

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

Based on Data Available: October 31, 2019

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User Guide

This report contains a wide range of useful information about the kidney transplant program at Tampa General Hospital (FLTG). 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 35.6 per 100 person-years. Transplant rates are also provided for adult and pediatric patients separately along with comparisons to adult and pediatric rates in the DSA, the OPTN region, and the nation. 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 1.2 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 - B11 similarly show offer acceptance rates for subsets of offers.

The Transplant Information section begins with descriptions of transplant recipients in Tables C1 and C2. Data on recipients of deceased donor transplants are presented (Tables C1D and C2D); if applicable, data on recipients of living donor transplants are presented separately (Tables C1L and C2L). Comparisons to the region and the nation as a whole are provided. A description of the deceased donors used at this program is provided in Table C3D, along with characteristics of living donors in Table C3L, if applicable. Finally, information on the transplant procedure for deceased and living donor transplants is presented in Tables C4D and C4L, respectively.



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Starting with Table C5, transplant outcomes are presented along with comparisons to what would be expected at this program and what happened in the nation as a whole. Tables C5-C10 present information on graft survival (survival of the transplanted organ), with data presented separately for adult and pediatric recipients. Patients are followed from the time of transplant until either failure of the transplanted organ or death, whichever comes first. Please refer to the technical methods for more information on these calculations (http://www.srtr.org).

While Tables C5-C10 present data on graft survival, Tables C11-C16 present information on patient survival. For these tables, patients are followed from the time of transplant until death, regardless of whether the transplant is functioning or the patient required another transplant to survive.

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

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

Additional information regarding the technical methods and the risk adjustment models used to estimate expected event rates is available on the SRTR website at http://www.srtr.org. We welcome and encourage feedback on these reports. Please feel free to share feedback with the SRTR at the following e-mail: srtr@srtr.org.



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A. Program Summary

Figure A1. Waiting list and transplant activity

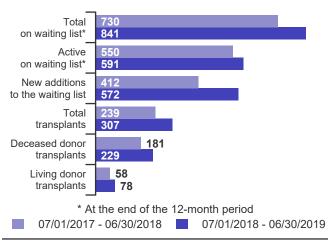


Table A1. Census of transplant recipients

Recipients	07/01/2017- 06/30/2018	07/01/2018- 06/30/2019
Transplanted at this center	239	307
Followed by this center*	1,960	2,074
transplanted at this program	n 1,883	1,983
transplanted elsewhere	77	91

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

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

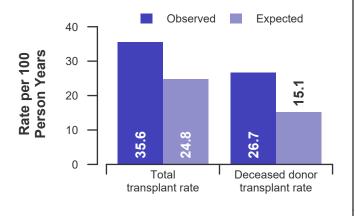


Figure A3. Waiting list mortality rates 07/01/2017 - 06/30/2019

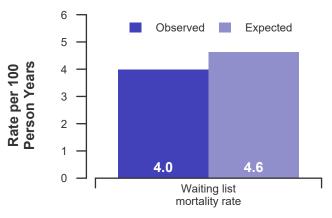


Figure A4. First-year adult graft and patient survival: 07/01/2016 - 12/31/2018

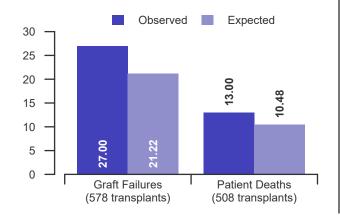
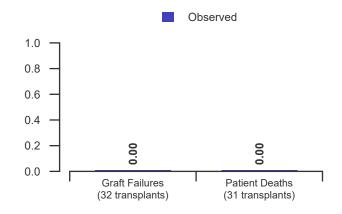


Figure A5. First-year pediatric graft and patient survival: 07/01/2016 - 12/31/2018





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

		its for center	Activity for 07/01/2018 to 06/30/2019 as percent of registrants on waiting list on 07/01/2018			
Waiting List Registrations	07/01/2017- 06/30/2018	07/01/2018- 06/30/2019	This Center (%)	OPTN Region (%)	U.S. (%)	
On waiting list at start Additions	710	730	100.0	100.0	100.0	
New listings at this center	412	572	78.4	41.9	41.0	
Removals						
Transferred to another center	6	6	8.0	1.4	1.3	
Received living donor transplant*	58	78	10.7	5.2	6.6	
Received deceased donor transplant*	180	229	31.4	16.0	15.4	
Died	17	21	2.9	4.0	3.8	
Transplanted at another center	36	44	6.0	4.8	3.6	
Deteriorated	31	31	4.2	3.9	4.2	
Recovered	4	2	0.3	0.1	0.2	
Other reasons	60	50	6.8	10.4	5.6	
On waiting list at end of period	730	841	115.2	96.2	100.4	

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



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

Demographia Characteristic		ting List Regis 018 to 06/30/2		All Waiting List Registrations on 06/30/2019 (%)			
Demographic Characteristic	This Center (N=572)	OPTN Region (N=6,052)	U.S. (N=41,372)	This Center (N=841)	OPTN Region (N=13,894)	U.S. (N=101,268)	
All (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Ethnicity/Race (%)*							
White	49.5	33.9	41.5	48.0	28.3	35.5	
African-American	25.3	47.5	28.8	29.5	56.5	32.3	
Hispanic/Latino	21.5	14.1	19.5	18.1	11.4	20.7	
Asian	3.3	3.6	8.4	4.0	3.2	9.8	
Other	0.3	8.0	1.8	0.4	0.6	1.7	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Age (%)							
<2 years	0.0	0.0	0.1	0.0	0.1	0.1	
2-11 years	1.7	8.0	1.0	0.8	0.4	0.6	
12-17 years	1.7	1.2	1.5	1.1	0.7	0.9	
18-34 years	9.1	10.2	10.8	10.0	11.2	10.6	
35-49 years	26.0	27.7	24.9	26.3	30.9	27.5	
50-64 years	42.8	40.1	41.0	41.9	41.3	43.4	
65-69 years	12.1	12.4	13.2	11.4	10.4	11.8	
70+ years	6.5	7.5	7.4	8.6	5.1	5.1	
Gender (%)							
Male	60.3	60.2	62.1	58.9	59.8	61.9	
Female	39.7	39.8	37.9	41.1	40.2	38.1	

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



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

Medical Characteristic		iting List Regi 018 to 06/30/2		All Waiting List Registrations on 06/30/2019 (%)			
medical characteristic	This Center (N=572)	OPTN Region (N=6,052)	U.S. (N=41,372)	This Center (N=841)	OPTN Region (N=13,894)	U.S. (N=101,268)	
All (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Blood Type (%)							
0	49.8	49.5	49.1	53.3	52.9	53.3	
A	31.5	30.3	32.0	28.1	25.7	27.4	
В	14.5	16.3	15.0	16.8	18.9	16.7	
AB	4.2	4.0	3.9	1.9	2.5	2.5	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Previous Transplant (%)							
Yes	12.8	12.0	12.8	14.5	13.3	13.7	
No	87.2	88.0	87.2	85.5	86.7	86.3	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Initial CPRA (%)							
0-9%	82.9	77.7	79.5	84.4	79.2	80.2	
10-79%	5.8	13.1	12.8	5.5	11.8	12.4	
80+%	7.2	8.8	7.7	7.7	8.8	7.4	
Unknown	4.2	0.4	0.1	2.4	0.2	0.0	
Primary Disease (%)*							
Glomerular Diseases	24.7	20.0	19.5	25.1	19.3	19.0	
Tubular and Interstitial Diseases	4.0	3.2	3.9	4.6	2.7	3.6	
Polycystic Kidneys	10.1	7.1	7.2	11.4	7.1	6.9	
Congenital, Familial, Metabolic	2.1	1.4	2.1	2.4	1.3	1.8	
Diabetes	29.0	34.6	35.3	27.6	33.5	36.4	
Renovascular & Vascular Disease	s 0.0	0.2	0.2	0.1	0.1	0.1	
Neoplasms	0.0	0.3	0.4	0.0	0.2	0.3	
Hypertensive Nephrosclerosis	20.5	24.8	19.2	22.2	29.3	21.5	
Other	9.1	7.9	11.8	5.8	6.2	9.9	
Missing*	0.5	0.3	0.5	0.7	0.2	0.5	

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



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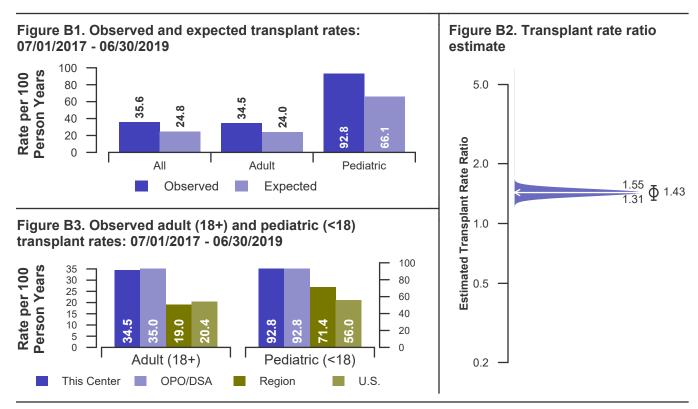
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Table B4. Transplant rates: 07/01/2017 - 06/30/2019

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	710	853	14,930	102,722
Person Years**	1,532.3	1,758.7	28,906.0	202,385.3
Removals for Transplant	545	633	5,667	42,479
Adult (18+) Candidates				
Count on waiting list at start*	697	840	14,756	101,204
Person Years**	1,503.2	1,729.7	28,592.3	199,309.9
Removals for transpant	518	606	5,443	40,758
Pediatric (<18) Candidates				
Count on waiting list at start*	13	13	174	1,518
Person Years**	29.1	29.1	313.7	3,075.4
Removals for transplant	27	27	224	1,721

^{*} 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.





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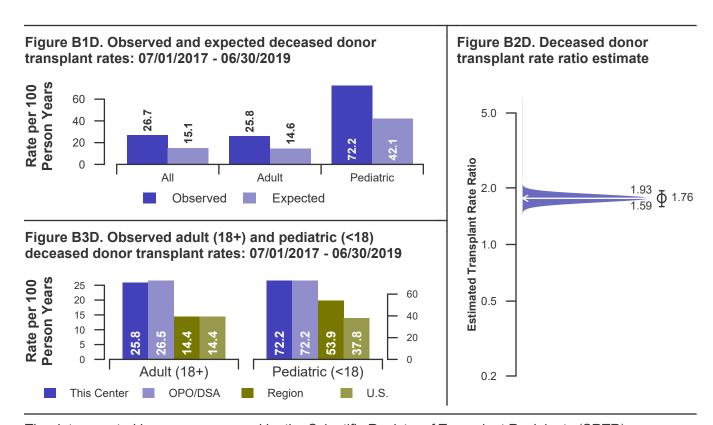
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Table B4D. Deceased donor transplant rates: 07/01/2017 - 06/30/2019

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	710	853	14,930	102,722
Person Years**	1,532.3	1,758.7	28,906.0	202,385.3
Removals for Transplant	409	479	4,286	29,769
Adult (18+) Candidates				
Count on waiting list at start*	697	840	14,756	101,204
Person Years**	1,503.2	1,729.7	28,592.3	199,309.9
Removals for transpant	388	458	4,117	28,607
Pediatric (<18) Candidates				
Count on waiting list at start*	13	13	174	1,518
Person Years**	29.1	29.1	313.7	3,075.4
Removals for transplant	21	21	169	1,162

^{*} 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.





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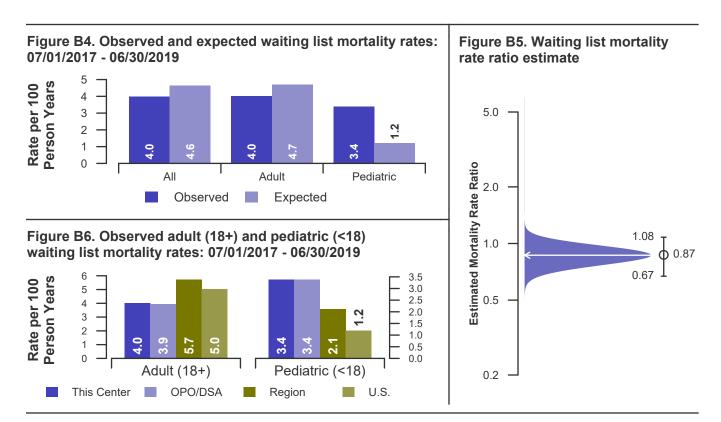
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Table B5. Waiting list mortality rates: 07/01/2017 - 06/30/2019

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	710	853	14,930	102,722
Person Years**	1,679.5	2,015.3	32,014.6	220,767.9
Number of deaths	67	79	1,814	10,969
Adult (18+) Candidates				
Count on waiting list at start*	697	840	14,756	101,204
Person Years**	1,649.9	1,985.6	31,683.1	217,592.8
Number of deaths	66	78	1,807	10,931
Pediatric (<18) Candidates				
Count on waiting list at start*	13	13	174	1,518
Person Years**	29.7	29.7	331.6	3,175.2
Number of deaths	1	1	7	38

^{*} 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.





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B. Waiting List Information

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

Waiting list status (survival status)		Center (Na ns Since L 12	,	U.S. (N=36,696) Months Since Listing 6 12 18		
Alive on waiting list (%)	72.5	58.1	47.2	77.9	64.9	55.0
Died on the waiting list without transplant (%)	0.2	1.2	2.4	1.2	2.2	3.1
Removed without transplant (%):						
Condition worsened (status unknown)	0.9	2.4	3.1	0.7	1.5	2.4
Condition improved (status unknown)	0.2	0.5	0.9	0.1	0.2	0.2
Refused transplant (status unknown)	0.0	0.0	0.0	0.0	0.1	0.2
Other	0.5	1.2	1.9	8.0	1.7	2.8
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	7.8	10.4	8.5	6.6	10.0	8.4
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.0	0.0	0.0	0.0	0.1	0.1
Status Yet Unknown**	0.0	0.2	2.8	0.1	0.4	3.9
Transplant (deceased donor) (%):						
Functioning (alive)	14.2	19.9	17.5	10.4	14.2	12.6
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.0	0.0	0.1	0.1	0.0
Died	0.2	0.5	0.9	0.2	0.4	0.7
Status Yet Unknown*	3.1	5.2	13.3	1.6	3.6	9.4
Lost or Transferred (status unknown) (%)	0.2	0.5	1.4	0.3	0.7	1.2
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	0.5	1.7	3.3	1.5	2.7	3.9
Total % known died or removed as unstable	1.4	4.0	6.4	2.1	4.2	6.3
Total % removed for transplant	25.4	36.3	43.1	18.9	28.7	35.1
Total % with known functioning transplant (alive)	22.0	30.3	26.1	17.0	24.2	21.0

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



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

	Percent transplanted at time periods since listing									
Characteristic		Th	nis Cent	ter			Un	ited Sta	ates	
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	920	2.8	18.5	30.5	41.6	94,041	2.8	13.4	20.1	25.4
Ethnicity/Race*										
White	501	2.6	17.6	25.1	35.5	37,492	3.2	14.7	21.5	26.6
African-American	230	2.2	18.7	36.5	45.7	30,238	2.4	12.7	19.6	24.8
Hispanic/Latino	139	4.3	21.6	36.7	51.8	17,228	2.8	12.9	19.5	24.9
Asian	46	4.3	15.2	39.1	56.5	7,575	1.6	10.0	16.4	21.9
Other	4	0.0	50.0	50.0	50.0	1,508	2.7	15.7	22.1	27.5
Unknown	0					0				
Age										
<2 years	0					145	6.2	31.7	49.0	62.1
2-11 years	10	0.0	80.0	90.0	100.0	807	7.2	47.5	62.5	70.6
12-17 years	26	3.8	57.7	61.5	69.2	1,365	7.5	49.1	61.7	67.7
18-34 years	83	1.2	22.9	43.4	61.4	9,544	2.3	13.4	22.3	29.9
35-49 years	218	4.6	17.4	33.0	44.5	23,967	2.4	12.1	19.1	24.9
50-64 years	369	1.9	14.4	24.7	37.1	40,579	2.9	12.5	18.6	23.3
65-69 years	116	3.4	14.7	25.9	31.0	12,055	2.7	12.5	18.3	22.7
70+ years	98	3.1	20.4	27.6	34.7	5,579	2.4	13.1	18.7	22.5
Gender										
Male	563	3.6	19.5	31.1	41.4	58,154	2.9	13.1	19.4	24.5
Female	357	1.7	16.8	29.7	42.0	35,887	2.6	13.9	21.3	26.8

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



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B. Waiting List Information

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

Characteristic			ercent t	ransplar ter	nted at t	ime per		ce listi	_	
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	920	2.8	18.5	30.5	41.6	94,041	2.8	13.4	20.1	25.4
Blood Type										
Ο	444	3.4	16.4	25.5	34.5	46,674	2.5	11.5	17.2	21.7
A	296	2.0	18.9	36.1	50.0	29,604	3.3	16.0	24.3	30.9
В	154	3.2	20.1	28.6	40.9	14,235	2.0	10.8	16.5	21.0
AB	26	0.0	38.5	65.4	73.1	3,528	4.6	26.5	38.3	45.3
Previous Transplant										
Yes	143	2.8	19.6	31.5	37.8	13,106	2.3	13.5	21.8	27.5
No	777	2.8	18.3	30.4	42.3	80,935	2.8	13.4	19.8	25.0
Peak PRA/CPRA										
0-9%	831	2.3	16.8	29.6	40.6	76,518	2.9	12.9	19.2	24.4
10-79%	43	9.3	34.9	39.5	51.2	10,354	2.0	13.4	21.0	26.8
80+%	46	6.5	32.6	39.1	52.2	7,085	2.2	17.8	28.1	33.7
Unknown	0					8	100.0	100.0	100.0	100.0
Primary Disease*										
Glomerular Diseases	211	1.9	19.4	30.3	44.1	16,899	2.1	14.2	22.6	29.4
Tubular & Interstitial Diseases	68	7.4	22.1	33.8	41.2	3,337	4.2	17.4	25.4	30.6
Polycystic Kidneys	100	1.0	11.0	22.0	39.0	6,182	1.6	11.9	19.4	26.3
Congenital, Familial, Metabolic	38	0.0	36.8	42.1	52.6	1,818	3.8	26.6	37.6	45.0
Diabetes	220	0.9	11.4	25.0	34.1	33,115	1.7	9.6	14.5	18.5
Renovascular & Vascular Diseases	4	0.0	25.0	50.0	50.0	135	4.4	15.6	23.7	28.9
Neoplasms	0					292	2.7	18.2	26.0	30.8
Hypertensive Nephrosclerosis	191	4.2	21.5	34.0	45.5	20,970	2.3	12.6	19.6	25.1
Other	82	7.3	24.4	39.0	45.1	10,890	8.0	22.4	30.1	35.0
Missing*	6	0.0	33.3	33.3	33.3	403	1.0	9.7	15.6	19.9

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



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B. Waiting List Information

Table B9. Time to transplant for waiting list candidates*

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

	Months to Transplant**								
Percentile	Center	OPO/DSA	Region	U.S.					
5th	1.2	1	1.2	1.1					
10th	2.2	2	3	2.9					
25th	7.2	7.0	11.9	11.1					
50th (median time to transplant)	25.8	28.7	59.0	50.3					
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.



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B. Waiting List Information

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

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
Overall				
Number of Offers	6,658	7,226	197,348	1,657,991
Number of Acceptances	219	258	2,185	14,558
Expected Acceptances	183.9	203.9	2,109.0	14,546.9
Offer Acceptance Ratio*	1.19	1.26	1.04	1.00
95% Credible Interval**	[1.04, 1.35]			
Low-KDRI Donors (KDRI < 1.05)				
Number of Offers	1,094	1,222	29,691	231,877
Number of Acceptances	82	94	767	4,979
Expected Acceptances	62.1	76.0	746.6	4,980.4
Offer Acceptance Ratio*	1.31	1.23	1.03	1.00
95% Credible Interval**	[1.05, 1.61]			
Medium-KDRI Donors (1.05 < KDRI < 1.75)				
Number of Offers	3,711	4,030	126,513	1,056,662
Number of Acceptances	125	147	1,148	7,967
Expected Acceptances	108.6	114.1	1,102.0	7,955.4
Offer Acceptance Ratio*	1.15	1.28	1.04	1.00
95% Credible Interval**	[0.96, 1.36]			
High-KDRI Donors (KDRI > 1.75)				
Number of Offers	1,853	1,974	41,144	369,452
Number of Acceptances	12	17	270	1,612
Expected Acceptances	13.2	13.7	260.4	1,611.1
Offer Acceptance Ratio*	0.92	1.21	1.04	1.00
95% Credible Interval**	[0.50, 1.46]			
Hard-to-Place Kidneys (Over 100 Offers)				
Number of Offers	4,493	4,931	159,682	1,398,185
Number of Acceptances	4	7	419	2,091
Expected Acceptances	11.2	12.2	266.4	2,096.5
Offer Acceptance Ratio*	0.45	0.63	1.57	1.00
95% Credible Interval**	[0.17, 0.88]			

^{*} The offer acceptance ratio estimates the relative offer acceptance practice of Tampa General Hospital (FLTG) 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, [1.04, 1.35], indicates the location of FLTG's true offer acceptance ratio with 95% probability. The best estimate is 19% more likely to accept an offer compared to national acceptance behavior, but FLTG's performance could plausibly range from 4% higher acceptance up to 35% higher acceptance.



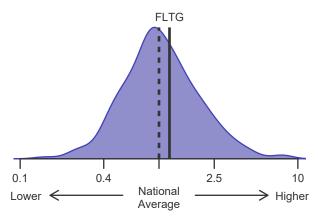
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Figure B7. Offer acceptance: Overall

Figure B8. Offer acceptance: Low-KDRI



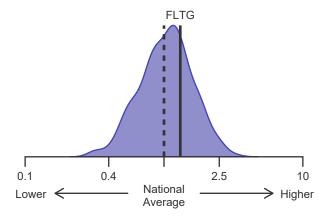
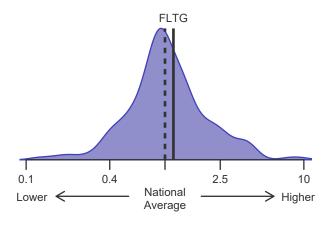


Figure B9. Offer acceptance: Medium-KDRI

Figure B10. Offer acceptance: High-KDRI



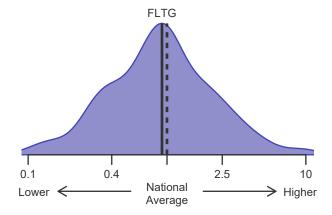
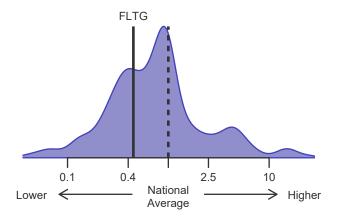


Figure B11. Offer acceptance: Offer number > 100





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

	Perce	Percentage in each category			
Characteristic	Center (N=229)	Region (N=2,318)	U.S. (N=15,530)		
Ethnicity/Race (%)*					
White	48.9	29.1	37.2		
African-American	28.4	49.8	33.2		
Hispanic/Latino	17.9	16.8	19.5		
Asian	4.4	3.2	8.1		
Other	0.4	1.1	1.9		
Unknown	0.0	0.0	0.0		
Age (%)					
<2 years	0.0	0.0	0.1		
2-11 years	2.2	1.5	1.2		
12-17	2.2	1.5	1.8		
18-34	8.7	8.9	9.7		
35-49 years	23.1	26.0	23.8		
50-64 years	41.5	40.1	40.7		
65-69 years	12.7	12.6	13.5		
70+ years	9.6	9.4	9.3		
Gender (%)					
Male	59.4	59.7	60.0		
Female	40.6	40.3	40.0		

^{*} 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

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

	Percentage in each category			
Characteristic	Center (N=78)	Region (N=754)	U.S. (N=6,687)	
Ethnicity/Race (%)*				
White	75.6	58.4	63.7	
African-American	10.3	25.2	12.6	
Hispanic/Latino	10.3	12.1	16.1	
Asian	3.8	4.0	6.2	
Other	0.0	0.4	1.4	
Unknown	0.0	0.0	0.0	
Age (%)				
<2 years	0.0	0.0	0.1	
2-11 years	1.3	2.1	2.0	
12-17	1.3	2.0	1.7	
18-34	16.7	15.9	16.2	
35-49 years	28.2	27.7	26.2	
50-64 years	39.7	33.7	35.9	
65-69 years	10.3	11.4	9.9	
70+ years	2.6	7.2	7.9	
Gender (%)				
Male	65.4	65.9	62.6	
Female	34.6	34.1	37.4	

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



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C. Transplant Information

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

	Percentage in each category			
Characteristic	Center (N=229)	Region (N=2,318)	U.S. (N=15,530)	
Blood Type (%)				
0	42.8	45.3	46.4	
A	35.4	34.4	33.7	
В	15.7	14.6	14.5	
AB	6.1	5.7	5.4	
Previous Transplant (%)				
Yes	15.7	10.6	13.0	
No	84.3	89.4	87.0	
Peak PRA/CPRA Prior to Transplant (%)				
0-9%	69.4	59.7	59.3	
10-79%	14.4	22.3	22.8	
80+ %	16.2	17.9	17.9	
Unknown	0.0	0.0	0.0	
Body Mass Index (%)				
0-20	9.2	9.1	9.7	
21-25	29.7	29.2	27.9	
26-30	33.6	30.9	30.6	
31-35	24.5	22.6	21.0	
36-40	2.6	6.8	8.0	
41+	0.4	1.0	1.4	
Unknown	0.0	0.3	1.5	
Primary Disease (%)*				
Glomerular Diseases	28.4	21.3	21.6	
Tubular and Interstitial Disease	7.9	3.8	4.2	
Polycystic Kidneys	10.9	7.8	7.5	
Congenital, Familial, Metabolic	2.2	1.8	2.6	
Diabetes	21.8	26.1	29.0	
Renovascular & Vascular Diseases	0.0	0.1	0.2	
Neoplasms	0.0	0.4	0.4	
Hypertensive Nephrosclerosis	18.3	29.9	23.4	
Other Kidney	10.5	8.5	10.8	
Missing*	0.0	0.3	0.2	

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



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C. Transplant Information

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

	Percentage in each category			
Characteristic	Center (N=78)	Region (N=754)	U.S. (N=6,687)	
Blood Type (%)				
0	50.0	48.3	44.5	
A	39.7	34.1	37.8	
В	5.1	13.1	13.5	
AB	5.1	4.5	4.2	
Previous Transplant (%)				
Yes	12.8	9.0	10.9	
No	87.2	91.0	89.1	
Peak PRA/CPRA Prior to Transplant (%)				
0-9%	78.2	74.3	75.0	
10-79%	20.5	21.0	20.2	
80+ %	1.3	4.8	4.7	
Unknown	0.0	0.0	0.1	
Body Mass Index (%)				
0-20	14.1	11.1	12.5	
21-25	24.4	30.9	29.2	
26-30	33.3	33.0	30.2	
31-35	21.8	17.5	19.0	
36-40	5.1	6.6	7.0	
41+	1.3	0.8	1.3	
Unknown	0.0	0.0	0.7	
Primary Disease (%)*				
Glomerular Diseases	39.7	30.1	30.0	
Tubular and Interstitial Disease	9.0	4.8	5.6	
Polycystic Kidneys	14.1	12.1	12.3	
Congenital, Familial, Metabolic	0.0	2.8	3.4	
Diabetes	14.1	21.0	23.2	
Renovascular & Vascular Diseases	0.0	0.1	0.3	
Neoplasms	1.3	0.5	0.6	
Hypertensive Nephrosclerosis	11.5	18.7	15.1	
Other Kidney	10.3	9.7	9.2	
Missing*	0.0	0.3	0.3	

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



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C. Transplant Information

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

	Perce	Percentage in each category			
Donor Characteristic	Center (N=229)	Region (N=2,318)	U.S. (N=15,530)		
Cause of Death (%)					
Deceased: Stroke	24.9	25.3	23.5		
Deceased: MVA	17.5	17.4	14.2		
Deceased: Other	57.6	57.3	62.2		
Ethnicity/Race (%)*					
White	70.7	63.8	67.6		
African-American	12.2	19.8	13.7		
Hispanic/Latino	16.6	14.1	14.8		
Asian	0.4	1.6	2.6		
Other	0.0	0.7	1.3		
Not Reported	0.0	0.0	0.0		
Age (%)					
<2 years	0.9	0.5	0.9		
2-11 years	1.7	3.1	2.9		
12-17	2.2	4.2	4.1		
18-34	30.1	34.2	32.8		
35-49 years	33.6	30.5	32.1		
50-64 years	30.1	24.5	24.5		
65-69 years	0.4	2.5	2.0		
70+ years	0.9	0.5	0.6		
Gender (%)					
Male	65.5	61.9	61.2		
Female	34.5	38.1	38.8		
Blood Type (%)					
0	44.5	46.7	48.3		
A	36.7	36.5	36.2		
В	15.3	13.1	12.0		
AB	3.5	3.8	3.5		
Unknown	0.0	0.0	0.0		
No	86.0	85.9	86.3		

^{*} 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%.



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C. Transplant Information

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

	Perce	Percentage in each category			
Donor Characteristic	Center (N=78)	Region (N=754)	U.S. (N=6,687)		
Ethnicity/Race (%)*					
White	78.2	64.2	69.8		
African-American	5.1	18.3	8.9		
Hispanic/Latino	14.1	13.8	15.1		
Asian	1.3	2.9	4.6		
Other	1.3	0.8	1.6		
Not Reported	0.0	0.0	0.0		
Age (%)					
0-11 years	0.0	0.0	0.0		
12-17	0.0	0.0	0.0		
18-34	19.2	27.5	26.3		
35-49 years	46.2	43.6	38.9		
50-64 years	30.8	24.9	30.2		
65-69 years	3.8	3.3	3.5		
70+ years	0.0	0.7	1.1		
Gender (%)					
Male	37.2	33.0	34.9		
Female	62.8	67.0	65.1		
Blood Type (%)					
0	65.4	70.2	63.0		
A	25.6	21.6	27.7		
В	5.1	6.4	8.1		
AB	3.8	1.9	1.2		
Unknown	0.0	0.0	0.0		

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



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Table C4D.	Deceased	donor tran	splant	characte	ristics
Transplant	s performe	d between	07/01/	2018 and	06/30/2019

Transplant Characteristic Center Region U.S. (N=229) (N=2,318) (N=15,530)	Transplants performed between 07/01/2018 and 06/30/2019	Percentage in each category		
Deceased: 0-11 hr	Transplant Characteristic	Center	Region	U.S.
Deceased: 12-21 hr 54.9 42.2 47.4 Deceased: 32-41 hr 3.6 16.9 14.4 Deceased: 32-41 hr 0.0 5.0 1.8 Deceased: 32-41 hr 0.0 0.8 0.9 Not Reported 0.0 0.8 0.9 Cold Ischemic Time (Hours): Shared (%) Deceased: 0-11 hr 58.3 26.3 39.7 Deceased: 12-21 hr 58.3 26.3 39.7 Deceased: 12-21 hr 25.0 29.9 35.8 Deceased: 22-31 hr 0.0 25.0 11.5 Deceased: 42-hr 0.0 11.9 3.6 Not Reported 0.0 0.3 0.8 Deceased: 42-hr 0.0 0.3 0.8 Deceased: 42-hr 0.0 0.5 11.7 3.6 Not Reported 0.0 0.3 0.8 Deceased: 42-hr 0.0 0.3 0.8 Deceased: 42-hr 0.0 0.3 0.8 Deceased: 42-hr 0.0 0.5 11.7 3.6 Not Reported 0.0 0.5 Deceased: 42-hr 0.0 0.5 11.7 3.8 0.0 0.6 0.5 Deceased: 42-hr 0.0 0.5 0.5	Cold Ischemic Time (Hours): Local (%)			
Deceased: 22-31 hr	Deceased: 0-11 hr	40.9		34.8
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Deceased: 42+ hr Not Reported	Deceased: 22-31 hr	3.6	16.9	14.4
Not Reported Cold Ischemic Time (Hours): Shared (%) Sa.3 Sa.3 Sa.3 Sa.3 Sa.3 Sa.3 Sa.5 Sa.5 Sa.7 Deceased: 12-21 hr Cold Ischemic Sa.3				
Deceased: 0-11 hr				
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Kidney and another organ 3.9 5.4 5.9 Dialysis in First Week After Transplant (%) 25.3 28.0 29.6 No 74.7 72.0 70.1 Not Reported 0.0 0.0 0.4 Sharing (%) 84.3 62.4 68.1 Shared 15.7 37.6 31.9	Procedure Type (%)	00.4	0.4.0	0.4.4
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Local 84.3 62.4 68.1 Shared 15.7 37.6 31.9		0.0	0.0	0.4
Shared 15.7 37.6 31.9		04.0	60.4	60.4
Wedian Time in Hospital After Transplant* 5.0 Days 5.0 Days 5.0 Days				
	Median Time in Hospital After Transplant*	5.0 Davs	5.0 Davs	5.0 Davs

^{*} Multiple organ transplants are excluded from this statistic.



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

Based on Data Available: October 31, 2019

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

C. Transplant Information

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

	Percentage in each category		
Transplant Characteristic	Center (N=78)	Region (N=754)	U.S. (N=6,687)
Relation with Donor (%)			
Related	41.0	40.5	40.0
Unrelated	57.7	59.4	59.8
Not Reported	1.3	0.1	0.1
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	17.9	14.7	16.9
1	50.0	50.8	48.9
2	32.1	34.2	30.8
Not Reported	0.0	0.3	3.4
B Locus Mismatches (%)			
0	14.1	8.5	10.3
1	41.0	43.9	41.9
2	44.9	47.3	44.5
Not Reported	0.0	0.3	3.4
DR Locus Mismatches (%)			
0	12.8	13.8	15.8
1	62.8	50.4	48.1
2	24.4	35.5	32.8
Not Reported	0.0	0.3	3.4
Total Mismatches (%)			
0	7.7	3.8	5.2
1	6.4	4.2	3.6
2	7.7	11.4	12.4
3	23.1	23.3	22.5
4	20.5	17.1	18.0
5	24.4	24.9	22.5
6	10.3	14.9	12.5
Not Reported	0.0	0.3	3.4
Procedure Type (%)			
Kidney alone	100.0	100.0	100.0
Kidney and another organ	0.0	0.0	0.0
Dialysis in First Week After Transplant (%)			
Yes	3.8	2.4	3.1
No	96.2	97.6	96.4
Not Reported	0.0	0.0	0.5
Median Time in Hospital After Transplant*	4.0 Days	4.0 Days	4.0 Days

^{*} Multiple organ transplants are excluded from this statistic.



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

Based on Data Available: October 31, 2019

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

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

Deaths and retransplants are considered graft failures	FLTG	U.S.
Number of transplants evaluated	578	46,453
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.10%	98.61%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.68%	
Number of observed graft failures (including deaths) during the first month after transplant	11	645
Number of expected graft failures (including deaths) during the first month after transplant	7.59	
Estimated hazard ratio*	1.36	
95% credible interval for the hazard ratio**	[0.72, 2.19]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

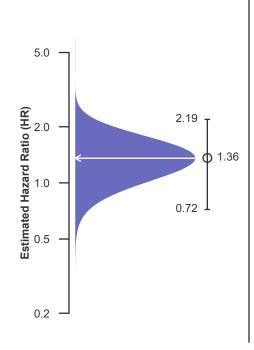
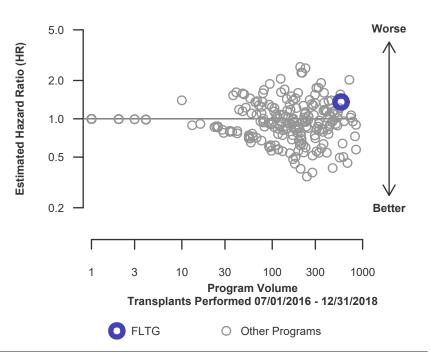


Figure C2. Adult (18+) 1-month graft failure HR program comparison



^{**} The 95% credible interval, [0.72, 2.19], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 36% higher risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 28% reduced risk up to 119% increased risk.



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

Based on Data Available: October 31, 2019

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

Deaths and retransplants are considered graft failures	FLTG	U.S.
Number of transplants evaluated	441	31,966
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	97.73%	98.32%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.50%	
Number of observed graft failures (including deaths) during the first month after transplant	10	538
Number of expected graft failures (including deaths) during the first month after transplant	6.58	
Estimated hazard ratio*	1.40	
95% credible interval for the hazard ratio**	[0.72, 2.29]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

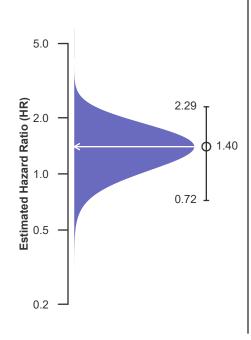
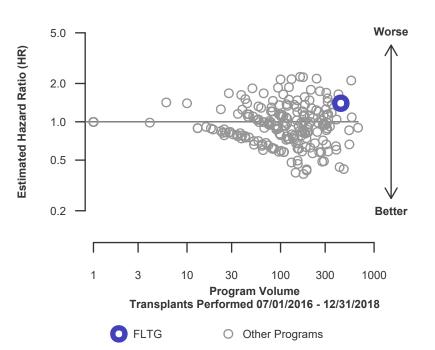


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison



^{**} The 95% credible interval, [0.72, 2.29], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 40% higher risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 28% reduced risk up to 129% increased risk.



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

Based on Data Available: October 31, 2019

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

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

Deaths and retransplants are considered graft failures	FLTG	U.S.
Number of transplants evaluated	137	14,487
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	99.27%	99.26%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.26%	
Number of observed graft failures (including deaths) during the first month after transplant	1	107
Number of expected graft failures (including deaths) during the first month after transplant	1.01	
Estimated hazard ratio*	1.00	
95% credible interval for the hazard ratio**	[0.21, 2.40]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

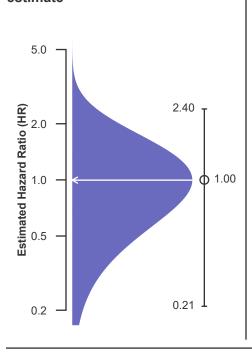
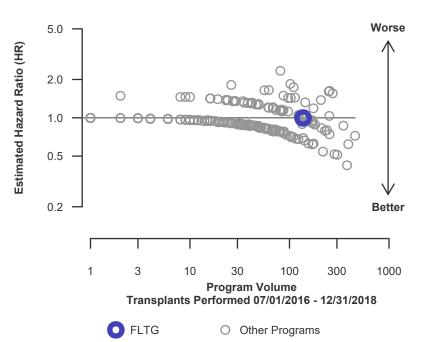


Figure C2L. Adult (18+) 1-month living donor graft failure HR program comparison



^{**} The 95% credible interval, [0.21, 2.40], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 0% lower risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 79% reduced risk up to 140% increased risk.



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

Deaths and retransplants are considered graft failures	FLTG	U.S.
Number of transplants evaluated	578	46,453
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	95.14%	95.90%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	96.07%	
Number of observed graft failures (including deaths) during the first year after transplant	27	1,787
Number of expected graft failures (including deaths) during the first year after transplant	21.22	
Estimated hazard ratio*	1.25	
95% credible interval for the hazard ratio**	[0.84, 1.74]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

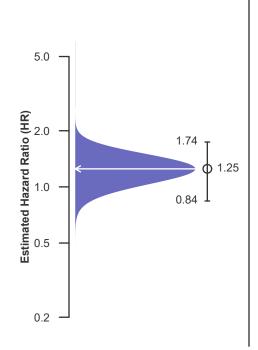
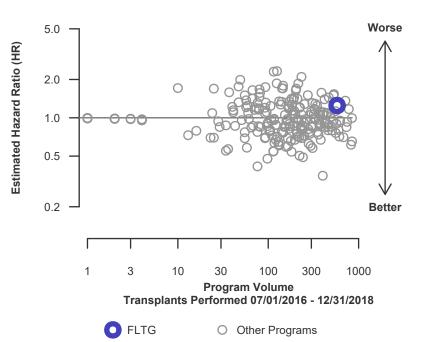


Figure C4. Adult (18+) 1-year graft failure HR program comparison



^{**} The 95% credible interval, [0.84, 1.74], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 25% higher risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 16% reduced risk up to 74% increased risk.



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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

Deaths and retransplants are considered graft failures	FLTG	U.S.
Number of transplants evaluated	441	31,966
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	94.39%	94.91%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	95.45%	
Number of observed graft failures (including deaths) during the first year after transplant	24	1,529
Number of expected graft failures (including deaths) during the first year after transplant	18.83	
Estimated hazard ratio*	1.25	
95% credible interval for the hazard ratio**	[0.82, 1.77]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

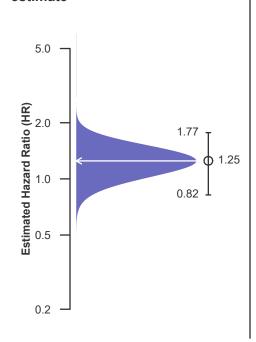
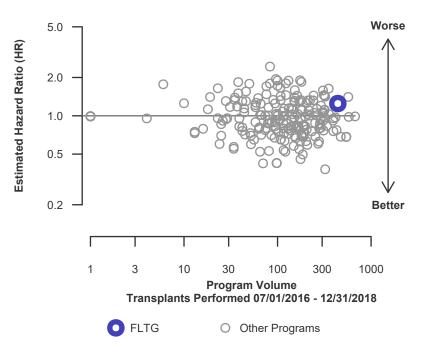


Figure C4D. Adult (18+) 1-year deceased donor graft failure HR program comparison



^{**} The 95% credible interval, [0.82, 1.77], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 25% higher risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 18% reduced risk up to 77% increased risk.



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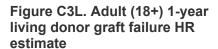
C. Transplant Information

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

FLTG	U.S.
137	14,487
97.55%	98.09%
98.08%	
3	258
2.39	
1.14	
[0.37, 2.33]	
	137 97.55% 98.08% 3 2.39 1.14

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.37, 2.33], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 14% higher risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 63% reduced risk up to 133% increased risk.



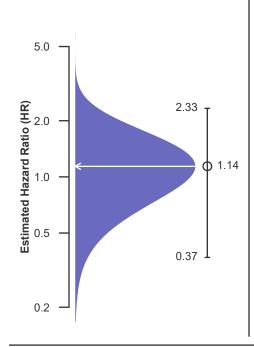
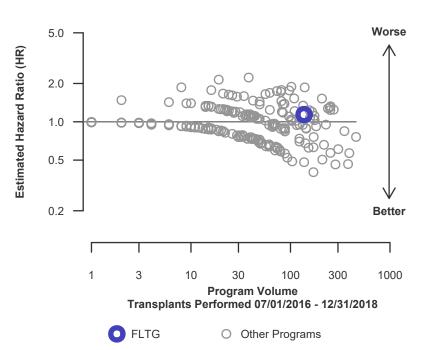


Figure C4L. Adult (18+) 1-year living donor graft failure HR program comparison





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

Deaths and retransplants are considered graft failures	FLTG	U.S.
Number of transplants evaluated	478	40,310
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	89.75%	89.02%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	87.70%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	49	4,426
Number of expected graft failures (including deaths) during the first 3 years after transplant	59.51	
Estimated hazard ratio*	0.83	
95% credible interval for the hazard ratio**	[0.62, 1.07]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

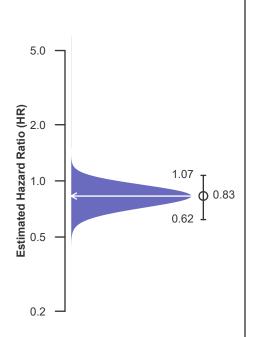
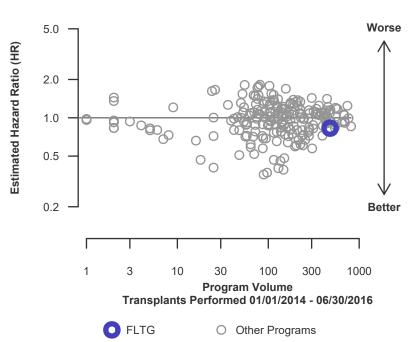


Figure C6. Adult (18+) 3-year graft failure HR program comparison



^{**} The 95% credible interval, [0.62, 1.07], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 17% lower risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 38% reduced risk up to 7% increased risk.



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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

Deaths and retransplants are considered graft failures	FLTG	U.S.
Number of transplants evaluated	379	27,101
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	88.39%	86.62%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	86.11%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	44	3,626
Number of expected graft failures (including deaths) during the first 3 years after transplant	53.49	
Estimated hazard ratio*	0.83	
95% credible interval for the hazard ratio**	[0.61, 1.09]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

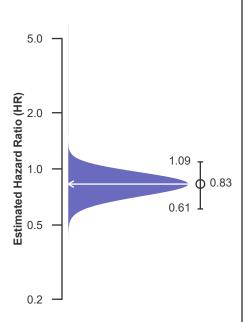
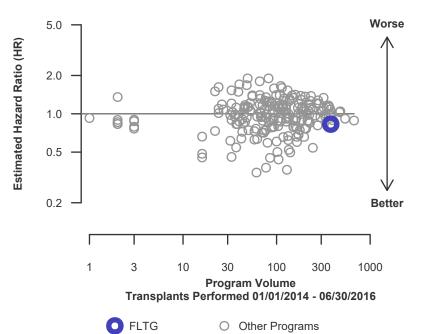


Figure C6D. Adult (18+) 3-year deceased donor graft failure HR program comparison



^{**} The 95% credible interval, [0.61, 1.09], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 17% lower risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 39% reduced risk up to 9% increased risk.



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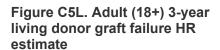
C. Transplant Information

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

Deaths and retransplants are considered graft failures	FLTG	U.S.
Number of transplants evaluated	99	13,209
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	94.95%	93.94%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	93.80%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	5	800
Number of expected graft failures (including deaths) during the first 3 years after transplant	6.02	
Estimated hazard ratio*	0.87	
95% credible interval for the hazard ratio**	[0.35, 1.63]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.35, 1.63], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 13% lower risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 65% reduced risk up to 63% increased risk.



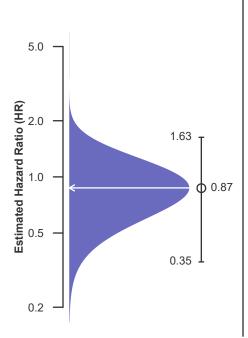
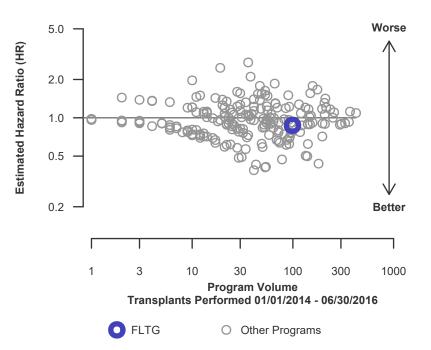


Figure C6L. Adult (18+) 3-year living donor graft failure HR program comparison





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

Deaths and retransplants are considered graft failures	FLTG	U.S.
Number of transplants evaluated	32	2,099
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.86%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.83%	
Number of observed graft failures (including deaths) during the first month after transplant	0	24
Number of expected graft failures (including deaths) during the first month after transplant	0.38	
Estimated hazard ratio*	0.84	
95% credible interval for the hazard ratio**	[0.10, 2.34]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

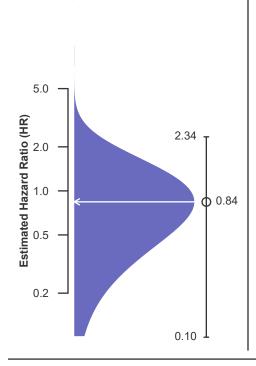
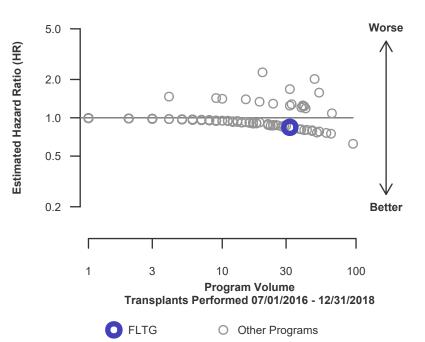


Figure C8. Pediatric (<18) 1-month graft failure HR program comparison



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



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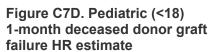
C. Transplant Information

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

Deaths and retransplants are considered graft failures	FLTG	U.S.
Number of transplants evaluated	23	1,417
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.66%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.66%	
Number of observed graft failures (including deaths) during the first month after transplant	0	19
Number of expected graft failures (including deaths) during the first month after transplant	0.31	
Estimated hazard ratio*	0.87	
95% credible interval for the hazard ratio**	[0.10, 2.41]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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



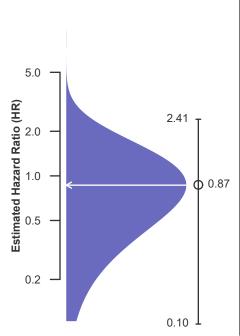
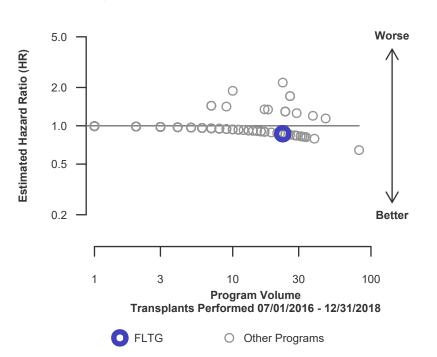


Figure C8D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison





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C. Transplant Information

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

Deaths and retransplants are considered graft failures	FLTG	U.S.
Number of transplants evaluated	9	682
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.27%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.27%	
Number of observed graft failures (including deaths) during the first month after transplant	0	5
Number of expected graft failures (including deaths) during the first month after transplant	0.07	
Estimated hazard ratio*	0.97	
95% credible interval for the hazard ratio**	[0.12, 2.70]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.12, 2.70], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 3% lower risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 88% reduced risk up to 170% increased risk.



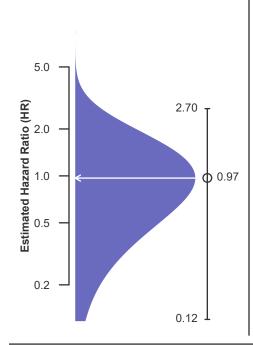
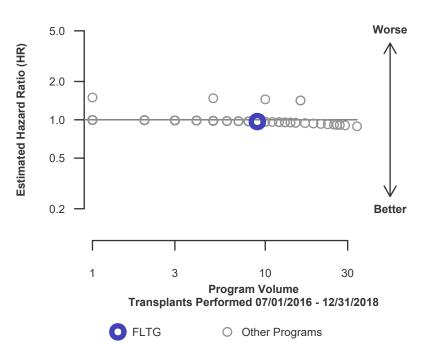


Figure C8L. Pediatric (<18) 1-month living donor graft failure HR program comparison





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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	FLTG	U.S.
Number of transplants evaluated	32	2,099
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	98.07%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	98.01%	
Number of observed graft failures (including deaths) during the first year after transplant	0	38
Number of expected graft failures (including deaths) during the first year after transplant	0.61	
Estimated hazard ratio*	0.77	
95% credible interval for the hazard ratio**	[0.09, 2.14]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

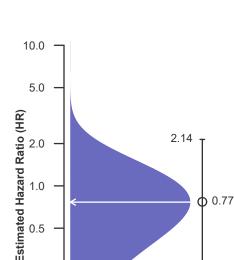


Figure C9. Pediatric (<18) 1-year

graft failure HR estimate

1.0

0.5

0.2

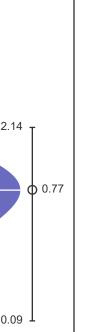
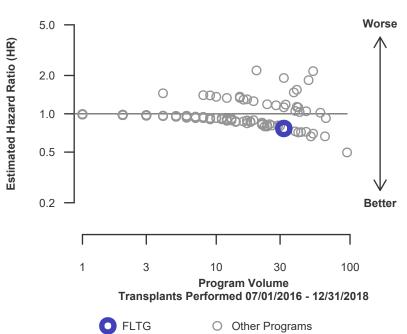


Figure C10. Pediatric (<18) 1-year graft failure HR program comparison



^{**} The 95% credible interval, [0.09, 2.14], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 23% lower risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 91% reduced risk up to 114% increased risk.



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C. Transplant Information

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

Deaths and retransplants are considered graft failures

FLTG	U.S.
23	1,417
100.00%	97.57%
97.57%	
0	32
0.53	
0.79	
[0.10, 2.20]	
	23 100.00% 97.57% 0 0.53 0.79

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.10, 2.20], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 21% lower risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 90% reduced risk up to 120% increased risk.

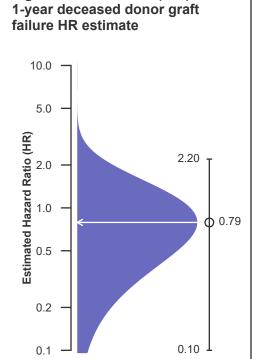
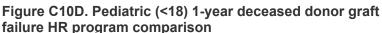
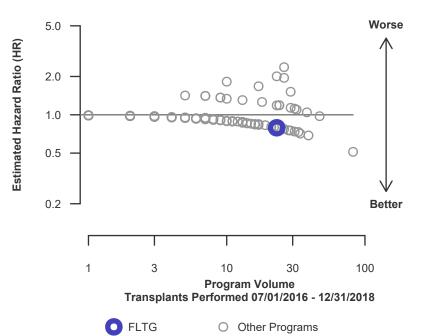


Figure C9D. Pediatric (<18)







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C. Transplant Information

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

Deaths and retransplants are considered graft failures	FLTG	U.S.
Number of transplants evaluated	9	682
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.12%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	99.12%	
Number of observed graft failures (including deaths) during the first year after transplant	0	6
Number of expected graft failures (including deaths) during the first year after transplant	0.08	
Estimated hazard ratio*	0.96	
95% credible interval for the hazard ratio**	[0.12, 2.68]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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



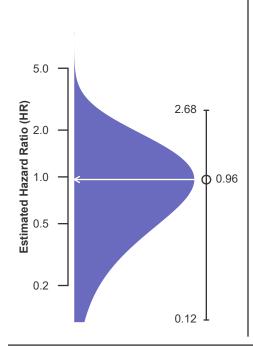
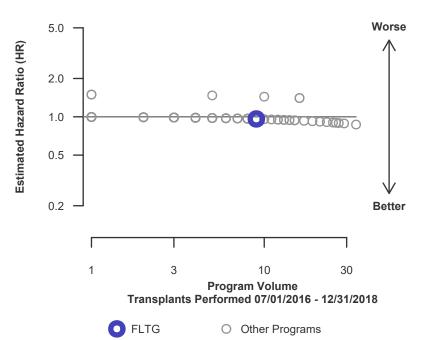


Figure C10L. Pediatric (<18) 1-year living donor graft failure HR program comparison





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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

Deaths and retransplants are considered graft failures	FLTG	U.S.
Number of transplants evaluated	35	2,039
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	88.57%	92.59%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	92.58%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	4	151
Number of expected graft failures (including deaths) during the first 3 years after transplant	2.52	
Estimated hazard ratio*	1.33	
95% credible interval for the hazard ratio**	[0.49, 2.58]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

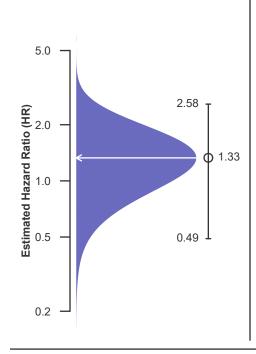
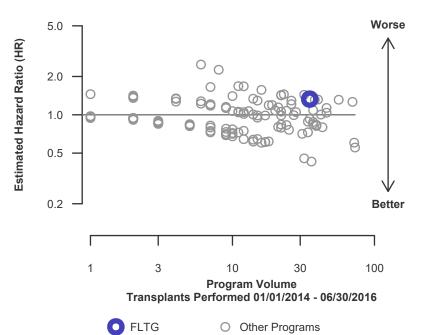


Figure C12. Pediatric (<18) 3-year graft failure HR program comparison



^{**} The 95% credible interval, [0.49, 2.58], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 33% higher risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 51% reduced risk up to 158% increased risk.



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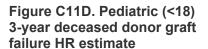
C. Transplant Information

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

Deaths and retransplants are considered graft failures	FLTG	U.S.
Number of transplants evaluated	25	1,374
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	84.00%	91.63%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	91.77%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	4	115
Number of expected graft failures (including deaths) during the first 3 years after transplant	1.96	
Estimated hazard ratio*	1.51	
95% credible interval for the hazard ratio**	[0.56, 2.95]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.56, 2.95], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 51% higher risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 44% reduced risk up to 195% increased risk.



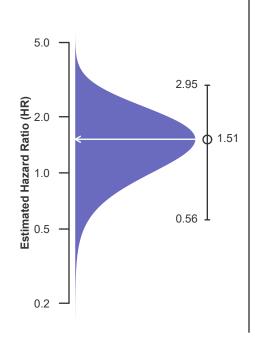
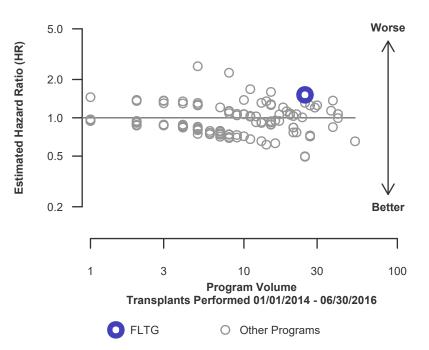


Figure C12D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison





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C. Transplant Information

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

Deaths and retransplants are considered graft failures	FLTG	U.S.
Number of transplants evaluated	10	665
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	100.00%	94.59%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	94.59%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	36
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.56	
Estimated hazard ratio*	0.78	
95% credible interval for the hazard ratio**	[0.09, 2.18]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.09, 2.18], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 22% lower risk of graft failure compared to an average program, but FLTG's performance could plausibly range from 91% reduced risk up to 118% increased risk.



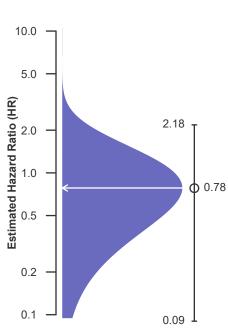
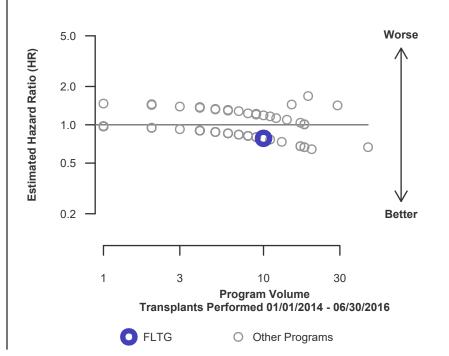


Figure C12L. Pediatric (<18) 3-year living donor graft failure HR program comparison





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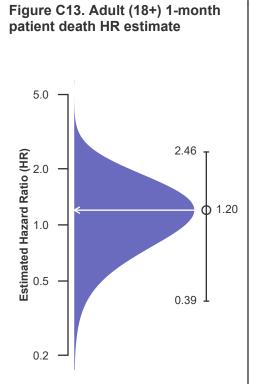
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Table C11. Adult (18+) 1-month patient survival Single organ transplants performed between 07/01/2016 and 12/31/2018 Retransplants excluded

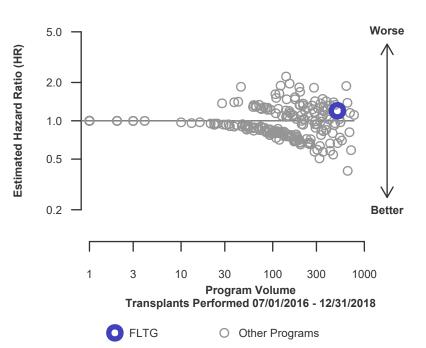
Retransplants excluded	FLTG	U.S.
Number of transplants evaluated	508	40,946
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	99.41%	99.57%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.57%	
Number of observed deaths during the first month after transplant	3	178
Number of expected deaths during the first month after transplant	2.17	
Estimated hazard ratio*	1.20	
95% credible interval for the hazard ratio**	[0.39, 2.46]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.39, 2.46], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 20% higher risk of patient death compared to an average program, but FLTG's performance could plausibly range from 61% reduced risk up to 146% increased risk.









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

Retransplants excluded	FLTG	U.S.
Number of transplants evaluated	383	27,873
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	99.22%	99.44%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.49%	
Number of observed deaths during the first month after transplant	3	155
Number of expected deaths during the first month after transplant	1.95	
Estimated hazard ratio*	1.27	
95% credible interval for the hazard ratio**	[0.41, 2.59]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

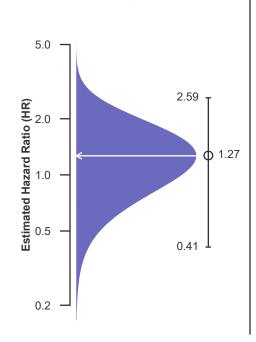
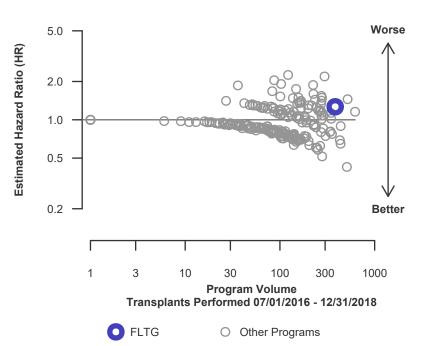


Figure C14D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)



^{**} The 95% credible interval, [0.41, 2.59], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 27% higher risk of patient death compared to an average program, but FLTG's performance could plausibly range from 59% reduced risk up to 159% increased risk.



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C. Transplant Information

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

Retransplants excluded	FLTG	U.S.
Number of transplants evaluated	125	13,073
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.82%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.83%	
Number of observed deaths during the first month after transplant	0	23
Number of expected deaths during the first month after transplant	0.22	
Estimated hazard ratio*	0.90	
95% credible interval for the hazard ratio**	[0.11, 2.51]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

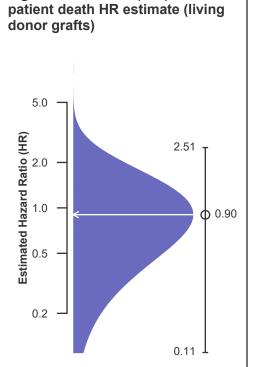
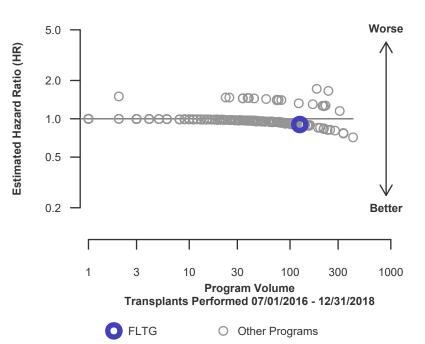


Figure C13L. Adult (18+) 1-month





^{**} The 95% credible interval, [0.11, 2.51], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 10% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 89% reduced risk up to 151% increased risk.



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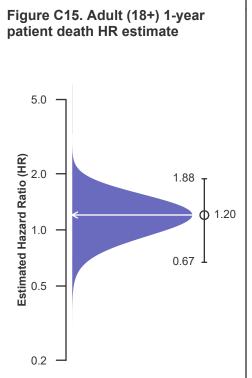
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Table C12. Adult (18+) 1-year patient survival Single organ transplants performed between 07/01/2016 and 12/31/2018 Retransplants excluded

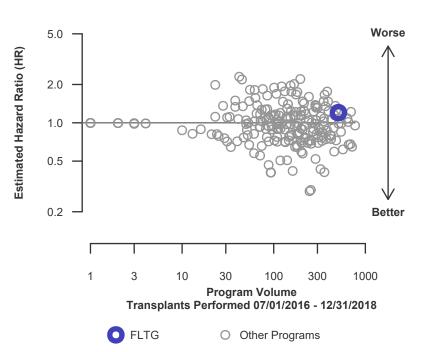
Retransplants excluded	FLTG	U.S.
Number of transplants evaluated	508	40,946
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	97.29%	97.71%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	97.73%	
Number of observed deaths during the first year after transplant	13	856
Number of expected deaths during the first year after transplant	10.48	
Estimated hazard ratio*	1.20	
95% credible interval for the hazard ratio**	[0.67, 1.88]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.67, 1.88], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 20% higher risk of patient death compared to an average program, but FLTG's performance could plausibly range from 33% reduced risk up to 88% increased risk.









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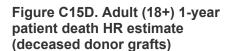
C. Transplant Information

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

Retransplants excluded	FLTG	U.S.
Number of transplants evaluated	383	27,873
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	96.74%	97.05%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	97.28%	
Number of observed deaths during the first year after transplant	12	751
Number of expected deaths during the first year after transplant	9.49	
Estimated hazard ratio*	1.22	
95% credible interval for the hazard ratio**	[0.67, 1.93]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.67, 1.93], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 22% higher risk of patient death compared to an average program, but FLTG's performance could plausibly range from 33% reduced risk up to 93% increased risk.



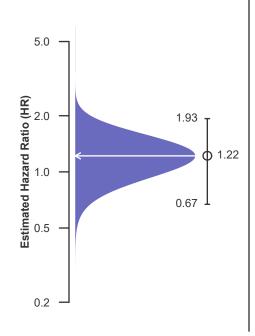
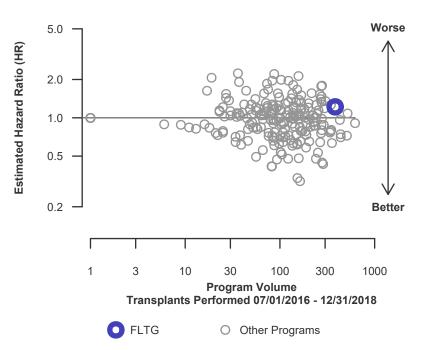


Figure C16D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)





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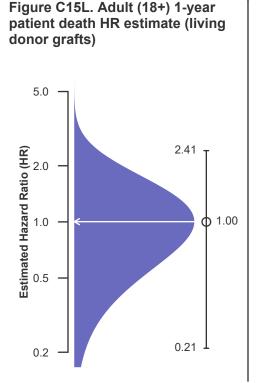
C. Transplant Information

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

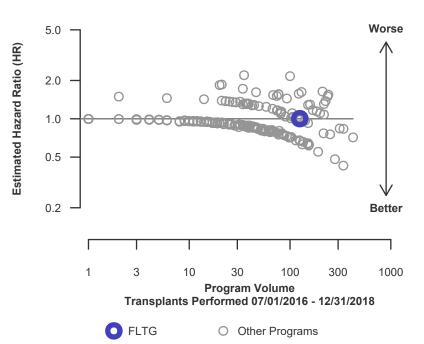
Retransplants excluded	FLTG	U.S.
Number of transplants evaluated	125	13,073
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	98.94%	99.12%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.12%	
Number of observed deaths during the first year after transplant	1	105
Number of expected deaths during the first year after transplant	0.99	
Estimated hazard ratio*	1.00	
95% credible interval for the hazard ratio**	[0.21, 2.41]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.21, 2.41], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 0% higher risk of patient death compared to an average program, but FLTG's performance could plausibly range from 79% reduced risk up to 141% increased risk.









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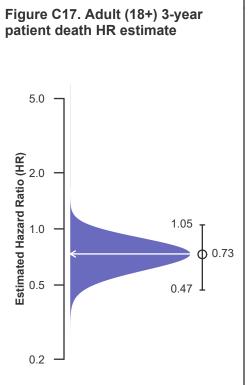
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Table C13. Adult (18+) 3-year patient survival Single organ transplants performed between 01/01/2014 and 06/30/2016 Retransplants excluded

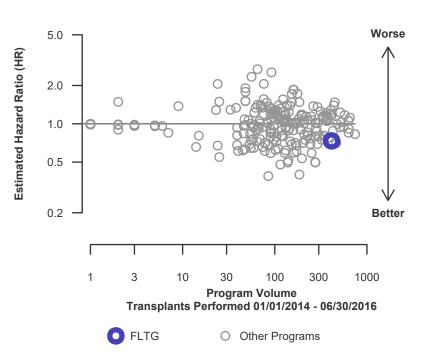
Retransplants excluded	FLTG	U.S.
Number of transplants evaluated	414	34,940
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	94.44%	93.49%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.33%	
Number of observed deaths during the first 3 years after transplant	23	2,276
Number of expected deaths during the first 3 years after transplant	32.06	
Estimated hazard ratio*	0.73	
95% credible interval for the hazard ratio**	[0.47, 1.05]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.47, 1.05], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 27% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 53% reduced risk up to 5% increased risk.









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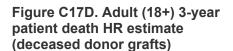
C. Transplant Information

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	FLTG	U.S.
Number of transplants evaluated	325	23,108
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	93.54%	91.86%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	91.28%	
Number of observed deaths during the first 3 years after transplant	21	1,880
Number of expected deaths during the first 3 years after transplant	28.63	
Estimated hazard ratio*	0.75	
95% credible interval for the hazard ratio**	[0.48, 1.09]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.48, 1.09], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 25% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 52% reduced risk up to 9% increased risk.



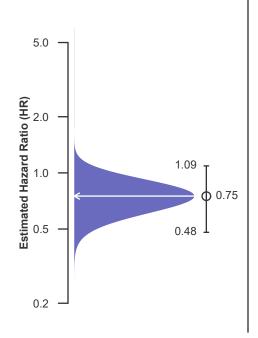
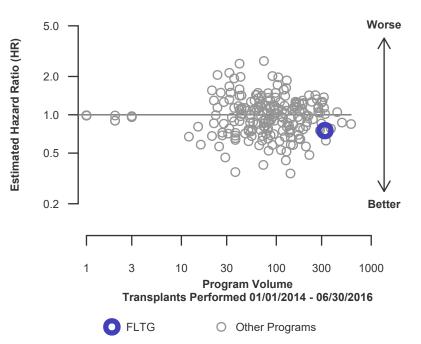


Figure C18D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)





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

Retransplants excluded	FLTG	U.S.
Number of transplants evaluated	89	11,832
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	97.75%	96.65%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	96.16%	
Number of observed deaths during the first 3 years after transplant	2	396
Number of expected deaths during the first 3 years after transplant	3.43	
Estimated hazard ratio*	0.74	
95% credible interval for the hazard ratio**	[0.20, 1.61]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

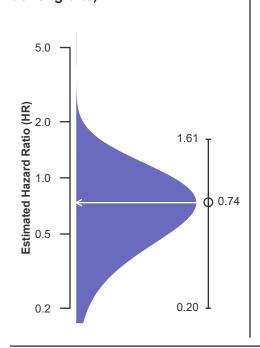
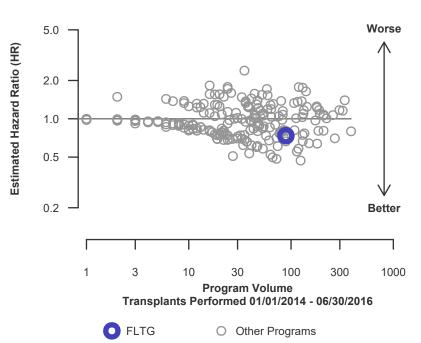


Figure C18L. Adult (18+) 3-year patient death HR program comparison (living donor grafts)



^{**} The 95% credible interval, [0.20, 1.61], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 26% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 80% reduced risk up to 61% increased risk.



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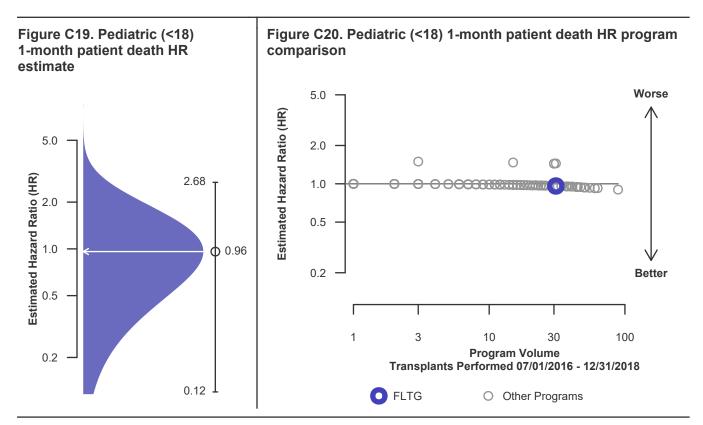
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Table C14. Pediatric (<18) 1-month patient survival Single organ transplants performed between 07/01/2016 and 12/31/2018 Retransplants excluded

Retransplants excluded	FLTG	U.S.
Number of transplants evaluated	31	1,884
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.73%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.74%	
Number of observed deaths during the first month after transplant	0	5
Number of expected deaths during the first month after transplant	0.08	
Estimated hazard ratio*	0.96	
95% credible interval for the hazard ratio**	[0.12, 2.68]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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





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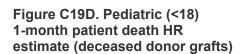
C. Transplant Information

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

Retransplants excluded	FLTG	U.S.
Number of transplants evaluated	22	1,258
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.76%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.76%	
Number of observed deaths during the first month after transplant	0	3
Number of expected deaths during the first month 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 Tampa General Hospital (FLTG)'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 FLTG'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 FLTG's true hazard ratio with 95% probability. The best estimate is 3% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 88% reduced risk up to 171% increased risk.



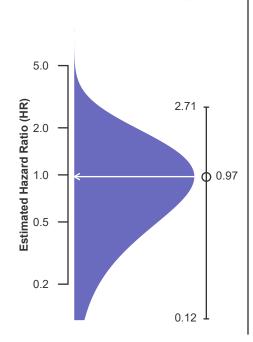
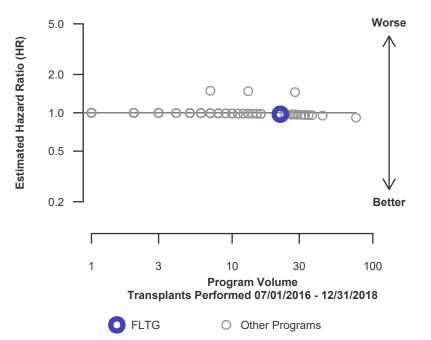


Figure C20D. Pediatric (<18) 1-month patient death HR program comparison (deceased donor grafts)





Center Code: FLTG Transplant Program (Organ): Kidney

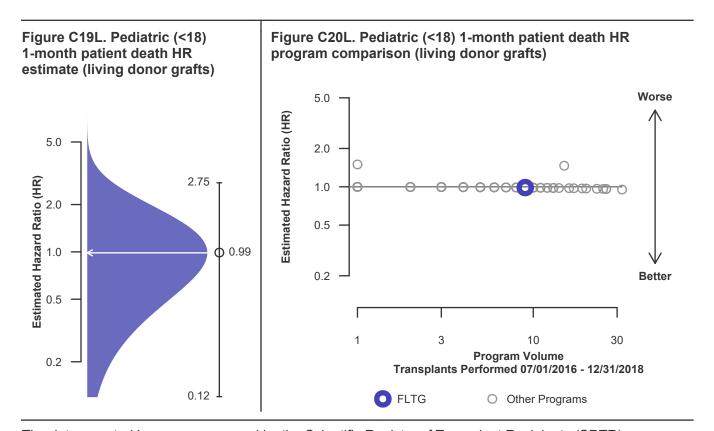
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Table C14L. Pediatric (<18) 1-month patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2016 and 12/31/2018

Retransplants excluded	FLTG	U.S.
Number of transplants evaluated	9	626
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.68%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.68%	
Number of observed deaths during the first month after transplant	0	2
Number of expected deaths during the first month after transplant	0.03	
Estimated hazard ratio*	0.99	
95% credible interval for the hazard ratio**	[0.12, 2.75]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.12, 2.75], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 1% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 88% reduced risk up to 175% increased risk.





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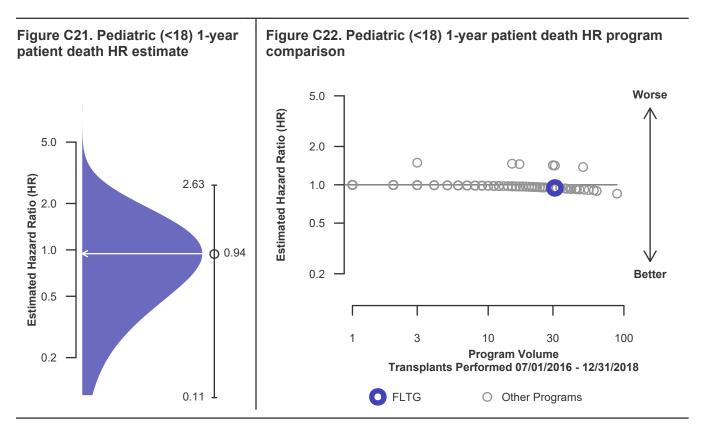
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Table C15. Pediatric (<18) 1-year patient survival Single organ transplants performed between 07/01/2016 and 12/31/2018 Retransplants excluded

Retransplants excluded	FLTG	U.S.
Number of transplants evaluated	31	1,884
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.61%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.61%	
Number of observed deaths during the first year after transplant	0	7
Number of expected deaths during the first year after transplant	0.12	
Estimated hazard ratio*	0.94	
95% credible interval for the hazard ratio**	[0.11, 2.63]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.11, 2.63], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 6% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 89% reduced risk up to 163% increased risk.





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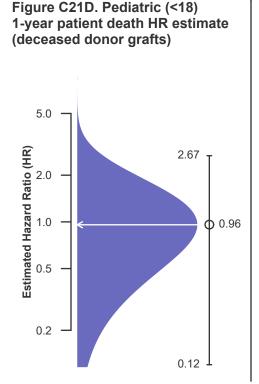
C. Transplant Information

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

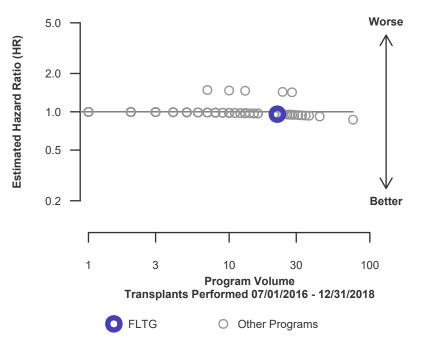
Retransplants excluded	FLTG	U.S.
Number of transplants evaluated	22	1,258
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.58%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.58%	
Number of observed deaths during the first year after transplant	0	5
Number of expected deaths during the first year 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 Tampa General Hospital (FLTG)'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 FLTG's patient death 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 FLTG's true hazard ratio with 95% probability. The best estimate is 4% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 88% reduced risk up to 167% increased risk.









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C. Transplant Information

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

Retransplants excluded	FLTG	U.S.
Number of transplants evaluated	9	626
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.68%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.68%	
Number of observed deaths during the first year after transplant	0	2
Number of expected deaths during the first year after transplant	0.03	
Estimated hazard ratio*	0.99	
95% credible interval for the hazard ratio**	[0.12, 2.75]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

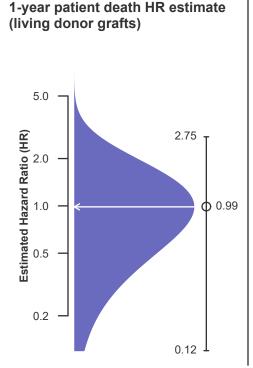
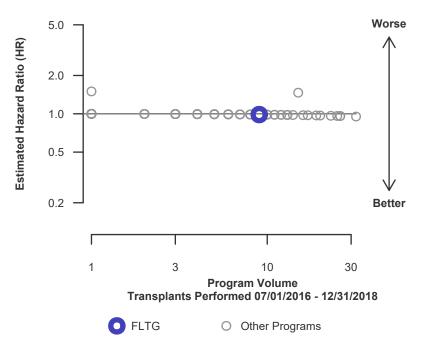


Figure C21L. Pediatric (<18)





^{**} The 95% credible interval, [0.12, 2.75], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 1% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 88% reduced risk up to 175% increased risk.



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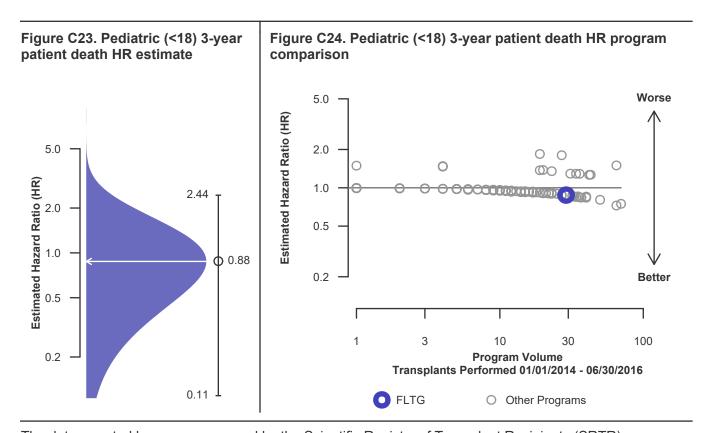
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Table C16. Pediatric (<18) 3-year patient survival Single organ transplants performed between 01/01/2014 and 06/30/2016 Retransplants excluded

Retransplants excluded	FLTG	U.S.
Number of transplants evaluated	29	1,838
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	99.02%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	99.03%	
Number of observed deaths during the first 3 years after transplant	0	18
Number of expected deaths during the first 3 years after transplant	0.28	
Estimated hazard ratio*	0.88	
95% credible interval for the hazard ratio**	[0.11, 2.44]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.11, 2.44], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 12% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 89% reduced risk up to 144% increased risk.





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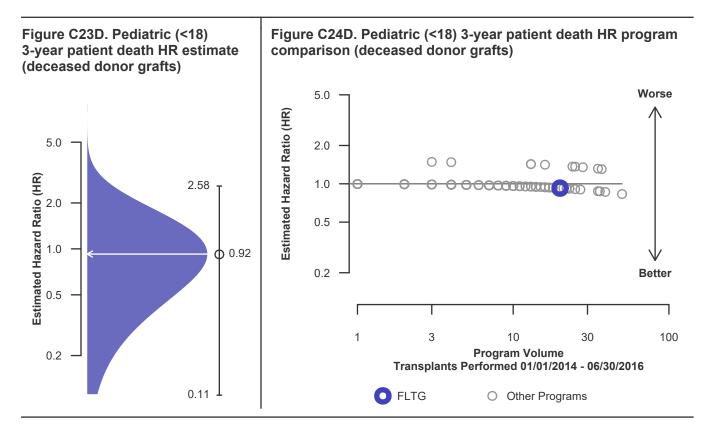
C. Transplant Information

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

Retransplants excluded	FLTG	U.S.
Number of transplants evaluated	20	1,232
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	99.19%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	99.19%	
Number of observed deaths during the first 3 years after transplant	0	10
Number of expected deaths during the first 3 years after transplant	0.16	
Estimated hazard ratio*	0.92	
95% credible interval for the hazard ratio**	[0.11, 2.58]	

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.11, 2.58], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 8% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 89% reduced risk up to 158% increased risk.





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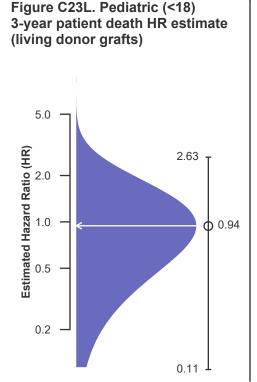
C. Transplant Information

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

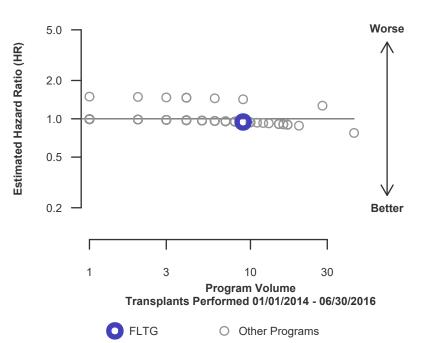
FLTG	U.S.
9	606
100.00%	98.68%
98.68%	
0	8
0.12	
0.94	
[0.11, 2.63]	
	9 100.00% 98.68% 0 0.12 0.94

^{*} The hazard ratio provides an estimate of how Tampa General Hospital (FLTG)'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 FLTG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.11, 2.63], indicates the location of FLTG's true hazard ratio with 95% probability. The best estimate is 6% lower risk of patient death compared to an average program, but FLTG's performance could plausibly range from 89% reduced risk up to 163% increased risk.









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C. Transplant Information

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

Adult (18+) Transplants

First-Year Outcomes

Transplant Type	Transp Perfor FLTG-TX1		Kidn Graft Fa FLTG-TX1	-	Estimated Graft Su FLTG-TX1	_
Kidney-Heart	3	463	1	61	66.7%	86.4%
Kidney-Liver	6	1,742	0	203	100.0%	87.9%
Kidney Lung	1	18	1	3	0.0%	83.3%
Kidney-Pancreas	44	2,007	1	70	97.7%	96.2%

Pediatric (<18) Transplants

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

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

Adult (18+) Transplants

First-Year Outcomes

Transplant Type	Perfor	Transplants Performed Patient Deaths FLTG-TX1 USA FLTG-TX1 USA		Estima Patient S FLTG-TX1		
Kidney-Heart	3	463	0	43	100.0%	90.3%
Kidney-Liver	6	1,742	0	167	100.0%	89.9%
Kidney Lung	1	18	1	3	0.0%	83.3%
Kidney-Pancreas	44	2,007	1	43	97.7%	97.7%

Pediatric (<18) Transplants

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



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D. Living Donor Information

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

	This Center			United States			
Living Donor Follow-Up	07/2016- 06/2017	07/2017- 06/2018	07/2018- 12/2018	07/2016- 06/2017	07/2017- 06/2018	07/2018- 12/2018	
Number of Living Donors	52	59	36	5,722	6,153	3,303	
6-Month Follow-Up Donors due for follow-up	52	59	36	5,719	6,152	3,298	
Timely clinical data	52 100.0%	59 100.0%	36 100.0%	5,100 89.2%	5,392 87.6%	2,864 86.8%	
Timely lab data	52 100.0%	58 98.3%	36 100.0%	4,876 85.3%	5,210 84.7%	2,743 83.2%	
12-Month Follow-Up Donors due for follow-up	52	59		5,719	6,150		
Timely clinical data	50 96.2%	58 98.3%		4,817 84.2%	5,087 82.7%		
Timely lab data	50 96.2%	57 96.6%		4,565 79.8%	4,811 78.2%		
24-Month Follow-Up Donors due for follow-up	52			5,718			
Timely clinical data	51 98.1%			4,368 76.4%			
Timely lab data	50 96.2%			4,002 70.0%			

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