	1.2
12-17 years	1.6	1.2	1.1	1.5	1.2	1.1
18-34 years	8.1	5.8	6.2	9.4	6.2	6.1
35-49 years	17.6	16.2	17.2	16.4	18.5	18.6
50-64 years	44.6	49.7	49.7	48.9	54.5	53.4
65-69 years	16.0	16.1	16.8	14.3	13.9	15.0
70+ years	7.5	4.9	4.8	3.7	2.9	3.4
<b>Gender (%)</b>						
Male	58.3	59.4	61.7	57.7	57.7	60.3
Female	41.7	40.6	38.3	42.3	42.3	39.7

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



## B. Waiting List Information

**Table B3. Medical characteristics of waiting list candidates**

Candidates registered on the waiting list between 07/01/2018 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 (N=307)	OPTN Region (N=2,118)	U.S. (N=13,078)	This Center (N=456)	OPTN Region (N=2,723)	U.S. (N=13,297)
<b>All (%)</b>	100.0	100.0	100.0	100.0	100.0	100.0
<b>Blood Type (%)</b>						
O	50.2	49.5	46.4	49.8	50.6	48.8
A	33.9	32.8	37.1	34.2	34.3	38.5
B	11.7	13.1	12.6	12.7	11.9	10.5
AB	4.2	4.6	3.9	3.3	3.2	2.2
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
<b>Previous Transplant (%)</b>						
Yes	4.9	4.9	4.6	3.9	3.2	3.1
No	95.1	95.1	95.4	96.1	96.8	96.9
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
<b>Primary Disease (%)</b>						
Acute Hepatic Necrosis	4.6	5.1	4.3	2.9	2.0	1.7
Non-Cholestatic Cirrhosis	73.0	65.8	66.1	72.1	72.8	71.7
Cholestatic Liver Disease/Cirrhosis	5.9	6.0	7.0	4.8	6.6	7.6
Biliary Atresia	2.0	2.8	2.3	3.9	2.2	1.7
Metabolic Diseases	2.3	2.5	2.5	2.0	1.2	1.6
Malignant Neoplasms	2.9	12.4	12.3	3.7	8.9	10.1
Other	9.4	5.2	5.3	10.5	6.1	5.3
Missing	0.0	0.3	0.2	0.0	0.1	0.1
<b>Medical Urgency Status/MELD/PELD at Listing (%)*</b>						
Status 1A	3.9	4.4	3.2	0.2	0.4	0.3
Status 1B	0.3	0.5	0.4	0.2	0.0	0.1
Status 2A	0.0	0.0	0.0	0.0	0.0	0.0
Status 2B	0.0	0.0	0.0	0.0	0.1	0.1
Status 3	0.0	0.0	0.0	0.0	1.2	0.6
MELD 6-10	23.5	19.5	18.4	34.0	29.2	29.0
MELD 11-14	18.6	18.1	18.8	28.9	26.9	29.1
MELD 15-20	14.7	17.8	23.4	21.3	22.2	24.9
MELD 21-30	16.0	16.2	17.7	9.0	8.3	8.9
MELD 31-40	20.2	14.8	10.9	1.1	0.8	0.7
PELD less than or equal to 10	1.6	2.6	1.8	4.4	2.1	1.7
PELD 11-14	0.0	0.2	0.2	0.0	0.0	0.1
PELD 15-20	0.0	0.6	0.6	0.2	0.2	0.2
PELD 21-30	1.3	0.5	0.3	0.7	0.1	0.2
PELD 31 or greater	0.0	0.2	0.1	0.0	0.0	0.0
Temporarily Inactive	0.0	4.5	4.1	0.0	8.4	4.1

\* MELD/PELD score based on laboratory measures is shown for listings beginning 2/27/2002 unless patient is Status 1 or Temporarily Inactive. MELD/PELD scores based on exception rules are not used. Status 1 separated into 1A and 1B in August 2005.





## B. Waiting List Information

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

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
<b>All Candidates</b>				
Count on waiting list at start*	442	1,068	3,017	14,609
Person Years**	917.8	2,049.0	5,725.5	27,909.4
Removals for Transplant	323	978	2,620	16,709
<b>Adult (18+) Candidates</b>				
Count on waiting list at start*	404	1,013	2,896	14,044
Person Years**	838.7	1,922.8	5,484.2	26,858.2
Removals for transplant	291	891	2,392	15,524
<b>Pediatric (&lt;18) Candidates</b>				
Count on waiting list at start*	38	55	121	565
Person Years**	79.1	126.2	241.3	1,051.2
Removals for transplant	32	87	228	1,185

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

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

Figure B1. Observed and expected transplant rates: 07/01/2017 - 06/30/2019

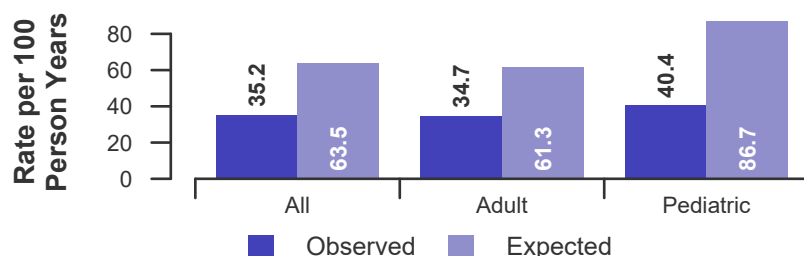


Figure B2. Transplant rate ratio estimate

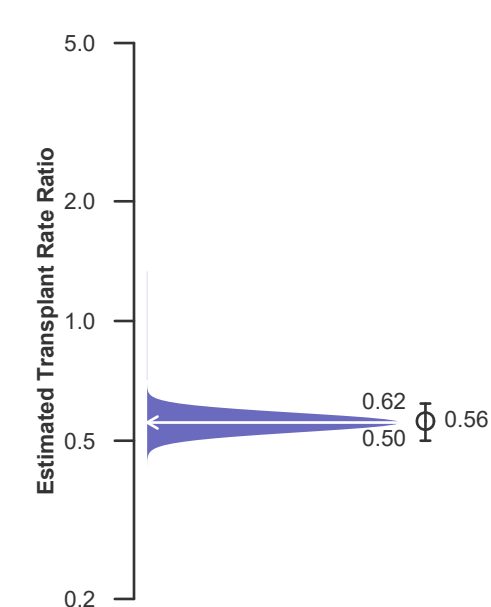
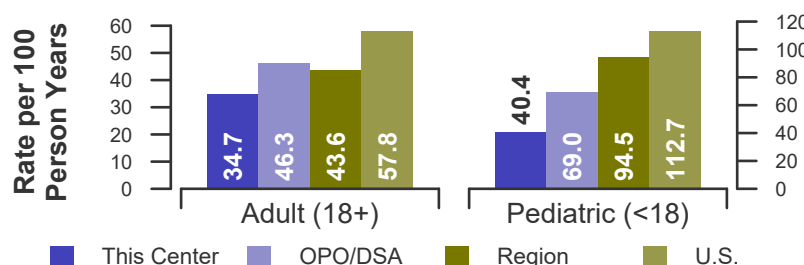


Figure B3. Observed adult (18+) and pediatric (<18) transplant rates: 07/01/2017 - 06/30/2019





## 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.
<b>All Candidates</b>				
Count on waiting list at start*	442	1,068	3,017	14,609
Person Years**	917.8	2,049.0	5,725.5	27,909.4
Removals for Transplant	323	948	2,513	15,877
<b>Adult (18+) Candidates</b>				
Count on waiting list at start*	404	1,013	2,896	14,044
Person Years**	838.7	1,922.8	5,484.2	26,858.2
Removals for transplant	291	867	2,300	14,819
<b>Pediatric (&lt;18) Candidates</b>				
Count on waiting list at start*	38	55	121	565
Person Years**	79.1	126.2	241.3	1,051.2
Removals for transplant	32	81	213	1,058

\* 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

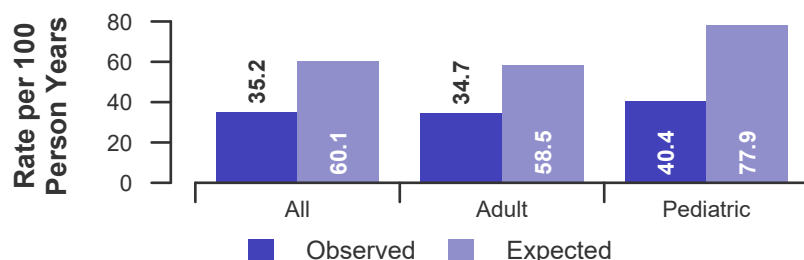


Figure B2D. Deceased donor transplant rate ratio estimate

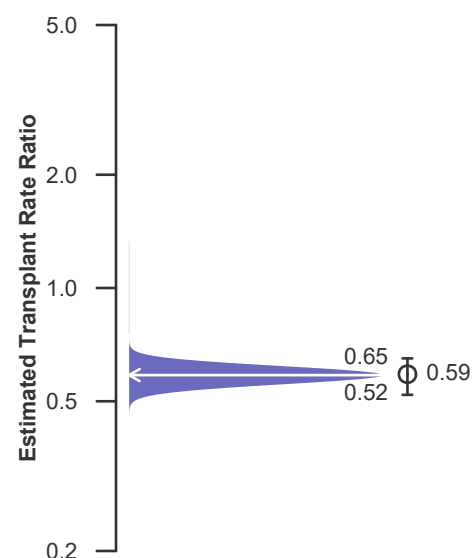
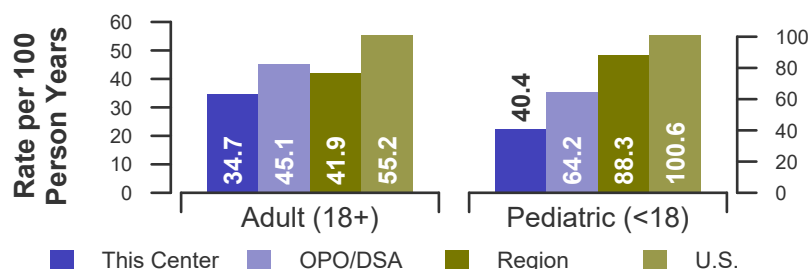


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 07/01/2017 - 06/30/2019





## 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.
<b>All Candidates</b>				
Count on waiting list at start*	442	1,068	3,017	14,609
Person Years**	1,037.0	2,371.0	6,514.6	32,169.8
Number of deaths	123	256	651	3,824
<b>Adult (18+) Candidates</b>				
Count on waiting list at start*	404	1,013	2,896	14,044
Person Years**	956.2	2,237.5	6,253.5	31,017.3
Number of deaths	113	245	628	3,757
<b>Pediatric (&lt;18) Candidates</b>				
Count on waiting list at start*	38	55	121	565
Person Years**	80.8	133.5	261.1	1,152.5
Number of deaths	10	11	23	67

\* 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

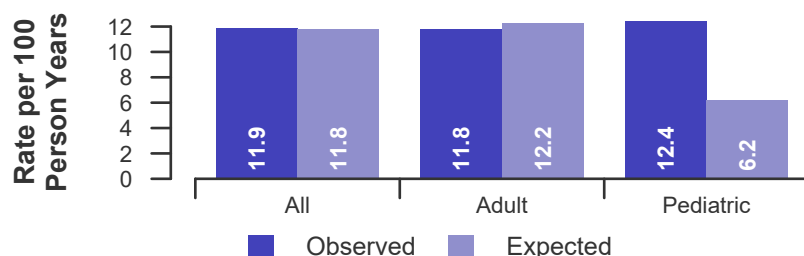


Figure B5. Waiting list mortality rate ratio estimate

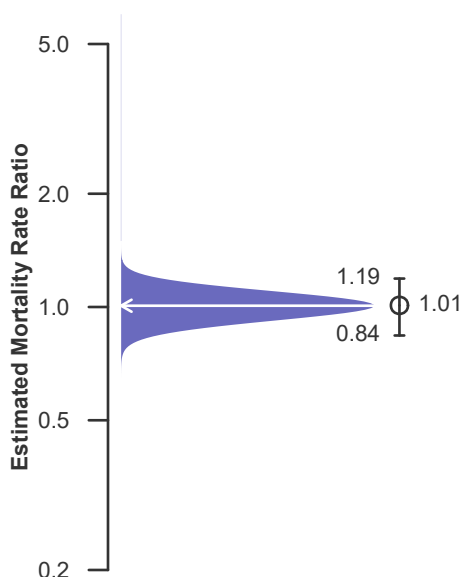
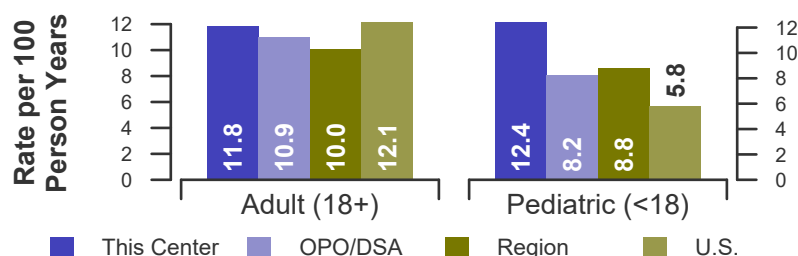


Figure B6. Observed adult (18+) and pediatric (<18) waiting list mortality rates: 07/01/2017 - 06/30/2019





## 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=356)			U.S. (N=12,947)		
	Months Since Listing			Months Since Listing		
	6	12	18	6	12	18
<b>Alive on waiting list (%)</b>	53.4	38.2	30.6	47.6	27.7	18.4
<b>Died on the waiting list without transplant (%)</b>	7.0	9.0	9.8	4.7	6.2	7.0
<b>Removed without transplant (%):</b>						
Condition worsened (status unknown)	6.5	9.8	10.7	4.4	6.5	7.5
Condition improved (status unknown)	2.5	2.8	3.7	1.1	1.8	2.6
Refused transplant (status unknown)	0.3	1.1	1.4	0.2	0.5	0.6
Other	1.1	1.7	2.0	1.7	3.2	4.4
<b>Transplant (living donor from waiting list only) (%):</b>						
Functioning (alive)	0.0	0.0	0.0	1.7	2.3	1.6
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.1	0.1
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	0.0	0.0	0.0	0.1	0.8
<b>Transplant (deceased donor) (%):</b>						
Functioning (alive)	26.1	28.4	25.6	34.2	42.9	35.0
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.3	0.4	0.6
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.8	2.2	2.2	1.8	2.9	3.7
Status Yet Unknown*	1.7	4.8	11.8	1.8	4.7	16.7
<b>Lost or Transferred (status unknown) (%)</b>	0.6	2.0	2.2	0.3	0.6	0.8
<b>TOTAL (%)</b>	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	7.9	11.2	12.1	6.5	9.2	10.8
Total % known died or removed as unstable	14.3	21.1	22.8	11.0	15.7	18.3
Total % removed for transplant	28.7	35.4	39.6	39.8	53.3	58.7
Total % with known functioning transplant (alive)	26.1	28.4	25.6	35.9	45.1	36.6

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



## B. Waiting List Information

**Table B6S1. Medical urgency status 1 candidate status after listing**

Candidates registered on the waiting list between 01/01/2017 and 12/31/2017

Waiting list status (survival status)	This Center (N=17)			U.S. (N=445)		
	Months Since listing			Months Since listing		
	6	12	18	6	12	18
<b>Alive on waiting list (%)</b>	17.6	11.8	5.9	5.2	2.7	2.0
<b>Died on the waiting list without transplant (%)</b>	0.0	0.0	0.0	6.3	6.3	6.3
<b>Removed without transplant (%):</b>						
Condition worsened (status unknown)	0.0	0.0	0.0	5.4	5.4	5.4
Condition improved (status unknown)	29.4	29.4	35.3	16.6	18.4	18.9
Refused transplant (status unknown)	0.0	0.0	0.0	0.2	0.2	0.2
Other	0.0	0.0	0.0	0.4	0.7	0.9
<b>Transplant (living donor from waiting list only) (%):</b>						
Functioning (alive)	0.0	0.0	0.0	0.9	0.9	0.9
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.0	0.0	0.0	0.2	0.2	0.2
Status Yet Unknown**	0.0	0.0	0.0	0.0	0.0	0.0
<b>Transplant (deceased donor) (%):</b>						
Functioning (alive)	52.9	47.1	35.3	55.7	50.1	39.1
Failed-Retransplanted (alive)	0.0	0.0	0.0	1.3	1.3	1.6
Failed-alive not retransplanted	0.0	0.0	0.0	0.2	0.0	0.0
Died	0.0	0.0	0.0	5.6	7.0	7.0
Status Yet Unknown*	0.0	5.9	17.6	1.1	5.8	16.6
<b>Lost or Transferred (status unknown) (%)</b>	0.0	5.9	5.9	0.7	0.9	0.9
<b>TOTAL (%)</b>	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	0.0	0.0	0.0	12.1	13.5	13.5
Total % known died or removed as unstable	0.0	0.0	0.0	17.5	18.9	18.9
Total % removed for transplant	52.9	52.9	52.9	65.2	65.4	65.4
Total % with known functioning transplant (alive)	52.9	47.1	35.3	56.6	51.0	40.0

\* 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	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
<b>All</b>	986	21.9	35.9	44.2	45.9	35,521	17.7	45.2	53.0	54.9
<b>Ethnicity/Race*</b>										
White	398	21.4	35.4	41.5	43.2	24,197	17.4	45.9	53.3	55.1
African-American	59	35.6	49.2	54.2	55.9	3,480	21.8	50.2	57.7	59.7
Hispanic/Latino	409	21.8	36.7	46.5	47.7	5,593	16.9	40.8	49.3	51.4
Asian	115	18.3	28.7	40.9	44.3	1,731	15.6	40.0	51.8	54.1
Other	5	0.0	20.0	40.0	40.0	520	17.5	44.0	52.5	54.2
Unknown	0	--	--	--	--	0	--	--	--	--
<b>Age</b>										
<2 years	22	9.1	54.5	63.6	63.6	865	24.3	70.4	75.4	76.6
2-11 years	39	17.9	46.2	51.3	51.3	717	25.2	67.5	72.5	73.8
12-17 years	12	16.7	41.7	50.0	50.0	438	21.9	54.3	64.4	66.2
18-34 years	61	32.8	45.9	49.2	50.8	1,957	26.6	48.4	54.3	56.8
35-49 years	149	32.9	43.6	48.3	48.3	5,448	24.3	47.3	53.3	55.1
50-64 years	501	21.6	35.5	44.3	47.1	20,147	15.7	43.4	51.9	53.9
65-69 years	130	15.4	26.2	41.5	43.1	4,880	13.3	41.0	50.2	51.8
70+ years	72	11.1	19.4	25.0	25.0	1,069	12.3	41.4	48.6	48.7
<b>Gender</b>										
Male	577	20.5	35.0	45.2	47.0	22,582	17.3	46.3	54.6	56.4
Female	409	24.0	37.2	42.8	44.5	12,939	18.3	43.2	50.3	52.3

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



## B. Waiting List Information

**Table B8. Percent of candidates with deceased donor transplants: medical characteristics**  
Candidates registered on the waiting list between 07/01/2013 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	986	21.9	35.9	44.2	45.9	35,521	17.7	45.2	53.0	54.9
Blood Type										
O	503	21.3	33.4	40.8	42.9	16,547	17.4	43.4	51.3	53.3
A	296	22.0	37.2	48.0	49.0	13,081	16.2	43.2	51.7	53.3
B	144	22.9	37.5	46.5	47.9	4,572	19.7	51.4	58.4	60.5
AB	43	25.6	51.2	51.2	53.5	1,321	28.9	65.8	70.2	71.8
Previous Transplant										
Yes	79	31.6	36.7	39.2	39.2	1,990	27.4	50.1	54.8	56.2
No	907	21.1	35.8	44.7	46.5	33,531	17.1	44.9	52.9	54.8
Primary Disease										
Acute Hepatic Necrosis	69	52.2	56.5	56.5	56.5	1,378	48.1	55.7	58.1	58.9
Non-Cholestatic Cirrhosis	726	21.2	34.2	43.4	45.0	23,993	17.5	43.0	50.0	51.7
Cholestatic Liver Disease/Cirrhosis	53	13.2	35.8	43.4	45.3	2,444	15.0	45.6	53.8	57.2
Biliary Atresia	20	5.0	30.0	50.0	50.0	723	16.7	64.7	72.8	74.4
Metabolic Diseases	23	17.4	47.8	47.8	52.2	882	21.0	61.5	67.9	69.5
Malignant Neoplasms	40	17.5	40.0	50.0	52.5	4,216	8.6	46.6	61.1	63.0
Other	53	13.2	28.3	34.0	37.7	1,871	19.5	47.3	55.3	57.5
Missing	2	0.0	0.0	0.0	0.0	14	7.1	7.1	7.1	7.1
Medical Urgency Status/MELD/PELD at Listing*										
Status 1	0	--	--	--	--	0	--	--	--	--
Status 1A	45	57.8	57.8	57.8	57.8	1,168	61.0	61.7	61.7	61.7
Status 1B	10	20.0	80.0	80.0	80.0	145	49.7	83.4	83.4	83.4
Status 2A	0	--	--	--	--	0	--	--	--	--
Status 2B	0	--	--	--	--	0	--	--	--	--
Status 3	0	--	--	--	--	0	--	--	--	--
MELD 6-10	170	1.2	8.8	32.4	35.9	7,069	3.1	34.8	49.3	51.8
MELD 11-14	150	1.3	13.3	28.0	30.7	6,591	2.9	29.8	40.6	43.7
MELD 15-20	183	1.1	15.8	23.0	25.7	8,145	7.6	39.8	47.9	50.4
MELD 21-30	152	18.4	44.7	46.7	48.0	6,006	26.3	57.3	60.3	61.1
MELD 31-40	227	65.2	73.1	73.1	73.1	3,894	66.7	73.1	73.2	73.2
PELD less than or equal to 10	23	8.7	43.5	52.2	52.2	682	10.6	66.1	74.0	76.0
PELD 11-14	3	0.0	33.3	33.3	33.3	109	17.4	74.3	79.8	79.8
PELD 15-20	8	0.0	37.5	62.5	62.5	176	12.5	73.9	79.0	81.2
PELD 21-30	11	9.1	36.4	36.4	36.4	154	24.0	71.4	76.0	76.0
PELD 31 or greater	2	100.0	100.0	100.0	100.0	63	55.6	74.6	74.6	76.2
Temporarily Inactive	2	50.0	100.0	100.0	100.0	1,319	7.8	33.3	42.7	43.8

\* MELD/PELD score based on laboratory measures is shown for listings beginning 2/27/2002 unless patient is Status 1 or Temporarily Inactive. MELD/PELD scores based on exception rules are not used. Status 1 separated into 1A and 1B in August 2005.



## 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	0.1	0.1	0.2
10th	0.3	0.2	0.3	0.3
25th	2.2	1.6	2.6	1.9
50th (median time to transplant)	45.7	22.2	18.8	10.7
75th	Not Observed	Not Observed	Not Observed	Not Observed

\* 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.
<b>Overall</b>				
Number of Offers	13,642	21,498	44,640	159,899
Number of Acceptances	122	412	1,111	7,258
Expected Acceptances	350.8	600.0	1,225.2	7,255.2
Offer Acceptance Ratio*	0.35	0.69	0.91	1.00
95% Credible Interval**	[0.29, 0.42]	--	--	--
<b>PHS increased infectious risk</b>				
Number of Offers	3,039	4,889	11,239	39,142
Number of Acceptances	30	102	287	2,073
Expected Acceptances	83.0	142.8	322.6	2,072.3
Offer Acceptance Ratio*	0.38	0.72	0.89	1.00
95% Credible Interval**	[0.26, 0.52]	--	--	--
<b>DCD donor</b>				
Number of Offers	4,028	6,287	10,740	37,177
Number of Acceptances	1	10	111	587
Expected Acceptances	34.9	53.4	108.0	594.5
Offer Acceptance Ratio*	0.08	0.22	1.03	0.99
95% Credible Interval**	[0.02, 0.20]	--	--	--
<b>HCV+ donor</b>				
Number of Offers	41	79	1,424	6,060
Number of Acceptances	0	5	41	412
Expected Acceptances	1.6	3.4	42.6	411.6
Offer Acceptance Ratio*	0.56	1.29	0.96	1.00
95% Credible Interval**	[0.07, 1.55]	--	--	--
<b>Hard-to-Place Livers (Over 50 Offers)</b>				
Number of Offers	8,560	13,890	29,826	87,459
Number of Acceptances	3	38	188	566
Expected Acceptances	59.2	102.0	205.5	572.4
Offer Acceptance Ratio*	0.08	0.38	0.92	0.99
95% Credible Interval**	[0.03, 0.17]	--	--	--
<b>Donor more than 500 miles away</b>				
Number of Offers	2,641	3,260	10,359	45,589
Number of Acceptances	10	31	184	705
Expected Acceptances	29.6	45.6	159.2	650.4
Offer Acceptance Ratio*	0.38	0.69	1.15	1.08
95% Credible Interval**	[0.20, 0.62]	--	--	--

\* The offer acceptance ratio estimates the relative offer acceptance practice of University of California at Los Angeles Medical Center (CAUC) 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, [0.29, 0.42], indicates the location of CAUC's true offer acceptance ratio with 95% probability. The best estimate is 65% less likely to accept an offer compared to national acceptance behavior, but CAUC's performance could plausibly range from 71% reduced acceptance up to 58% reduced acceptance.



## B. Waiting List Information

Figure B7. Offer acceptance: Overall

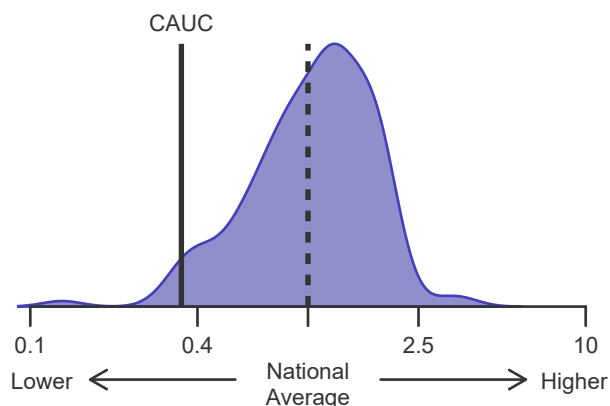


Figure B8. Offer acceptance: PHS increased infectious risk

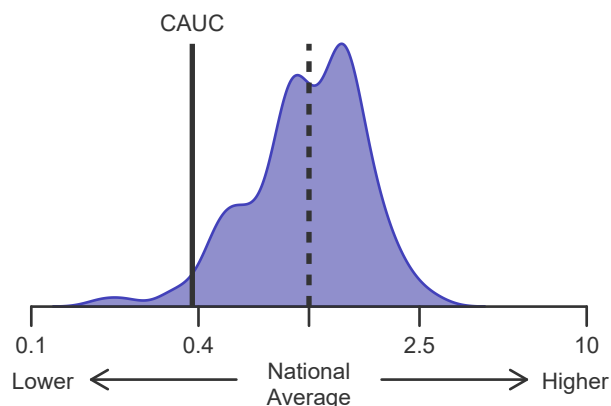


Figure B9. Offer acceptance: DCD Donor

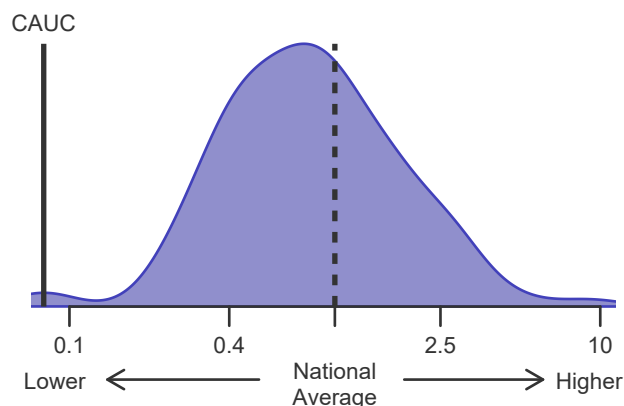


Figure B10. Offer acceptance: HCV+ Donor

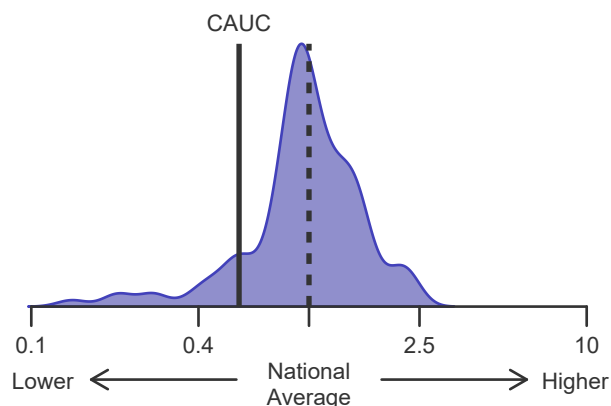


Figure B11. Offer acceptance: Offer number > 50

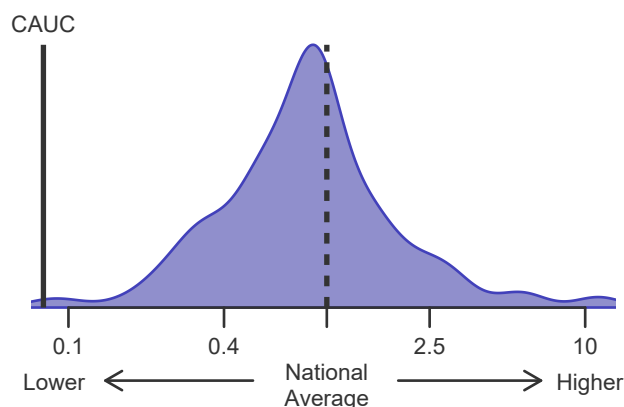
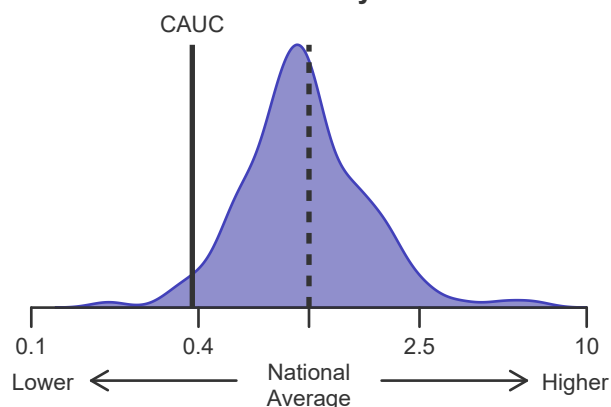


Figure B12. Offer acceptance: Donor more than 500 miles away





## 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=154)	Region (N=1,272)	U.S. (N=8,093)
<b>Ethnicity/Race (%)*</b>			
White	34.4	46.4	68.2
African-American	3.2	2.4	8.5
Hispanic/Latino	48.7	37.9	17.0
Asian	12.3	10.6	4.8
Other	1.3	2.7	1.6
Unknown	0.0	0.0	0.0
<b>Age (%)</b>			
<2 years	4.5	4.1	2.5
2-11 years	3.2	2.1	2.3
12-17	0.6	1.1	1.0
18-34	7.8	5.7	6.6
35-49 years	16.2	15.3	16.7
50-64 years	46.1	49.4	49.4
65-69 years	12.3	16.7	16.6
70+ years	9.1	5.5	5.0
<b>Gender (%)</b>			
Male	55.2	60.5	63.4
Female	44.8	39.5	36.6

\* 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%.



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## C. Transplant Information

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**Table C1L. Living donor transplant recipient demographic characteristics**

**Patients transplanted between 07/01/2018 and 06/30/2019**

This center did not perform any  
transplants relevant to  
this table during  
07/01/2018-06/30/2019



## 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=154)	Region (N=1,272)	U.S. (N=8,093)
<b>Blood Type (%)</b>			
O	46.1	46.2	44.8
A	31.8	33.6	35.8
B	14.3	14.1	14.3
AB	7.8	6.1	5.0
<b>Previous Transplant (%)</b>			
Yes	3.9	4.6	5.0
No	96.1	95.4	95.0
<b>Body Mass Index (%)</b>			
0-20	15.6	15.0	11.9
21-25	29.2	28.9	26.8
26-30	32.5	30.4	30.7
31-35	14.3	15.3	17.8
36-40	3.9	7.4	8.6
41+	3.2	2.4	3.2
Unknown	1.3	0.6	1.0
<b>Primary Disease (%)</b>			
Acute Hepatic Necrosis	3.2	5.0	4.7
Non-Cholestatic Cirrhosis	60.4	62.9	62.3
Cholestatic Liver Disease/Cirrhosis	11.0	5.6	7.1
Biliary Atresia	1.9	2.1	2.4
Metabolic Diseases	3.2	3.1	3.2
Malignant Neoplasms	15.6	18.5	16.5
Other	3.2	2.7	3.7
Missing	1.3	0.2	0.1
<b>Medical Urgency Statust/MELD/PELD at Transplant (%)*</b>			
Status 1A	3.9	4.2	3.4
Status 1B	3.2	2.4	1.5
MELD 6-10	9.7	12.6	14.4
MELD 11-14	8.4	12.2	13.1
MELD 15-20	5.8	14.8	20.2
MELD 21-30	13.6	20.0	23.0
MELD 31-40	51.9	30.9	21.4
PELD less than or equal to 10	0.6	1.0	1.4
PELD 11-14	0.0	0.3	0.4
PELD 15-20	1.3	0.6	0.6
PELD 21-30	0.0	0.3	0.3
PELD 31 or greater	1.3	0.6	0.2
Temporarily Inactive	0.0	0.0	0.0
<b>Recipient Medical Condition at Transplant (%)</b>			
Not Hospitalized	33.1	56.1	65.9
Hospitalized	25.3	19.1	18.5
ICU	41.6	24.8	15.5
Unknown	0.0	0.0	0.2

\* MELD/PELD score based on laboratory measures at the time of transplant is shown unless recipient is Status 1 or Temporarily Inactive. MELD/PELD scores based on exception rules are not used. Status 1 separated into 1A and 1B in August 2005



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## C. Transplant Information

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

This center did not perform any  
transplants relevant to  
this table during  
07/01/2018-06/30/2019



## 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=154)	Region (N=1,272)	U.S. (N=8,093)
<b>Cause of Death (%)</b>			
Deceased: Stroke	27.3	28.6	27.5
Deceased: MVA	16.9	14.0	13.2
Deceased: Other	55.8	57.4	59.3
<b>Ethnicity/Race (%)*</b>			
White	43.5	52.0	63.2
African-American	13.0	9.6	18.2
Hispanic/Latino	37.0	29.0	14.8
Asian	5.2	6.8	2.6
Other	1.3	2.5	1.2
Not Reported	0.0	0.0	0.0
<b>Age (%)</b>			
<2 years	2.6	2.0	1.4
2-11 years	4.5	2.9	2.5
12-17	2.6	3.1	4.6
18-34	44.2	33.3	32.1
35-49 years	26.0	27.1	27.5
50-64 years	19.5	24.4	24.1
65-69 years	0.6	4.6	4.0
70+ years	0.0	2.6	3.7
<b>Gender (%)</b>			
Male	55.2	62.5	59.8
Female	44.8	37.5	40.2
<b>Blood Type (%)</b>			
O	51.9	50.9	48.4
A	33.1	33.6	36.2
B	12.3	12.1	12.4
AB	2.6	3.4	3.0
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%.



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## C. Transplant Information

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Table C3L. Living donor characteristics

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

This center did not perform any  
transplants relevant to  
this table during  
07/01/2018-06/30/2019





## 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=154)	Region (N=1,272)	U.S. (N=8,093)
<b>Cold Ischemic Time (Hours): Local (%)</b>			
Deceased: 0-5 hr	26.6	47.0	65.2
Deceased: 6-10 hr	68.8	49.6	32.6
Deceased: 11-15 hr	3.1	3.1	1.2
Deceased: 16-20 hr	0.0	0.2	0.1
Deceased: 21+ hr	0.0	0.0	0.1
Not Reported	1.6	0.2	0.8
<b>Cold Ischemic Time (Hours): Shared (%)</b>			
Deceased: 0-5 hr	5.6	26.0	43.2
Deceased: 6-10 hr	86.7	67.9	53.2
Deceased: 11-15 hr	7.8	6.1	2.9
Deceased: 16-20 hr	0.0	0.0	0.0
Deceased: 21+ hr	0.0	0.0	0.1
Not Reported	0.0	0.0	0.6
<b>Procedure Type (%)</b>			
Liver alone	87.7	88.4	90.2
Liver and another organ	12.3	11.6	9.8
<b>Sharing (%)</b>			
Local	41.6	48.3	62.7
Shared	58.4	51.7	37.3
<b>Median Time in Hospital After Transplant*</b>	23.0 Days	11.0 Days	10.0 Days

\* Multiple organ transplants are excluded from this statistic.



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## C. Transplant Information

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Table C4L. Living donor transplant characteristics

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

This center did not perform any  
transplants relevant to  
this table during  
07/01/2018-06/30/2019



## C. Transplant Information

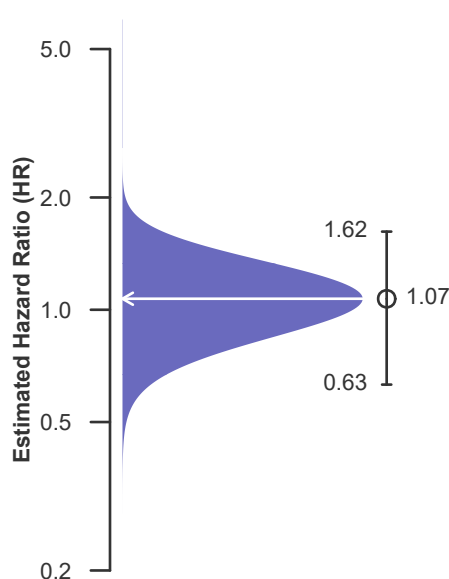
**Table C5. Adult (18+) 1-month survival with a functioning graft**  
**Single organ transplants performed between 07/01/2016 and 12/31/2018**  
**Deaths and retransplants are considered graft failures**

	CAUC	U.S.
Number of transplants evaluated	311	16,923
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	94.86%	96.31%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	95.16%	--
Number of observed graft failures (including deaths) during the first month after transplant	16	624
Number of expected graft failures (including deaths) during the first month after transplant	14.82	--
Estimated hazard ratio*	1.07	--
95% credible interval for the hazard ratio**	[0.63, 1.62]	--

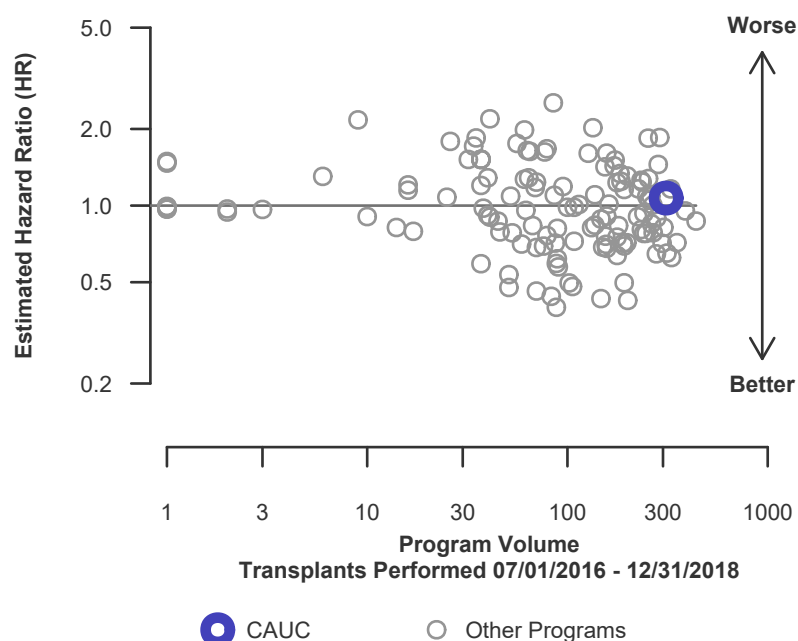
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio 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 CAUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.63, 1.62], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 7% higher risk of graft failure compared to an average program, but CAUC's performance could plausibly range from 37% reduced risk up to 62% increased risk.

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



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





## C. Transplant Information

**Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft**

**Single organ transplants performed between 07/01/2016 and 12/31/2018**

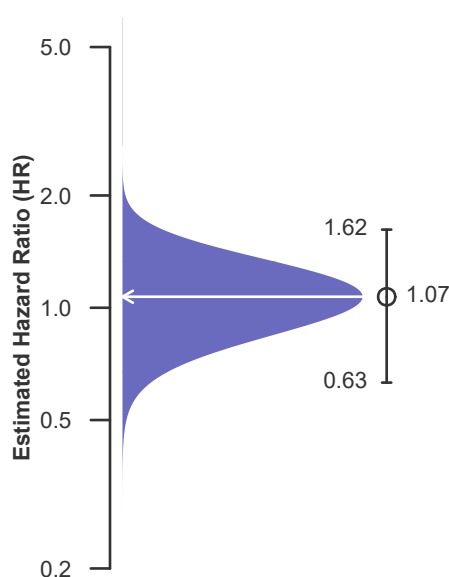
**Deaths and retransplants are considered graft failures**

	CAUC	U.S.
Number of transplants evaluated	311	16,151
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	94.86%	96.29%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	95.16%	--
Number of observed graft failures (including deaths) during the first month after transplant	16	599
Number of expected graft failures (including deaths) during the first month after transplant	14.82	--
Estimated hazard ratio*	1.07	--
95% credible interval for the hazard ratio**	[0.63, 1.62]	--

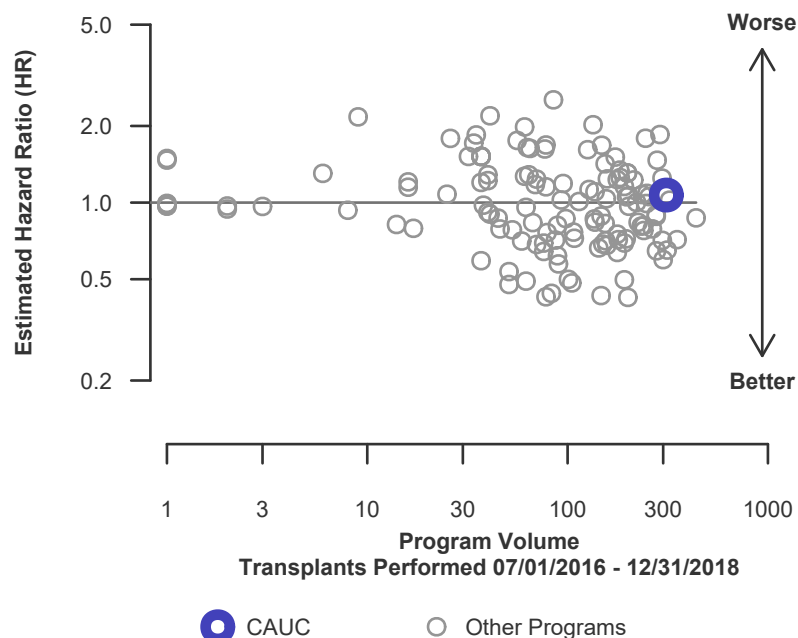
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio 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 CAUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.63, 1.62], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 7% higher risk of graft failure compared to an average program, but CAUC's performance could plausibly range from 37% reduced risk up to 62% increased risk.

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



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





## C. Transplant Information

**Table C5L. Adult (18+) 1-month survival with a functioning living donor graft**  
**Single organ transplants performed between 07/01/2016 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 C1L. Adult (18+) 1-month  
living donor graft failure HR  
estimate**

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

**Figure C2L. Adult (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



## C. Transplant Information

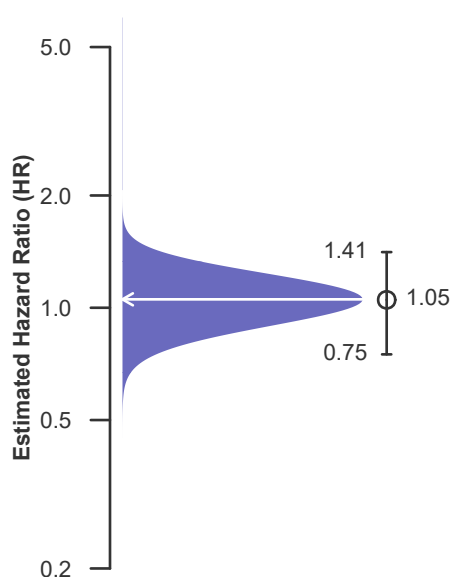
**Table C6. Adult (18+) 1-year survival with a functioning graft**  
**Single organ transplants performed between 07/01/2016 and 12/31/2018**  
**Deaths and retransplants are considered graft failures**

	CAUC	U.S.
Number of transplants evaluated	311	16,923
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	87.67%	91.36%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	88.43%	--
Number of observed graft failures (including deaths) during the first year after transplant	36	1,391
Number of expected graft failures (including deaths) during the first year after transplant	34.08	--
Estimated hazard ratio*	1.05	--
95% credible interval for the hazard ratio**	[0.75, 1.41]	--

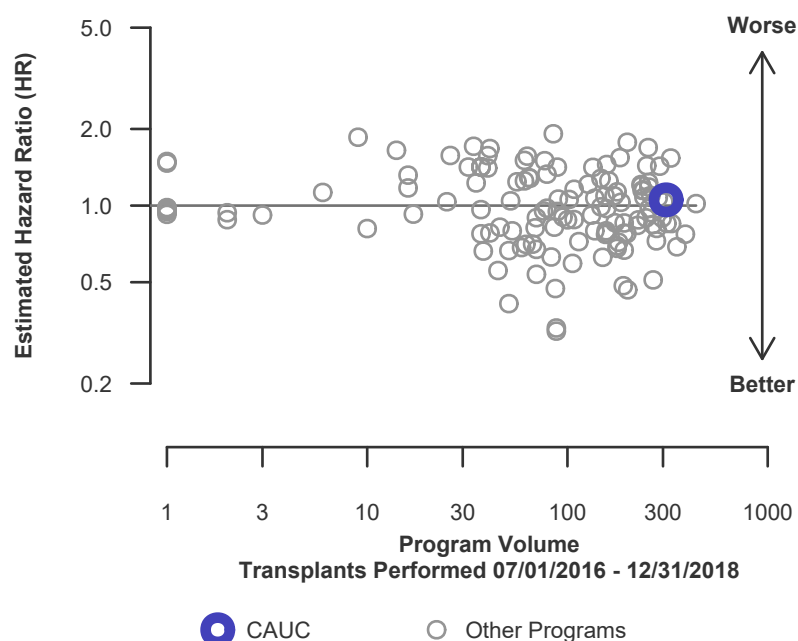
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio 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 CAUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.75, 1.41], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 5% higher risk of graft failure compared to an average program, but CAUC's performance could plausibly range from 25% reduced risk up to 41% increased risk.

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



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





## C. Transplant Information

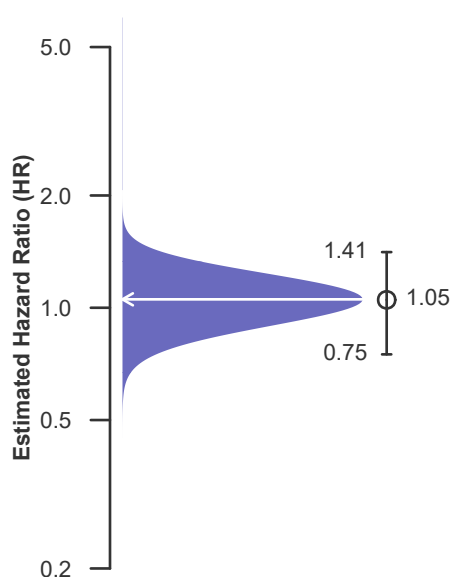
**Table C6D. Adult (18+) 1-year survival with a functioning deceased donor graft**  
**Single organ transplants performed between 07/01/2016 and 12/31/2018**  
**Deaths and retransplants are considered graft failures**

	CAUC	U.S.
Number of transplants evaluated	311	16,151
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	87.67%	91.29%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	88.43%	--
Number of observed graft failures (including deaths) during the first year after transplant	36	1,338
Number of expected graft failures (including deaths) during the first year after transplant	34.08	--
Estimated hazard ratio*	1.05	--
95% credible interval for the hazard ratio**	[0.75, 1.41]	--

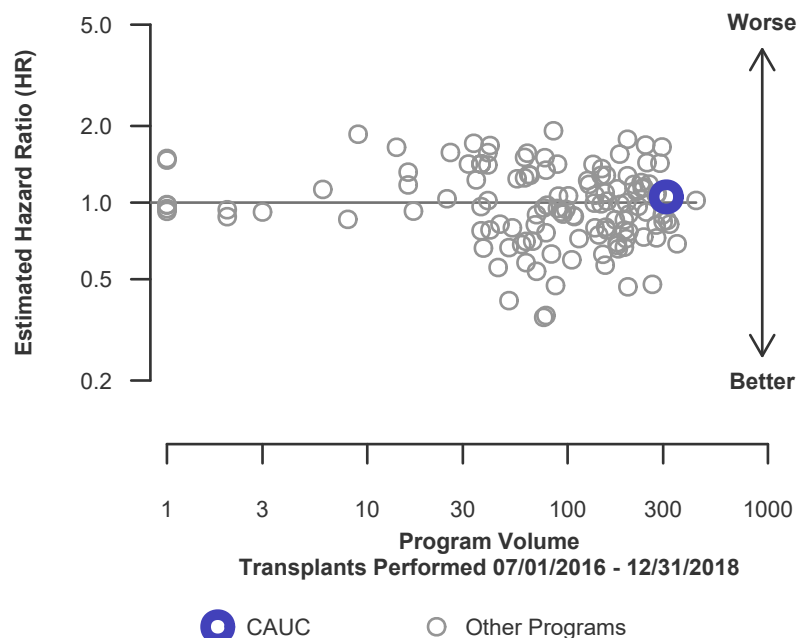
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio 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 CAUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.75, 1.41], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 5% higher risk of graft failure compared to an average program, but CAUC's performance could plausibly range from 25% reduced risk up to 41% increased risk.

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



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





## C. Transplant Information

**Table C6L. Adult (18+) 1-year survival with a functioning living donor graft**  
**Single organ transplants performed between 07/01/2016 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 C3L. Adult (18+) 1-year  
living donor graft failure HR  
estimate**

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

**Figure C4L. Adult (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





## C. Transplant Information

**Table C7. Adult (18+) 3-year survival with a functioning graft**

Single organ transplants performed between 01/01/2014 and 06/30/2016

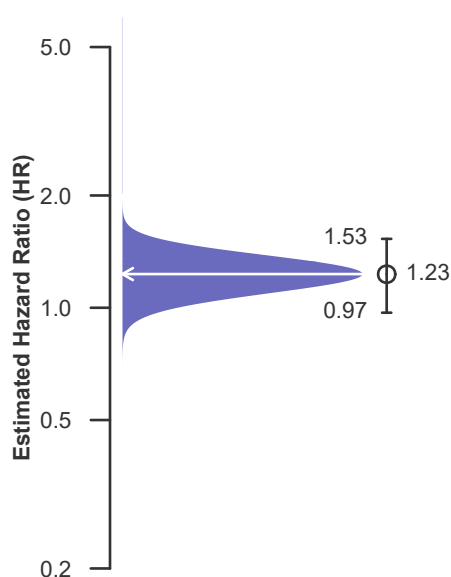
Deaths and retransplants are considered graft failures

	CAUC	U.S.
Number of transplants evaluated	320	14,626
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	77.81%	84.16%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	81.28%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	71	2,317
Number of expected graft failures (including deaths) during the first 3 years after transplant	57.29	--
Estimated hazard ratio*	1.23	--
95% credible interval for the hazard ratio**	[0.97, 1.53]	--

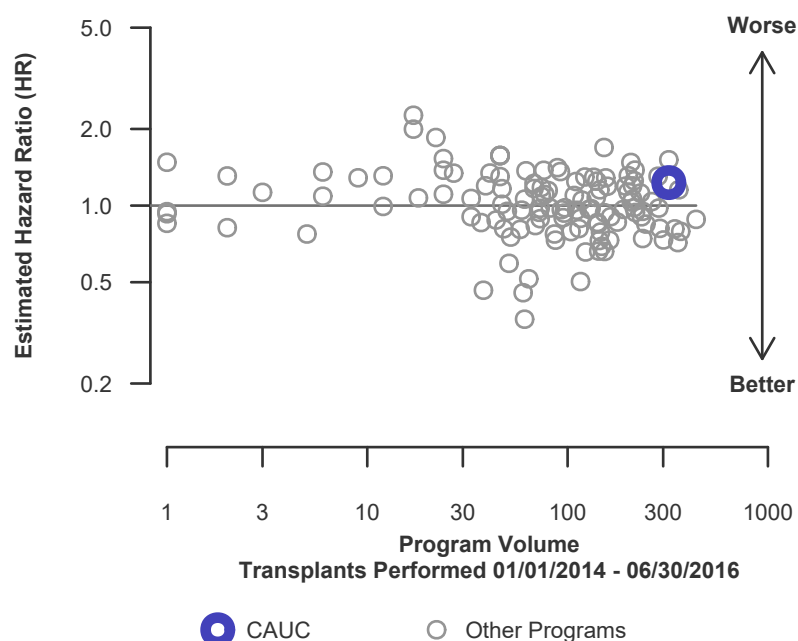
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio 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 CAUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.97, 1.53], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 23% higher risk of graft failure compared to an average program, but CAUC's performance could plausibly range from 3% reduced risk up to 53% increased risk.

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



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





## C. Transplant Information

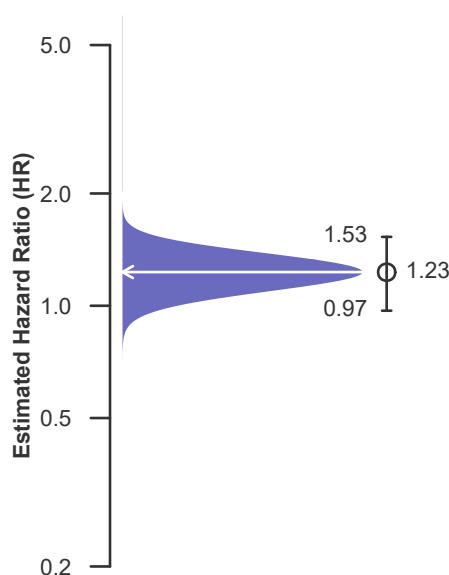
**Table C7D. Adult (18+) 3-year survival with a functioning deceased donor graft**  
**Single organ transplants performed between 01/01/2014 and 06/30/2016**  
**Deaths and retransplants are considered graft failures**

	CAUC	U.S.
Number of transplants evaluated	320	13,978
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	77.81%	84.20%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	81.28%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	71	2,209
Number of expected graft failures (including deaths) during the first 3 years after transplant	57.29	--
Estimated hazard ratio*	1.23	--
95% credible interval for the hazard ratio**	[0.97, 1.53]	--

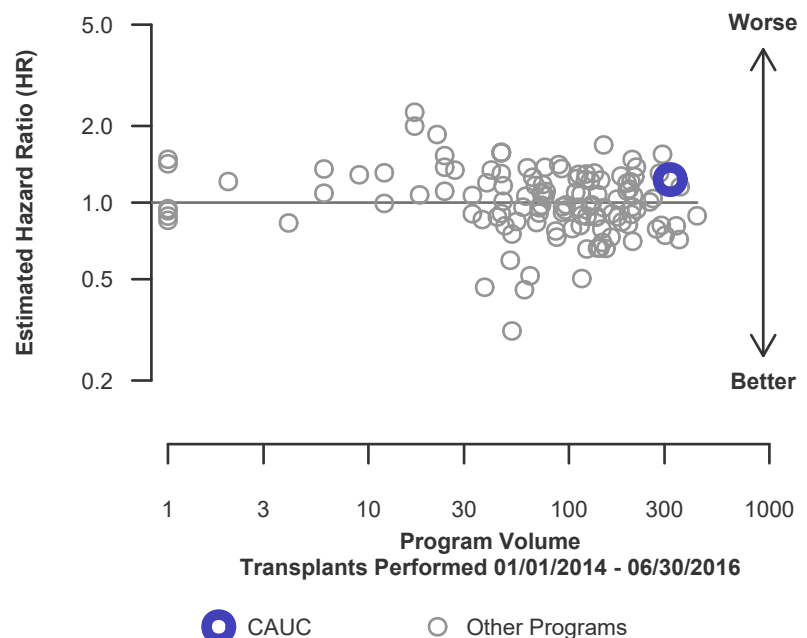
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio 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 CAUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.97, 1.53], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 23% higher risk of graft failure compared to an average program, but CAUC's performance could plausibly range from 3% reduced risk up to 53% increased risk.

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



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





## C. Transplant Information

**Table C7L. Adult (18+) 3-year survival with a functioning living donor graft**  
**Single organ transplants performed between 01/01/2014 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 C5L. Adult (18+) 3-year  
living donor graft failure HR  
estimate**

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

**Figure C6L. Adult (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



## C. Transplant Information

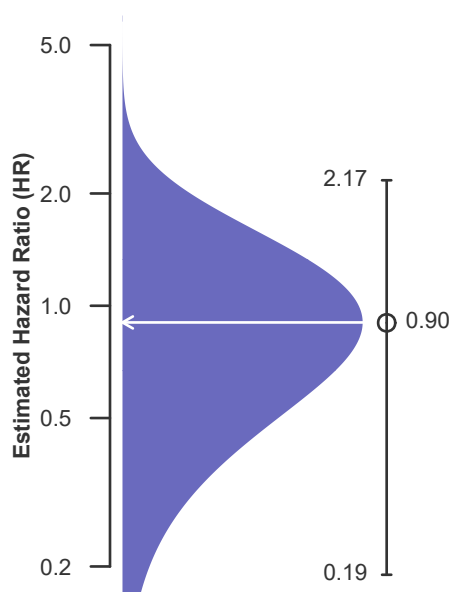
**Table C8. Pediatric (<18) 1-month survival with a functioning graft**  
**Single organ transplants performed between 07/01/2016 and 12/31/2018**  
**Deaths and retransplants are considered graft failures**

	CAUC	U.S.
Number of transplants evaluated	30	1,333
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	96.67%	95.57%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	95.61%	--
Number of observed graft failures (including deaths) during the first month after transplant	1	59
Number of expected graft failures (including deaths) during the first month after transplant	1.33	--
Estimated hazard ratio*	0.90	--
95% credible interval for the hazard ratio**	[0.19, 2.17]	--

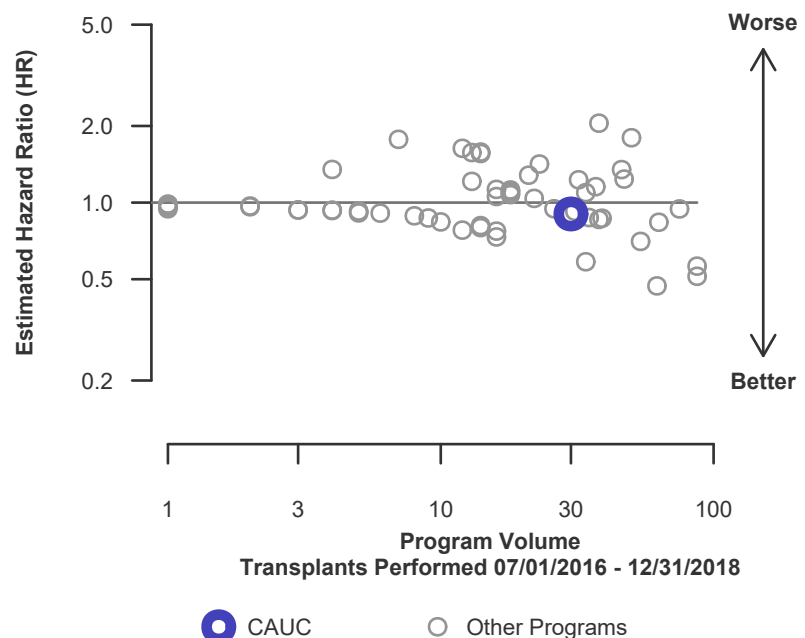
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio 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 CAUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.19, 2.17], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 10% lower risk of graft failure compared to an average program, but CAUC's performance could plausibly range from 81% reduced risk up to 117% increased risk.

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



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





## C. Transplant Information

**Table C8D. Pediatric (<18) 1-month survival with a functioning deceased donor graft**

**Single organ transplants performed between 07/01/2016 and 12/31/2018**

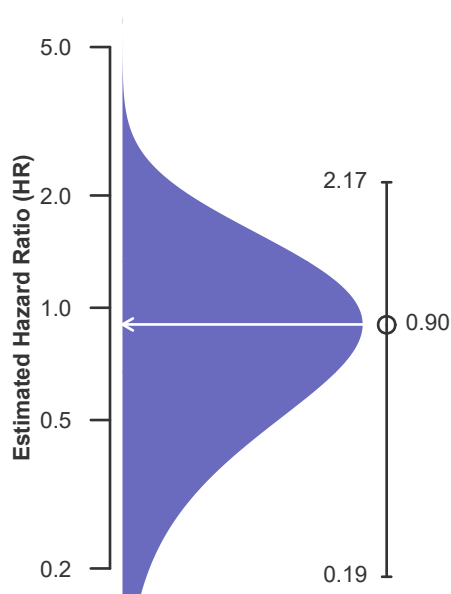
**Deaths and retransplants are considered graft failures**

	CAUC	U.S.
Number of transplants evaluated	30	1,159
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	96.67%	95.43%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	95.61%	--
Number of observed graft failures (including deaths) during the first month after transplant	1	53
Number of expected graft failures (including deaths) during the first month after transplant	1.33	--
Estimated hazard ratio*	0.90	--
95% credible interval for the hazard ratio**	[0.19, 2.17]	--

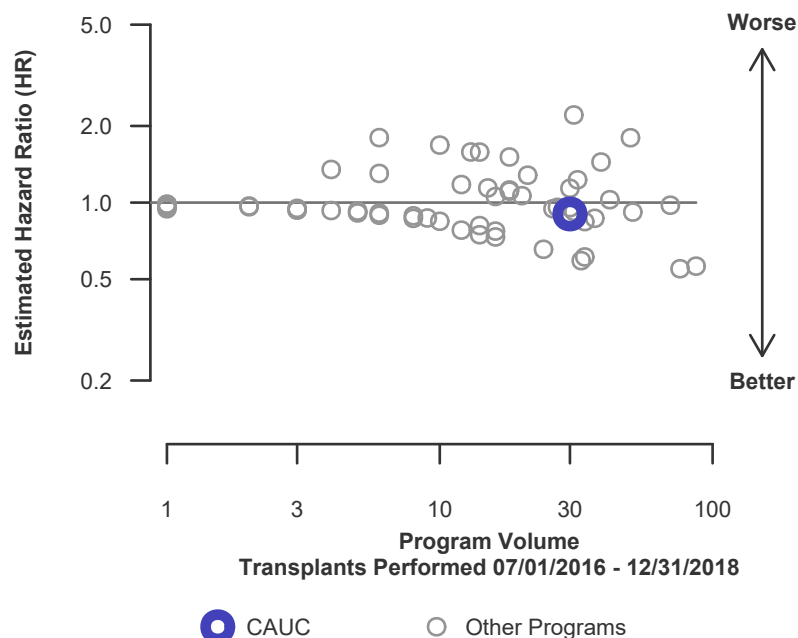
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio 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 CAUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.19, 2.17], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 10% lower risk of graft failure compared to an average program, but CAUC's performance could plausibly range from 81% reduced risk up to 117% increased risk.

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



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





## C. Transplant Information

**Table C8L. Pediatric (<18) 1-month survival with a functioning living donor graft**  
**Single organ transplants performed between 07/01/2016 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**

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

**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



## C. Transplant Information

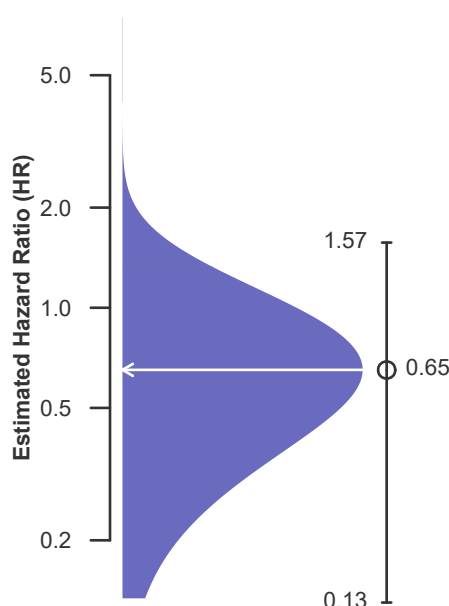
**Table C9. Pediatric (<18) 1-year survival with a functioning graft**  
**Single organ transplants performed between 07/01/2016 and 12/31/2018**  
**Deaths and retransplants are considered graft failures**

	CAUC	U.S.
Number of transplants evaluated	30	1,333
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	96.67%	92.26%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	91.39%	--
Number of observed graft failures (including deaths) during the first year after transplant	1	101
Number of expected graft failures (including deaths) during the first year after transplant	2.61	--
Estimated hazard ratio*	0.65	--
95% credible interval for the hazard ratio**	[0.13, 1.57]	--

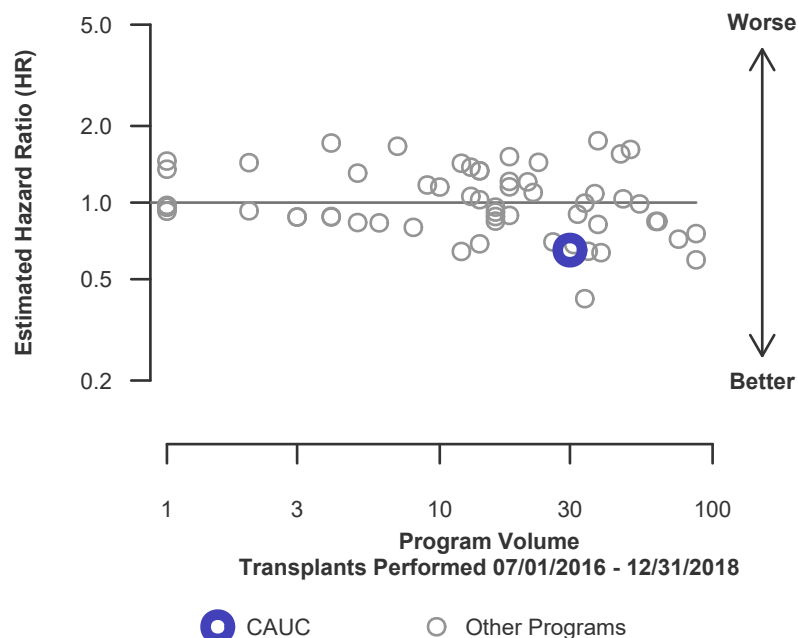
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio 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 CAUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.13, 1.57], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 35% lower risk of graft failure compared to an average program, but CAUC's performance could plausibly range from 87% reduced risk up to 57% increased risk.

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



**Figure C10. Pediatric (<18) 1-year 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**

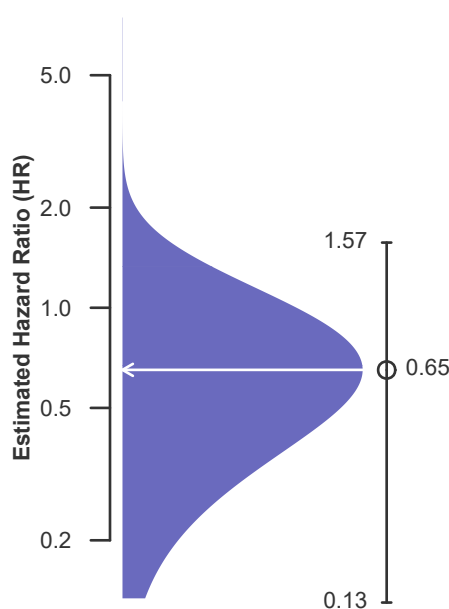
**Deaths and retransplants are considered graft failures**

	CAUC	U.S.
Number of transplants evaluated	30	1,159
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	96.67%	91.88%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	91.39%	--
Number of observed graft failures (including deaths) during the first year after transplant	1	92
Number of expected graft failures (including deaths) during the first year after transplant	2.61	--
Estimated hazard ratio*	0.65	--
95% credible interval for the hazard ratio**	[0.13, 1.57]	--

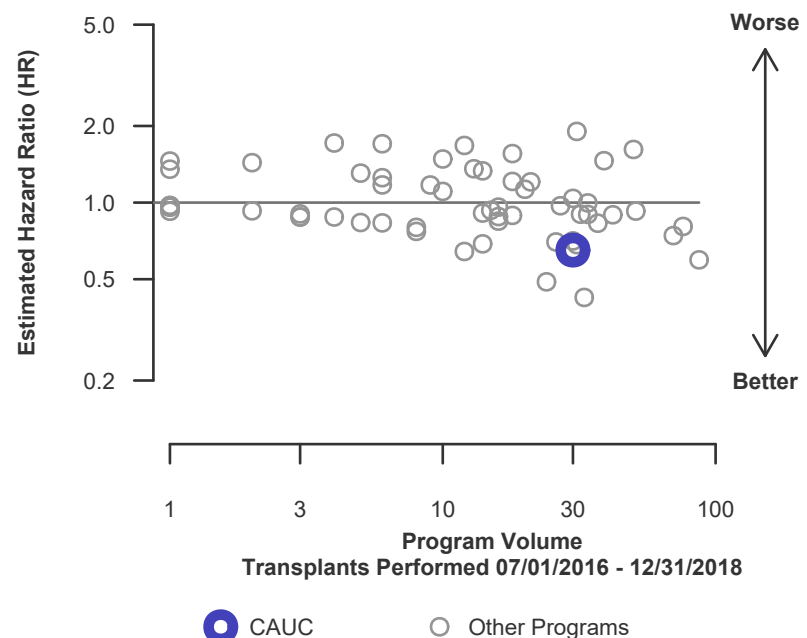
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio 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 CAUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.13, 1.57], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 35% lower risk of graft failure compared to an average program, but CAUC's performance could plausibly range from 87% reduced risk up to 57% increased risk.

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



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







## C. Transplant Information

### Table C9L. Pediatric (<18) 1-year survival with a functioning living donor graft

Single organ transplants performed between 07/01/2016 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

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

### 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



## C. Transplant Information

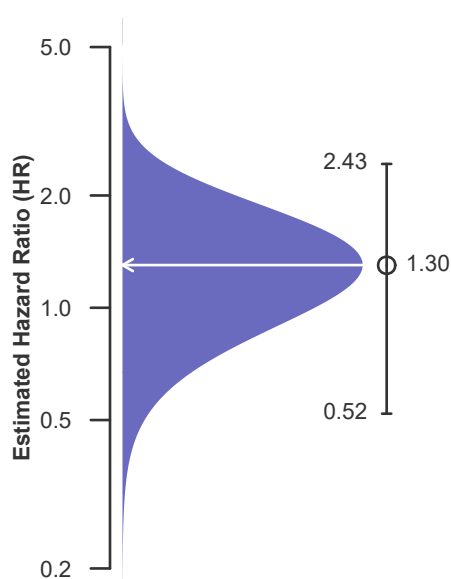
**Table C10. Pediatric (<18) 3-year survival with a functioning graft**  
**Single organ transplants performed between 01/01/2014 and 06/30/2016**  
**Deaths and retransplants are considered graft failures**

	CAUC	U.S.
Number of transplants evaluated	30	1,292
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	83.33%	88.78%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	88.51%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	5	145
Number of expected graft failures (including deaths) during the first 3 years after transplant	3.38	--
Estimated hazard ratio*	1.30	--
95% credible interval for the hazard ratio**	[0.52, 2.43]	--

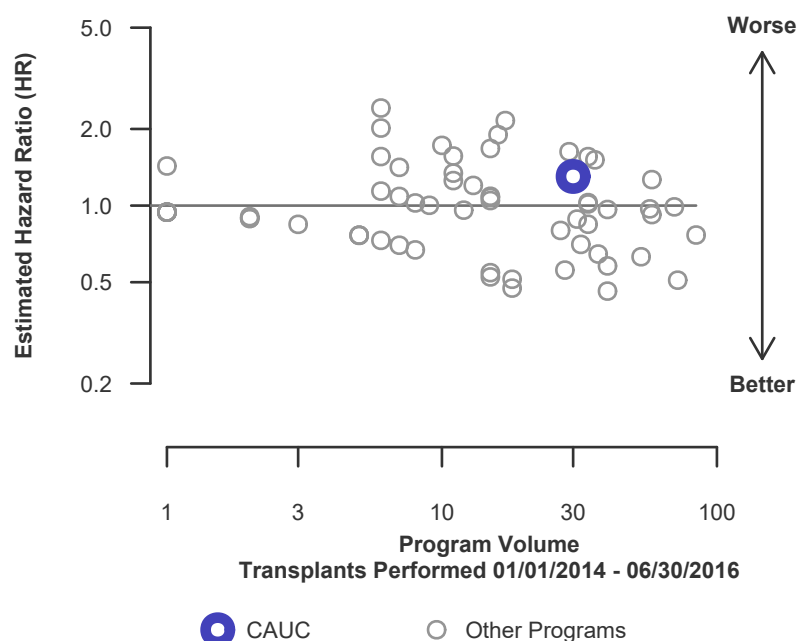
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio 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 CAUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.52, 2.43], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 30% higher risk of graft failure compared to an average program, but CAUC's performance could plausibly range from 48% reduced risk up to 143% increased risk.

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



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





## C. Transplant Information

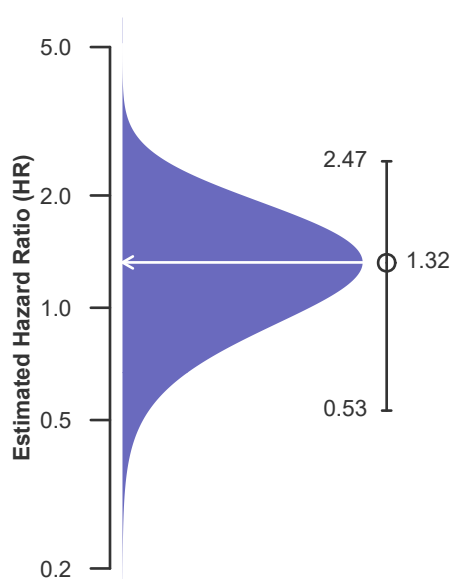
**Table C10D. Pediatric (<18) 3-year survival with a functioning deceased donor graft**  
**Single organ transplants performed between 01/01/2014 and 06/30/2016**  
**Deaths and retransplants are considered graft failures**

	CAUC	U.S.
Number of transplants evaluated	29	1,137
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	82.76%	88.39%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	88.40%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	5	132
Number of expected graft failures (including deaths) during the first 3 years after transplant	3.29	--
Estimated hazard ratio*	1.32	--
95% credible interval for the hazard ratio**	[0.53, 2.47]	--

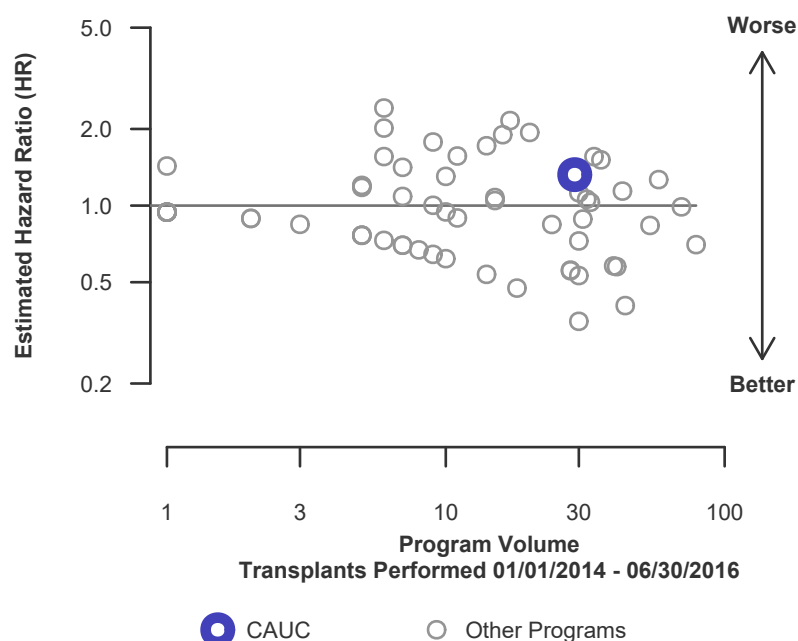
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio 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 CAUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.53, 2.47], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 32% higher risk of graft failure compared to an average program, but CAUC's performance could plausibly range from 47% reduced risk up to 147% increased risk.

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



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





## C. Transplant Information

**Table C10L. Pediatric (<18) 3-year survival with a functioning living donor graft**

**Single organ transplants performed between 01/01/2014 and 06/30/2016**

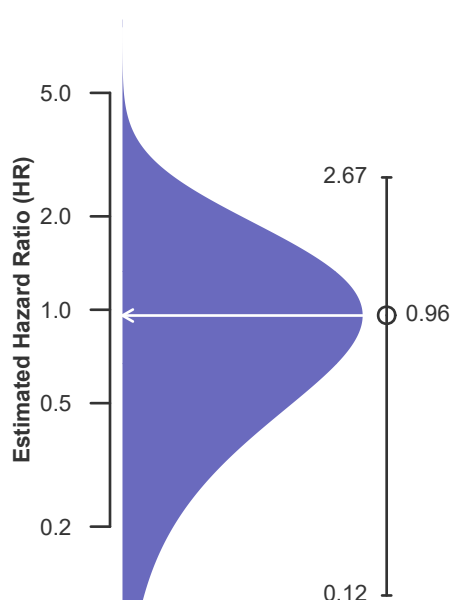
**Deaths and retransplants are considered graft failures**

	CAUC	U.S.
Number of transplants evaluated	1	155
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	100.00%	91.61%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	91.64%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	13
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.09	--
Estimated hazard ratio*	0.96	--
95% credible interval for the hazard ratio**	[0.12, 2.67]	--

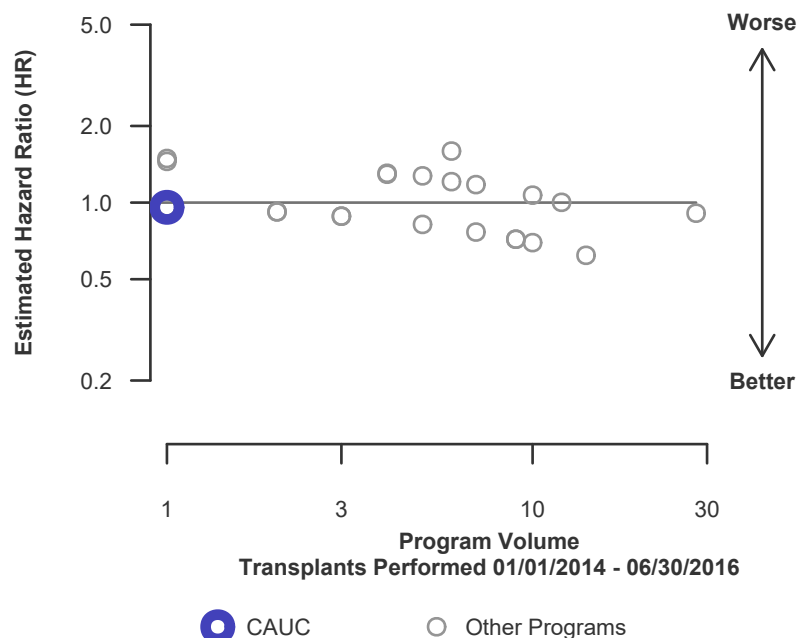
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio 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 CAUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.12, 2.67], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 4% lower risk of graft failure compared to an average program, but CAUC's performance could plausibly range from 88% reduced risk up to 167% increased risk.

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



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





## C. Transplant Information

**Table C11. Adult (18+) 1-month patient survival**

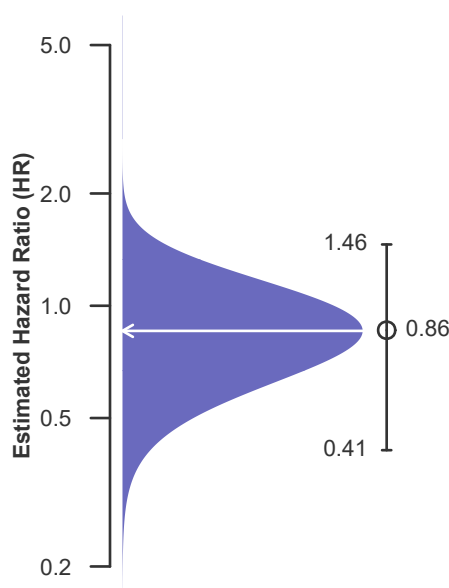
**Single organ transplants performed between 07/01/2016 and 12/31/2018**  
**Retransplants excluded**

	CAUC	U.S.
Number of transplants evaluated	292	16,277
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	97.26%	97.59%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	96.70%	--
Number of observed deaths during the first month after transplant	8	393
Number of expected deaths during the first month after transplant	9.68	--
Estimated hazard ratio*	0.86	--
95% credible interval for the hazard ratio**	[0.41, 1.46]	--

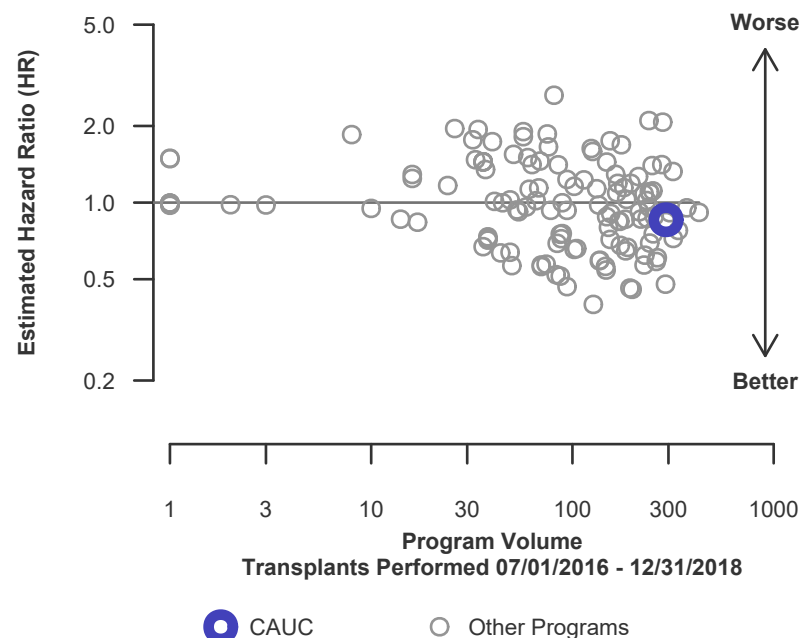
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio 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 CAUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.41, 1.46], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 14% lower risk of patient death compared to an average program, but CAUC's performance could plausibly range from 59% reduced risk up to 46% increased risk.

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



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





## C. Transplant Information

**Table C11D. Adult (18+) 1-month patient survival (deceased donor graft recipients)**

**Single organ transplants performed between 07/01/2016 and 12/31/2018**

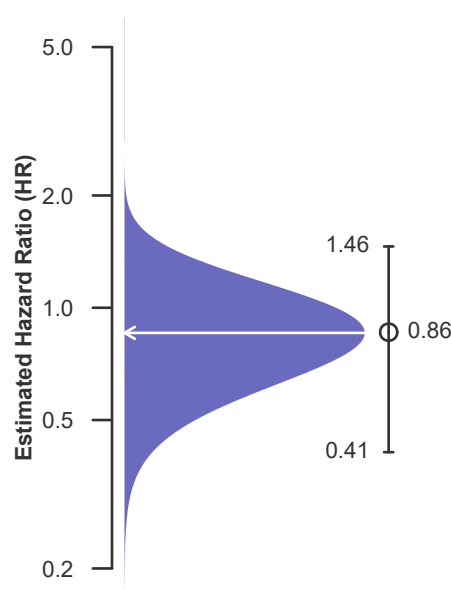
**Retransplants excluded**

	CAUC	U.S.
Number of transplants evaluated	292	15,513
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	97.26%	97.53%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	96.70%	--
Number of observed deaths during the first month after transplant	8	383
Number of expected deaths during the first month after transplant	9.68	--
Estimated hazard ratio*	0.86	--
95% credible interval for the hazard ratio**	[0.41, 1.46]	--

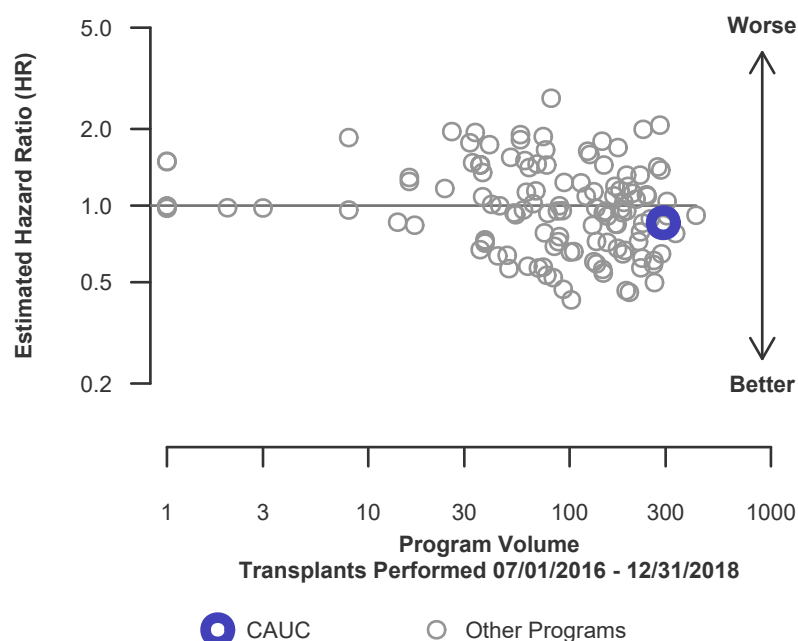
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio 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 CAUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.41, 1.46], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 14% lower risk of patient death compared to an average program, but CAUC's performance could plausibly range from 59% 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 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**

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

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

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

**Figure C14L. Adult (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



## C. Transplant Information

**Table C12. Adult (18+) 1-year patient survival**

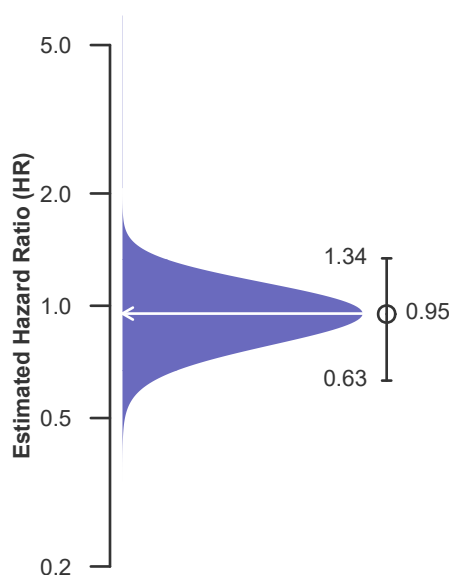
**Single organ transplants performed between 07/01/2016 and 12/31/2018**  
**Retransplants excluded**

	CAUC	U.S.
Number of transplants evaluated	292	16,277
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	90.75%	93.22%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	90.54%	--
Number of observed deaths during the first year after transplant	25	1,040
Number of expected deaths during the first year after transplant	26.34	--
Estimated hazard ratio*	0.95	--
95% credible interval for the hazard ratio**	[0.63, 1.34]	--

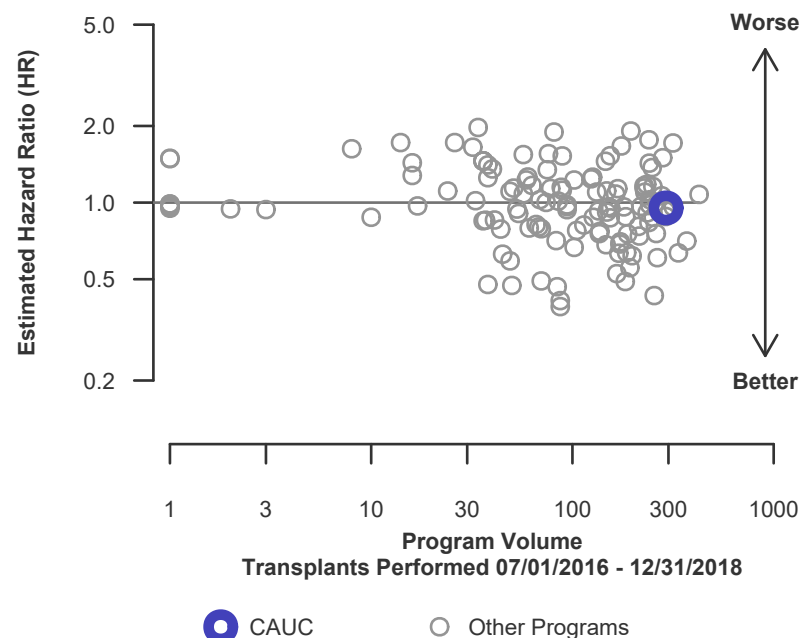
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio 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 CAUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.63, 1.34], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 5% lower risk of patient death compared to an average program, but CAUC's performance could plausibly range from 37% reduced risk up to 34% increased risk.

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



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







## C. Transplant Information

**Table C12D. Adult (18+) 1-year patient survival (deceased donor graft recipients)**

**Single organ transplants performed between 07/01/2016 and 12/31/2018**

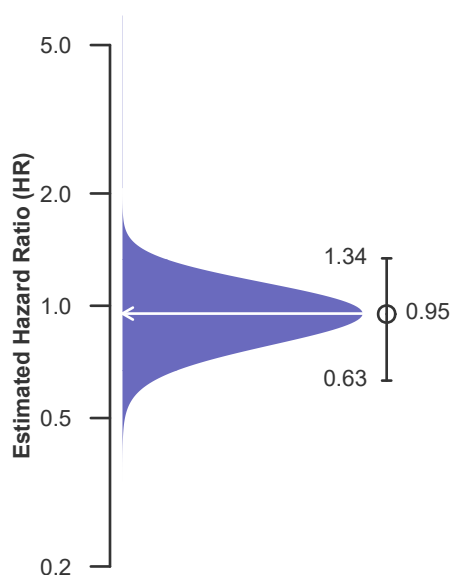
**Retransplants excluded**

	CAUC	U.S.
Number of transplants evaluated	292	15,513
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	90.75%	93.08%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	90.54%	--
Number of observed deaths during the first year after transplant	25	1,013
Number of expected deaths during the first year after transplant	26.34	--
Estimated hazard ratio*	0.95	--
95% credible interval for the hazard ratio**	[0.63, 1.34]	--

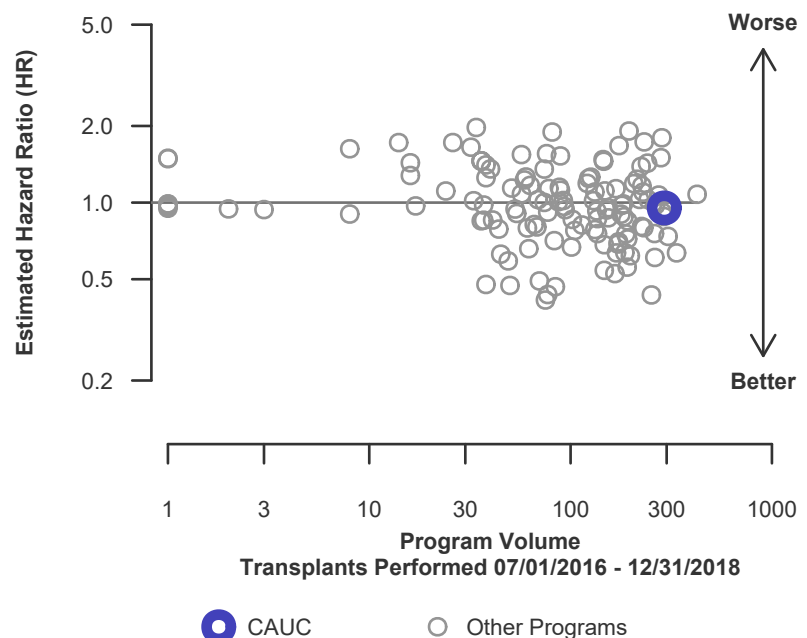
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio 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 CAUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.63, 1.34], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 5% lower risk of patient death compared to an average program, but CAUC's performance could plausibly range from 37% reduced risk up to 34% increased risk.

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



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





## C. Transplant Information

### Table C12L. Adult (18+) 1-year patient survival (living donor graft recipients)

Single organ transplants performed between 07/01/2016 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 C15L. Adult (18+) 1-year patient death HR estimate (living donor grafts)

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

### Figure C16L. Adult (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



## C. Transplant Information

**Table C13. Adult (18+) 3-year patient survival**

**Single organ transplants performed between 01/01/2014 and 06/30/2016**

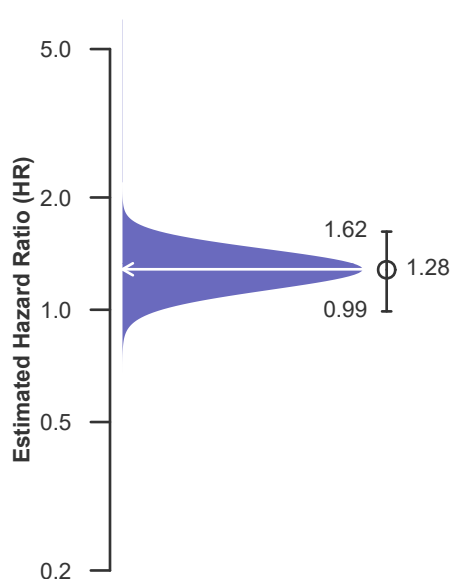
**Retransplants excluded**

	CAUC	U.S.
Number of transplants evaluated	300	14,007
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	79.67%	86.47%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	83.52%	--
Number of observed deaths during the first 3 years after transplant	61	1,895
Number of expected deaths during the first 3 years after transplant	47.07	--
Estimated hazard ratio*	1.28	--
95% credible interval for the hazard ratio**	[0.99, 1.62]	--

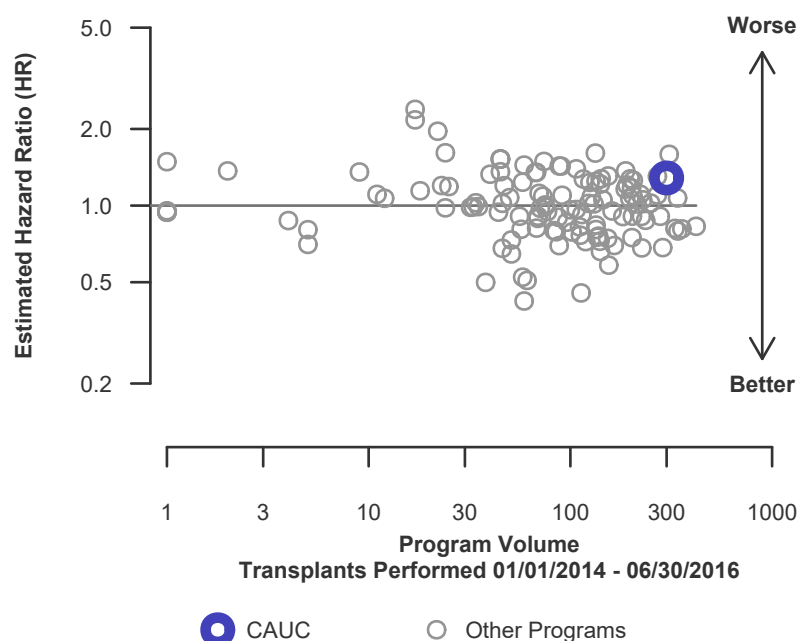
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio 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 CAUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.99, 1.62], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 28% higher risk of patient death compared to an average program, but CAUC's performance could plausibly range from 1% reduced risk up to 62% increased risk.

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



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





## C. Transplant Information

**Table C13D. Adult (18+) 3-year patient survival (deceased donor graft recipients)**

**Single organ transplants performed between 01/01/2014 and 06/30/2016**

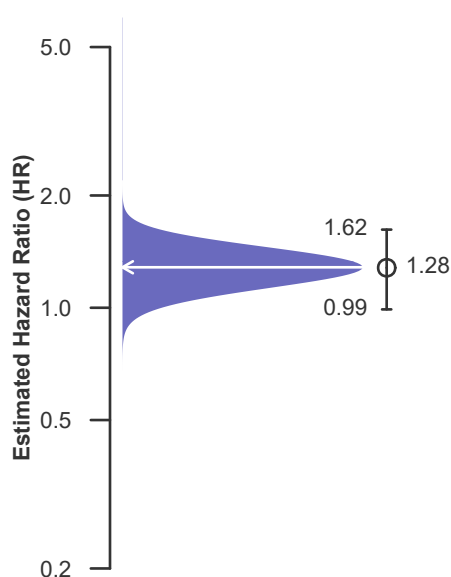
**Retransplants excluded**

	CAUC	U.S.
Number of transplants evaluated	300	13,365
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	79.67%	86.38%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	83.52%	--
Number of observed deaths during the first 3 years after transplant	61	1,820
Number of expected deaths during the first 3 years after transplant	47.07	--
Estimated hazard ratio*	1.28	--
95% credible interval for the hazard ratio**	[0.99, 1.62]	--

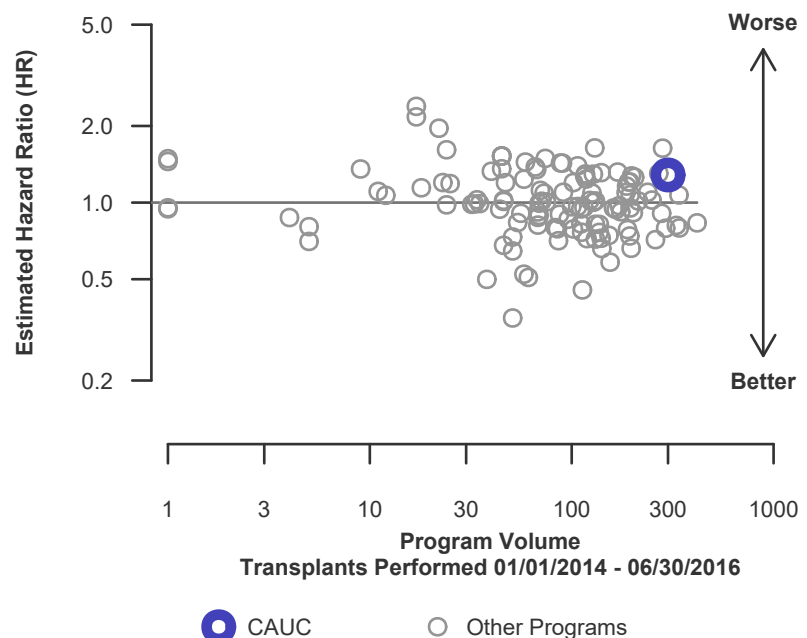
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio 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 CAUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.99, 1.62], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 28% higher risk of patient death compared to an average program, but CAUC's performance could plausibly range from 1% reduced risk up to 62% increased risk.

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



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





## C. Transplant Information

### Table C13L. Adult (18+) 3-year patient survival (living donor graft recipients)

Single organ transplants performed between 01/01/2014 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 C17L. Adult (18+) 3-year patient death HR estimate (living donor grafts)

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

### Figure C18L. Adult (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



## C. Transplant Information

**Table C14. Pediatric (<18) 1-month patient survival**

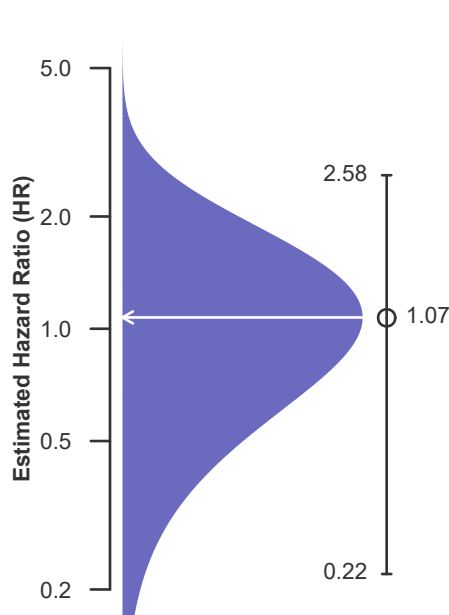
**Single organ transplants performed between 07/01/2016 and 12/31/2018**  
**Retransplants excluded**

	CAUC	U.S.
Number of transplants evaluated	29	1,255
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	96.55%	97.53%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	97.26%	--
Number of observed deaths during the first month after transplant	1	31
Number of expected deaths during the first month after transplant	0.80	--
Estimated hazard ratio*	1.07	--
95% credible interval for the hazard ratio**	[0.22, 2.58]	--

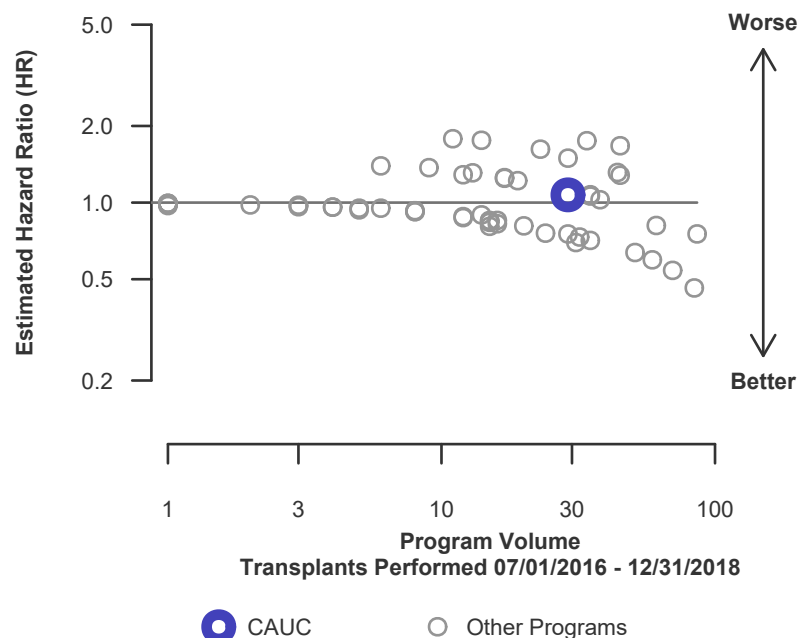
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio 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 CAUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.22, 2.58], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 7% higher risk of patient death compared to an average program, but CAUC's performance could plausibly range from 78% reduced risk up to 158% increased risk.

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



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





## C. Transplant Information

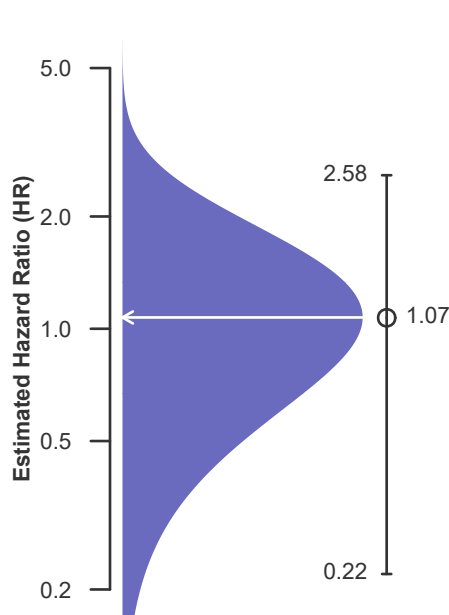
**Table C14D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients)**  
**Single organ transplants performed between 07/01/2016 and 12/31/2018**  
**Retransplants excluded**

	CAUC	U.S.
Number of transplants evaluated	29	1,083
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	96.55%	97.51%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	97.26%	--
Number of observed deaths during the first month after transplant	1	27
Number of expected deaths during the first month after transplant	0.80	--
Estimated hazard ratio*	1.07	--
95% credible interval for the hazard ratio**	[0.22, 2.58]	--

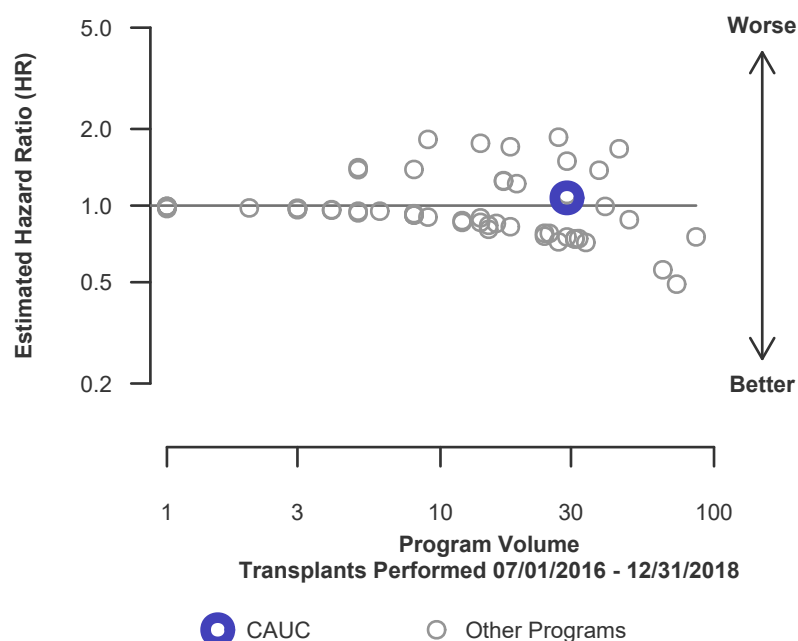
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio 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 CAUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.22, 2.58], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 7% higher risk of patient death compared to an average program, but CAUC's performance could plausibly range from 78% reduced risk up to 158% 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 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)**

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

**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





## C. Transplant Information

**Table C15. Pediatric (<18) 1-year patient survival**

**Single organ transplants performed between 07/01/2016 and 12/31/2018**

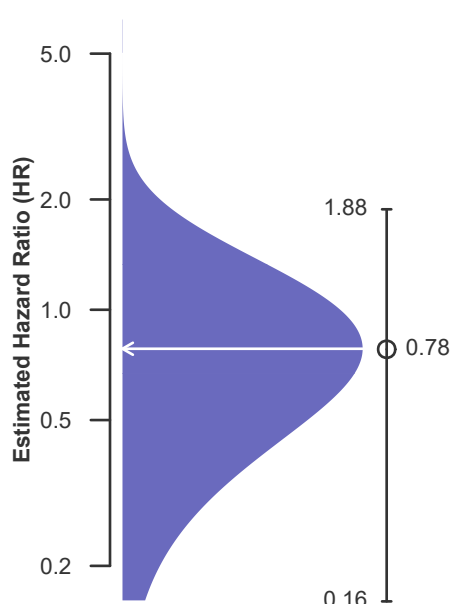
**Retransplants excluded**

	CAUC	U.S.
Number of transplants evaluated	29	1,255
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	96.55%	95.06%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	93.72%	--
Number of observed deaths during the first year after transplant	1	61
Number of expected deaths during the first year after transplant	1.83	--
Estimated hazard ratio*	0.78	--
95% credible interval for the hazard ratio**	[0.16, 1.88]	--

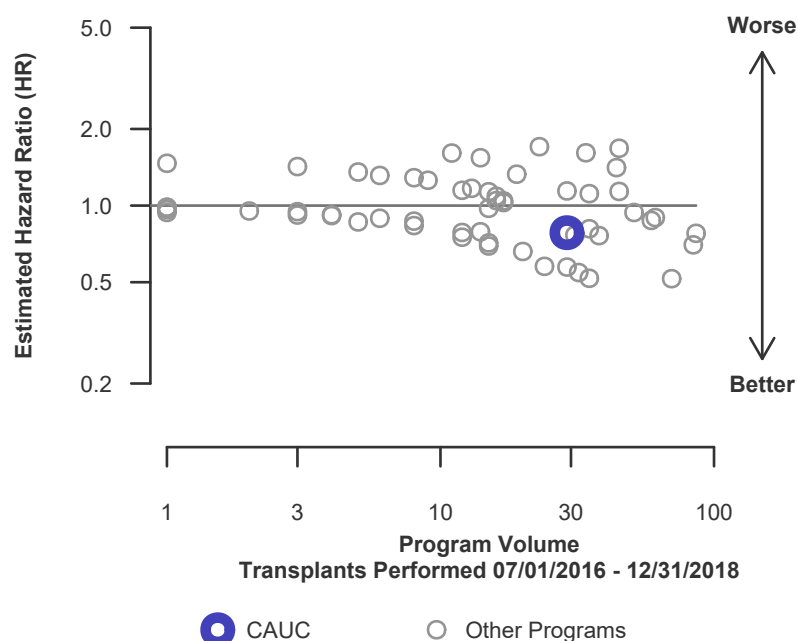
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio 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 CAUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.16, 1.88], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 22% lower risk of patient death compared to an average program, but CAUC's performance could plausibly range from 84% reduced risk up to 88% increased risk.

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



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





## C. Transplant Information

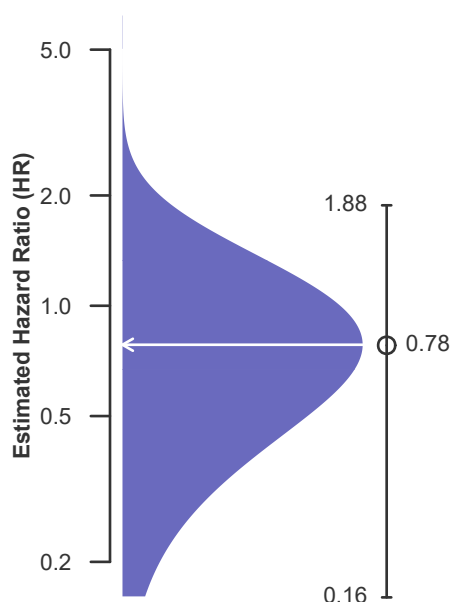
**Table C15D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients)**  
**Single organ transplants performed between 07/01/2016 and 12/31/2018**  
**Retransplants excluded**

	CAUC	U.S.
Number of transplants evaluated	29	1,083
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	96.55%	94.83%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	93.72%	--
Number of observed deaths during the first year after transplant	1	55
Number of expected deaths during the first year after transplant	1.83	--
Estimated hazard ratio*	0.78	--
95% credible interval for the hazard ratio**	[0.16, 1.88]	--

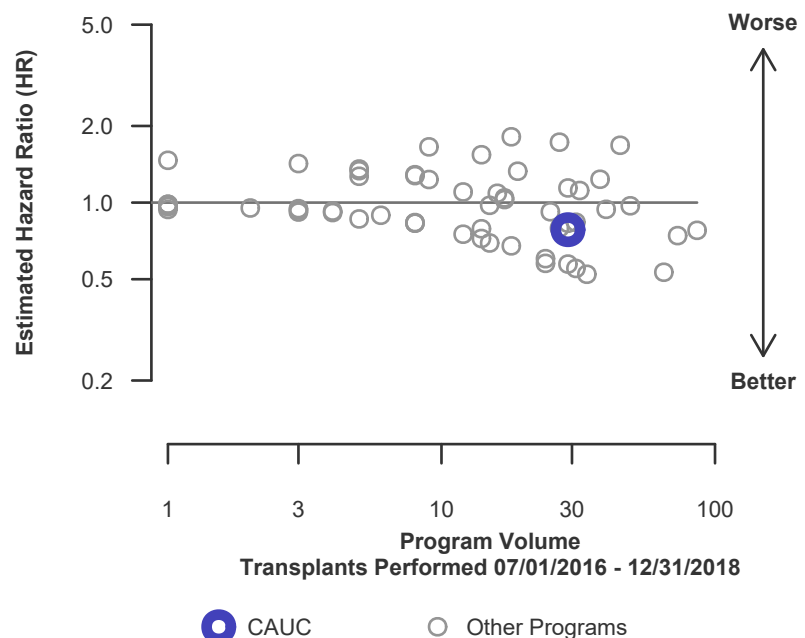
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio 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 CAUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.16, 1.88], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 22% lower risk of patient death compared to an average program, but CAUC's performance could plausibly range from 84% reduced risk up to 88% 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 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)

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

### 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



## C. Transplant Information

**Table C16. Pediatric (<18) 3-year patient survival**

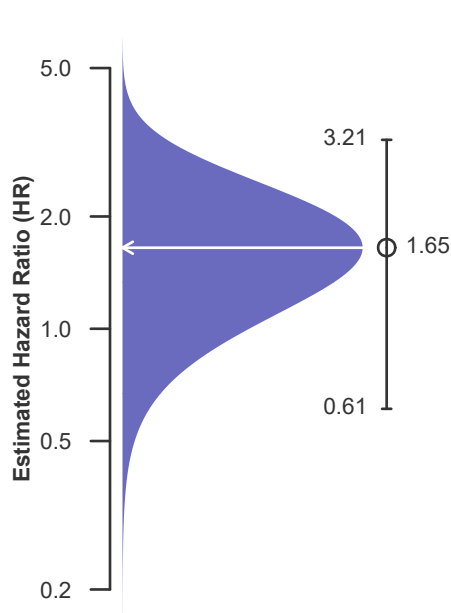
**Single organ transplants performed between 01/01/2014 and 06/30/2016**  
**Retransplants excluded**

	CAUC	U.S.
Number of transplants evaluated	29	1,186
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	86.21%	94.10%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	94.03%	--
Number of observed deaths during the first 3 years after transplant	4	70
Number of expected deaths during the first 3 years after transplant	1.64	--
Estimated hazard ratio*	1.65	--
95% credible interval for the hazard ratio**	[0.61, 3.21]	--

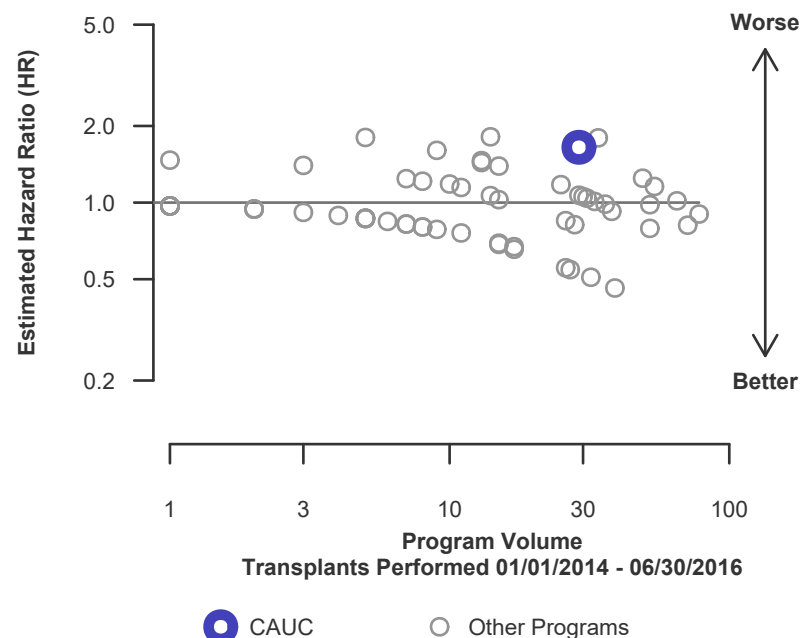
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio 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 CAUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.61, 3.21], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 65% higher risk of patient death compared to an average program, but CAUC's performance could plausibly range from 39% reduced risk up to 221% increased risk.

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



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





## 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**

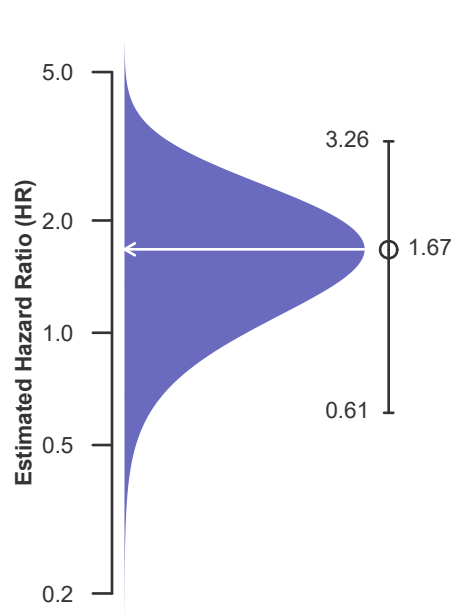
**Retransplants excluded**

	CAUC	U.S.
Number of transplants evaluated	28	1,034
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	85.71%	94.00%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	94.01%	--
Number of observed deaths during the first 3 years after transplant	4	62
Number of expected deaths during the first 3 years after transplant	1.58	--
Estimated hazard ratio*	1.67	--
95% credible interval for the hazard ratio**	[0.61, 3.26]	--

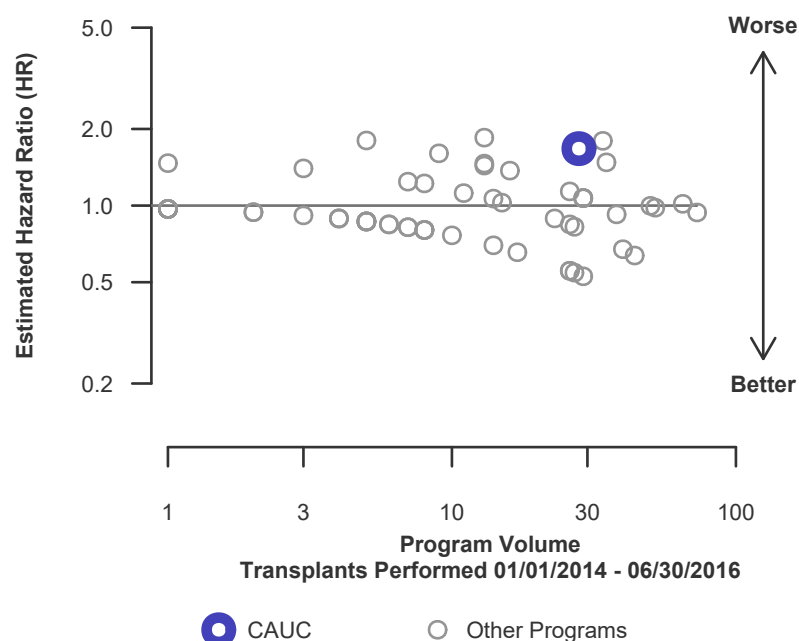
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio 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 CAUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.61, 3.26], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 67% higher risk of patient death compared to an average program, but CAUC's performance could plausibly range from 39% reduced risk up to 226% 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 C16L. Pediatric (<18) 3-year patient survival (living donor graft recipients)**

**Single organ transplants performed between 01/01/2014 and 06/30/2016**

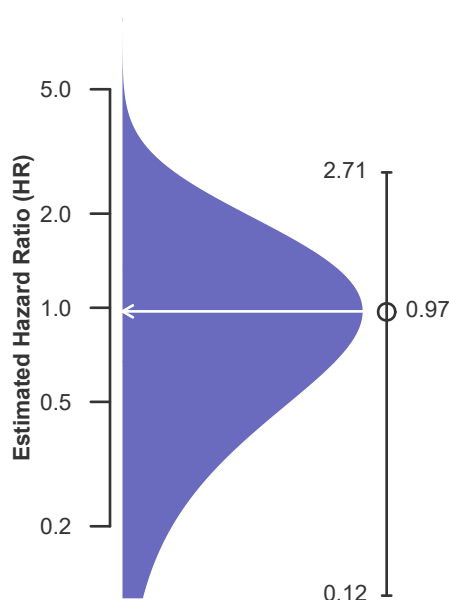
**Retransplants excluded**

	CAUC	U.S.
Number of transplants evaluated	1	152
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	94.74%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	94.75%	--
Number of observed deaths during the first 3 years after transplant	0	8
Number of expected deaths during the first 3 years after transplant	0.05	--
Estimated hazard ratio*	0.97	--
95% credible interval for the hazard ratio**	[0.12, 2.71]	--

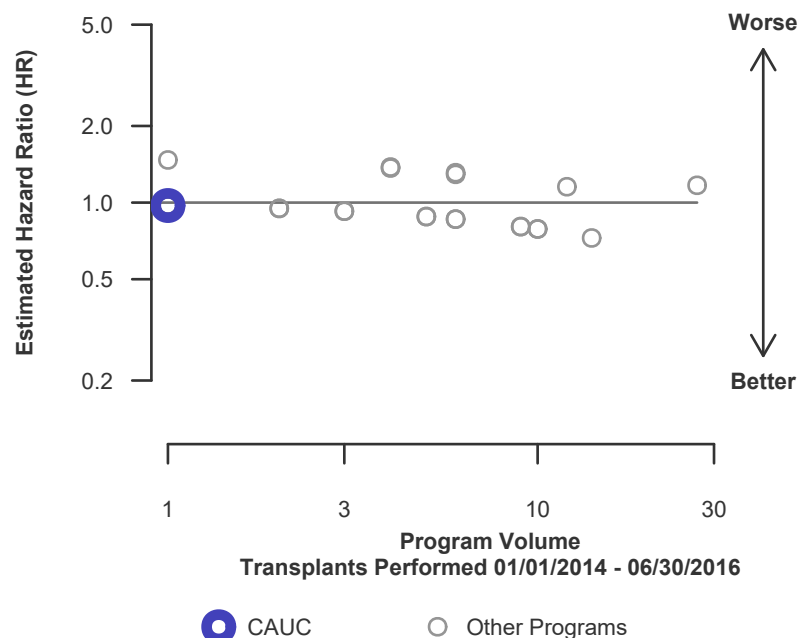
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center (CAUC)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio 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 CAUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.12, 2.71], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 3% lower risk of patient death compared to an average program, but CAUC's performance could plausibly range from 88% reduced risk up to 171% increased risk.

**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)**





## 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		Liver Graft Failures		Estimated Liver Graft Survival	
	CAUC-TX1	USA	CAUC-TX1	USA	CAUC-TX1	USA
Kidney-Liver	36	1,744	6	179	82.9%	89.2%
Liver-Heart	7	75	1	7	85.7%	89.5%
Liver-Lung	1	23	0	4	100.0%	82.6%
Pancreas-Liver-Intestine	2	63	1	26	50.0%	58.2%

### Pediatric (<18) Transplants

#### First-Year Outcomes

Transplant Type	Transplants Performed		Liver Graft Failures		Estimated Liver Graft Survival	
	CAUC-TX1	USA	CAUC-TX1	USA	CAUC-TX1	USA
Kidney-Liver	2	48	0	1	100.0%	97.9%
Kidney-Pancreas-Liver-Intestine	1	3	0	1	100.0%	66.7%
Pancreas-Liver-Intestine	1	78	0	11	100.0%	85.2%

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		Estimated Patient Survival	
	CAUC-TX1	USA	CAUC-TX1	USA	CAUC-TX1	USA
Kidney-Liver	36	1,744	5	165	85.7%	90.0%
Liver-Heart	7	75	1	7	85.7%	89.5%
Liver-Lung	1	23	0	4	100.0%	82.6%
Pancreas-Liver-Intestine	2	63	1	23	50.0%	63.0%

### Pediatric (<18) Transplants

#### First-Year Outcomes

Transplant Type	Transplants Performed		Patient Deaths		Estimated Patient Survival	
	CAUC-TX1	USA	CAUC-TX1	USA	CAUC-TX1	USA
Kidney-Liver	2	48	0	1	100.0%	97.9%
Kidney-Pancreas-Liver-Intestine	1	3	0	1	100.0%	66.7%
Pancreas-Liver-Intestine	1	78	0	11	100.0%	85.2%



## D. Living Donor Information

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

Living Donor Follow-Up	This Center			United States		
	07/2016- 06/2017	07/2017- 06/2018	07/2018- 12/2018	07/2016- 06/2017	07/2017- 06/2018	07/2018- 12/2018
<b>Number of Living Donors</b>	--	--	--	--	--	--
<b>6-Month Follow-Up</b>						
Donors due for follow-up	--	--	--	--	--	--
Timely clinical data	-- --%	-- --%	-- --%	-- --%	-- --%	-- --%
Timely lab data	-- --%	-- --%	-- --%	-- --%	-- --%	-- --%
<b>12-Month Follow-Up</b>						
Donors due for follow-up	--	--		--	--	
Timely clinical data	-- --%	-- --%		-- --%	-- --%	
Timely lab data	-- --%	-- --%		-- --%	-- --%	
<b>24-Month Follow-Up</b>						
Donors due for follow-up	--			--		
Timely clinical data	-- --%			-- --%		
Timely lab data	-- --%			-- --%		

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