

Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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## **User Guide**

Due to the pandemic's effect on the transplant system, adjustments have been made for this data reporting cycle and potentially future reporting cycles as well. For transplant programs, this means that SRTR will not include patient follow-up starting from March 12, 2020, the day prior to the emergency declaration, i.e., waitlist survival, transplant rate, and outcomes will not be assessed after that date.

This report contains a wide range of useful information about the liver transplant program at Banner-University Medical Center Phoenix (AZGS). 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



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

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

## **User Guide**

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 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 320.1 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 this table and figures is to describe risk of death once candidates are listed rather than while they are listed, but before they are transplanted. 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.

Survival from listing is presented in Table B6 and Figures B7-B9. These data are presented in the same way as the waiting list mortality rate data in the previous section. The intent of this table and figures is to describe risk of death once candidates are listed rather than while they are listed, including after a transplant. As with transplant rates, mortality rates should be interpreted carefully taking into consideration the interval displayed in Figure B8. 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 B7 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 B8 and B9 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 B8 and B9 presents the percent of candidates who received a deceased donor transplant by each time point. Table B10 presents data on the time it took for different percentages of patients to be transplanted for candidates added to the list between 07/01/2014 and 12/31/2019. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this program was 0.1 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 06/30/2020 to calculate a particular percentile of transplant times.



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

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

## **User Guide**

Table B11 contains a summary of the offer acceptance practices of the program. The offer acceptance ratio indicates whether the program is more or less likely to accept offers than the average program. If the offer acceptance ratio is greater than 1.0, then the program tends to accept more offers than average; if the offer acceptance ratio is less than 1.0, then the program tends to accept fewer offers than average. Figure B10 shows the distribution of program offer acceptance rates as well as the offer acceptance rate for this program. Figures B11 - B15 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.

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.



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## **Table of Contents**

Section	Page
User Guide	i
A. Program Summary	
Program Summary	1
B. Waiting List Information	
Waiting list activity	2
Demographic characteristics of waiting list candidates	3
Medical characteristics of waiting list candidates	4
Transplant rates	5
Deceased donor transplant rates	6
Waiting list mortality rates	7
Patient survival from listing	8
Waiting list candidate status after listing	9
Medical urgency status 1 candidate status after listing	10
Percent of candidates with deceased donor transplants: demographic characterist	tics 11
Percent of candidates with deceased donor transplants: medical characteristics	12
Time to transplant for waiting list candidates	13
Offer acceptance practices	14
C. Transplant Information	
Deceased donor transplant recipient demographic characteristics	16
Living donor transplant recipient demographic characteristics	17
Deceased donor transplant recipient medical characteristics	18
Living donor transplant recipient medical characteristics	19
Deceased donor characteristics	20
Living donor characteristics	21
Deceased donor transplant characteristics	22
Living donor transplant characteristics	23
Graft survival	24
Patient survival	42
Multi-organ transplant graft survival	60
Multi-organ transplant patient survival	60
D. Living Donor Information	
Living donor follow-up summary	61



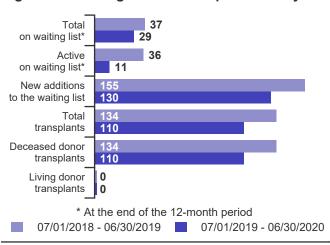
Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## A. Program Summary

Figure A1. Waiting list and transplant activity



**Table A1. Census of transplant recipients** 

Recipients	07/01/2018- 06/30/2019	07/01/2019- 06/30/2020
Transplanted at this center	134	110
Followed by this center*	528	600
transplanted at this program	n 495	564
transplanted elsewhere	33	36

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

Figure A2. Transplant rates 07/01/2018 - 03/12/2020

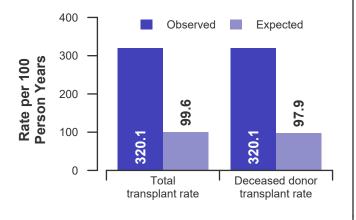


Figure A3. Waiting list mortality rates 07/01/2018 - 03/12/2020

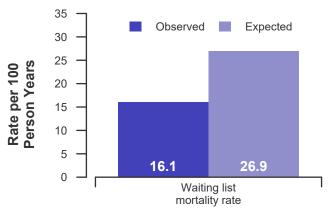


Figure A4. First-year adult graft and patient survival: 07/01/2017 - 12/31/2019

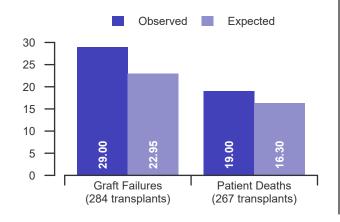


Figure A5. First-year pediatric graft and patient survival: 07/01/2017 - 12/31/2019

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019



Center Code: AZGS

Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

Table B1. Waiting list activity summary: 07/01/2018 - 06/30/2020

		its for center	Activity for 07/01/2019 to 06/30/2020 as percent of registrants on waiting lis on 07/01/2019			
Waiting List Registrations	07/01/2018- 06/30/2019	07/01/2019- 06/30/2020	This Center (%)	OPTN Region (%)	U.S. (%)	
On waiting list at start Additions	44	37	100.0	100.0	100.0	
New listings at this center	155	130	351.4	82.9	98.3	
Removals						
Transferred to another center	1	0	0.0	1.4	1.2	
Received living donor transplant*	0	0	0.0	2.4	3.8	
Received deceased donor transplant*	134	110	297.3	50.1	62.4	
Died	4	5	13.5	6.5	8.6	
Transplanted at another center	0	0	0.0	1.7	2.6	
Deteriorated	12	8	21.6	7.4	9.0	
Recovered	7	9	24.3	6.7	7.6	
Other reasons	4	6	16.2	8.4	8.7	
On waiting list at end of period	37	29	78.4	98.2	94.5	

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



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

Table B2. Demographic characteristics of waiting list candidates
Candidates registered on the waiting list between 07/01/2019 and 06/30/2020

Demographic Characteristic		ting List Regi 019 to 06/30/2		All Waiting List Registrations on 06/30/2020 (%)			
Demographic Characteristic	This Center (N=130)	OPTN Region (N=2,246)	U.S. (N=13,049)	This Center (N=29)	OPTN Region (N=2,660)	U.S. (N=12,538)	
AII (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Ethnicity/Race (%)*							
White	50.8	49.0	69.0	37.9	47.4	67.4	
African-American	1.5	2.6	7.4	0.0	2.9	7.1	
Hispanic/Latino	33.8	36.6	17.7	44.8	36.5	18.5	
Asian	1.5	9.0	4.2	0.0	11.0	5.5	
Other	12.3	2.8	1.7	17.2	2.2	1.6	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Age (%)							
<2 years	0.0	2.6	2.3	0.0	1.1	1.1	
2-11 years	0.0	2.2	1.6	0.0	1.8	1.2	
12-17 years	0.0	8.0	1.0	0.0	1.1	1.0	
18-34 years	3.8	6.8	6.3	0.0	6.3	6.2	
35-49 years	23.1	17.3	18.4	10.3	18.6	18.9	
50-64 years	50.0	46.3	47.7	75.9	53.0	51.9	
65-69 years	21.5	17.2	17.2	13.8	14.0	15.8	
70+ years	1.5	6.9	5.5	0.0	4.1	3.9	
Gender (%)							
Male	59.2	59.8	61.9	51.7	58.5	60.1	
Female	40.8	40.2	38.1	48.3	41.5	39.9	

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



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

Table B3. Medical characteristics of waiting list candidates
Candidates registered on the waiting list between 07/01/2019 and 06/30/2020

Medical Characteristic	07/01/2	iting List Regi 019 to 06/30/2	2020 (%)	All Waiting List Registrations on 06/30/2020 (%)			
medical characteristic	This Center OPTN Region U.S.		U.S. (N=13,049)	This Center (N=29)	OPTN Region (N=2,660)	U.S. (N=12,538)	
All (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Blood Type (%)							
0	57.7	53.0	47.2	82.8	53.8	49.3	
A	33.1	32.5	37.4	13.8	32.9	38.7	
В	6.9	11.5	11.6	3.4	10.8	10.0	
AB	2.3	3.0	3.9	0.0	2.5	2.0	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Previous Transplant (%)							
Yes	6.2	4.9	4.7	6.9	3.2	3.3	
No	93.8	95.1	95.3	93.1	96.8	96.7	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Primary Disease (%)							
Acute Hepatic Necrosis	7.7	6.0	4.4	0.0	2.5	1.7	
Non-Cholestatic Cirrhosis	66.2	65.2	66.7	75.9	71.7	70.2	
Cholestatic Liver Disease/Cirrhosis	3.8	7.3	7.1	3.4	7.0	7.8	
Biliary Atresia	0.0	2.6	2.0	0.0	2.2	1.7	
Metabolic Diseases	2.3	1.6	2.0	0.0	1.3	1.5	
Malignant Neoplasms	20.0	10.8	12.1	20.7	8.5	11.1	
Other	0.0	6.4	5.6	0.0	6.8	5.9	
Missing	0.0	0.0	0.1	0.0	0.0	0.1	
Medical Urgency Status/MELD/PEL	D at Listing	(%)*					
Status 1A	5.4	3.1	2.7	0.0	0.4	0.2	
Status 1B	0.0	0.3	0.4	0.0	0.0	0.0	
Status 2A	0.0	0.0	0.0	0.0	0.0	0.0	
Status 2B	0.0	0.0	0.0	0.0	0.1	0.0	
Status 3	0.0	0.0	0.0	0.0	0.8	0.4	
MELD 6-10	13.8	19.0	18.0	31.0	29.0	30.0	
MELD 11-14	19.2	14.2	13.3	17.2	22.0	23.4	
MELD 15-20	22.3	19.3	21.0	31.0	24.2	25.7	
MELD 21-30	19.2	19.2	22.9	13.8	11.4	12.4	
MELD 31-40	10.0	12.2	11.3	3.4	0.9	0.9	
PELD less than or equal to 10	0.0	2.5	1.7	0.0	2.3	1.7	
PELD 11-14	0.0	0.3	0.3	0.0	0.2	0.2	
PELD 15-20	0.0	0.5	0.4	0.0	0.1	0.1	
PELD 21-30	0.0	0.3	0.4	0.0	0.1	0.1	
PELD 31 or greater	0.0	0.2	0.2	0.0	0.0	0.0	
Temporarily Inactive	2.3	5.3	4.2	3.4	8.6	4.7	

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



Center Code: AZGS

Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

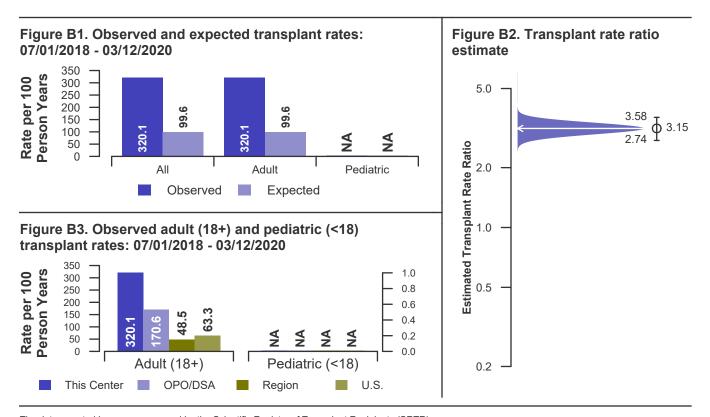
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Table B4. Transplant rates: 07/01/2018 - 03/12/2020

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	44	187	2,839	14,027
Person Years**	66.8	328.8	4,669.0	22,845.9
Removals for Transplant	214	543	2,337	14,856
Adult (18+) Candidates				
Count on waiting list at start*	44	183	2,721	13,509
Person Years**	66.8	312.4	4,476.9	22,013.7
Removals for transpant	214	533	2,170	13,925
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Removals for transplant				

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

<sup>\*\*</sup> Person years are calculated as days (converted to fractional years). The number of days from July 1 or from the date of first wait listing until death, transplant, removal from the waiting list or March 12, 2020.





Center Code: AZGS

Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

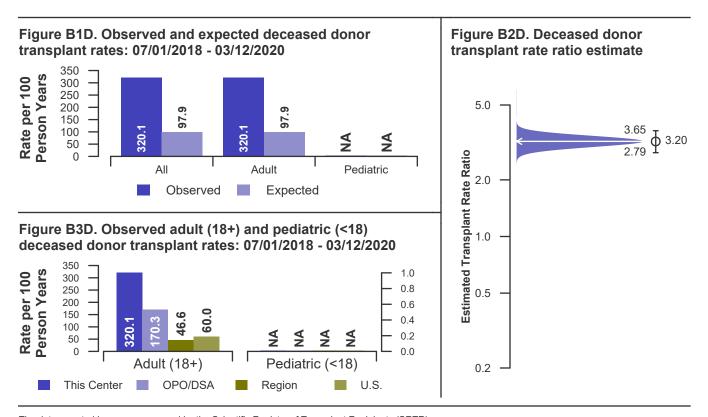
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Table B4D. Deceased donor transplant rates: 07/01/2018 - 03/12/2020

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	44	187	2,839	14,027
Person Years**	66.8	328.8	4,669.0	22,845.9
Removals for Transplant	214	542	2,232	13,996
Adult (18+) Candidates				
Count on waiting list at start*	44	183	2,721	13,509
Person Years**	66.8	312.4	4,476.9	22,013.7
Removals for transpant	214	532	2,086	13,201
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Removals for transplant				

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

<sup>\*\*</sup> Person years are calculated as days (converted to fractional years). The number of days from July 1 or from the date of first wait listing until death, transplant, removal from the waiting list or March 12, 2020.





Center Code: AZGS

Transplant Program (Organ): Liver Release Date: January 5, 2021

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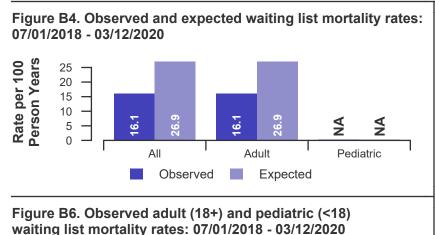
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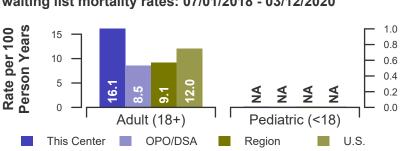
Table B5. Waiting list mortality rates: 07/01/2018 - 03/12/2020

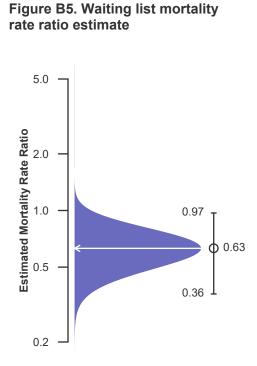
Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	44	187	2,839	14,027
Person Years**	87.0	384.3	5,260.1	25,949.2
Number of deaths	14	33	474	3,058
Adult (18+) Candidates				
Count on waiting list at start*	44	183	2,721	13,509
Person Years**	87.0	364.4	5,052.5	25,049.9
Number of deaths	14	31	461	3,010
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Number of deaths				

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

<sup>\*\*</sup> Person years are calculated as days (converted to fractional years). The number of days from July 1 or from the date of first wait listing until death, transplant, 60 days after recovery, transfer or March 12, 2020.









Center Code: AZGS

Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

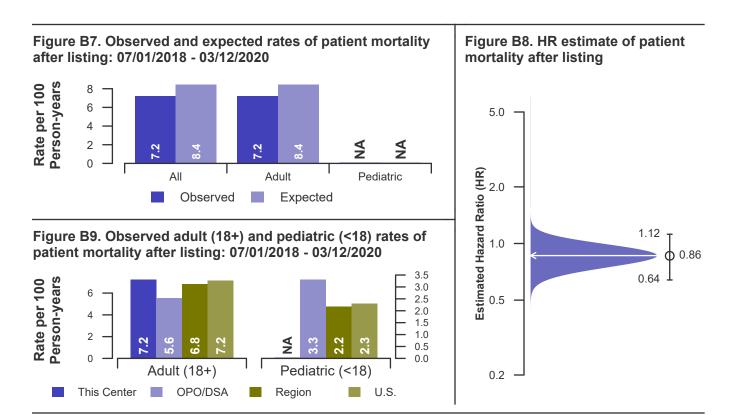
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Table B6. Rates of patient mortality after listing: 07/01/2018 - 03/12/2020

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Patients				
Count at risk during the evaluation period	577	1,696	11,145	69,123
Person-years*	665.2	1,982.4	13,244.9	82,977.1
Number of Deaths	48	108	852	5,682
Adult (18+) Patients				
Count at risk during the evaluation period	577	1,614	10,307	64,909
Person-years*	665.2	1,891.4	12,187.5	77,654.5
Number of Deaths	48	105	829	5,560
Pediatric (<18) Patients				
Count at risk during the evaluation period	0	82	838	4,214
Person-years*	0.0	91.0	1,057.5	5,322.6
Number of Deaths	0	3	23	122

<sup>\*</sup> Person-years are calculated as days (converted to fractional years). The number of days from 07/01/2018, or from the date of first wait listing until death, reaching 5 years after listing or March 12, 2020.

<sup>\*\*</sup> Patient mortality after listing describes the relative survival experience of patients after listing. It depends on many factors, some of which are outside of the control of the transplant program. For example, availability of organs may not be the same in every part of the country.





Center Code: AZGS

Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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Table B7. Waiting list candidate status after listing Candidates registered on waiting list between 01/01/2018 and 12/31/2018

Waiting list status (survival status)	This Center (N=140) Months Since Listing 6 12 18			U.S. (N=13,152) Months Since Listing 6 12 18		
Alive on waiting list (%)	13.6	6.4	4.3	47.3	26.8	17.8
Died on the waiting list without transplant (%)	2.1	2.1	3.6	4.6	6.0	6.8
Removed without transplant (%):						
Condition worsened (status unknown)	6.4	6.4	6.4	4.3	6.4	7.4
Condition improved (status unknown)	2.9	3.6	3.6	1.3	2.1	2.8
Refused transplant (status unknown)	0.0	0.0	0.0	0.2	0.3	0.5
Other	0.0	0.7	0.7	1.8	3.2	4.3
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	0.0	0.0	0.0	2.0	2.7	1.8
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	0.1	0.1	0.1
Status Yet Unknown**	0.0	0.0	0.0	0.0	0.1	1.2
Transplant (deceased donor) (%):						
Functioning (alive)	72.1	65.0	46.4	34.5	43.1	30.8
Failed-Retransplanted (alive)	0.7	0.7	0.7	0.3	0.4	0.5
Failed-alive not retransplanted	0.0	0.0	0.0	0.1	0.0	0.0
Died	2.1	5.7	7.9	1.8	2.9	3.8
Status Yet Unknown*	0.0	9.3	26.4	1.7	5.3	21.4
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.2	0.4	0.6
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	4.3	7.9	11.4	6.4	9.0	10.7
Total % known died or removed as unstable	10.7	14.3	17.9	10.8	15.4	18.1
Total % removed for transplant	75.0	80.7	81.4	40.4	54.7	59.7
Total % with known functioning transplant (alive)	72.1	65.0	46.4	36.5	45.8	32.6

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



Center Code: AZGS

Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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Table B7S1. Medical urgency status 1 candidate status after listing Candidates registered on the waiting list between 01/01/2018 and 12/31/2018

Waiting list status (survival status)		Center (Note 1) Section 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	,	U.S. (N=472) Months Since listing 6 12 18		
Alive on waiting list (%)	0.0	0.0	0.0	3.2	1.3	0.8
Died on the waiting list without transplant (%)	33.3	33.3	33.3	9.1	9.1	9.1
Removed without transplant (%):						
Condition worsened (status unknown)	0.0	0.0	0.0	6.1	6.1	6.1
Condition improved (status unknown)	33.3	33.3	33.3	17.2	18.4	18.9
Refused transplant (status unknown)	0.0	0.0	0.0	0.2	0.2	0.2
Other	0.0	0.0	0.0	1.3	1.3	1.3
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	0.0	0.0	0.0	1.1	1.1	0.4
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	0.2	0.2	0.2
Status Yet Unknown**	0.0	0.0	0.0	0.0	0.0	0.6
Transplant (deceased donor) (%):						
Functioning (alive)	33.3	33.3	33.3	55.3	48.7	29.7
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.4	0.4	0.6
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.0	0.0	0.0	4.0	4.7	5.9
Status Yet Unknown*	0.0	0.0	0.0	1.5	8.1	25.6
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.4	0.4	0.4
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	33.3	33.3	33.3	13.3	14.0	15.3
Total % known died or removed as unstable	33.3	33.3	33.3	19.5	20.1	21.4
Total % removed for transplant	33.3	33.3	33.3	62.5	63.1	63.1
Total % with known functioning transplant (alive)	33.3	33.3	33.3	56.4	49.8	30.1

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



Center Code: AZGS

Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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## **B. Waiting List Information**

Table B8. Percent of candidates with deceased donor transplants: demographic characteristics Candidates registered on the waiting list between 07/01/2014 and 06/30/2017

				ransplar	nted at t	ime per			_	
Characteristic		TI	his Cen	ter			Un	ited Sta	ites	
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	280	22.5	54.3	64.3	65.0	36,925	18.9	47.5	55.3	57.1
Ethnicity/Race*										
White	158	22.2	54.4	64.6	65.8	25,389	18.9	48.6	55.9	57.6
African-American	14	21.4	35.7	50.0	50.0	3,463	22.1	51.7	59.3	61.1
Hispanic/Latino	73	23.3	57.5	68.5	68.5	5,784	17.6	42.4	50.9	53.1
Asian	10	20.0	50.0	60.0	60.0	1,727	17.0	41.3	53.1	55.2
Other	25	24.0	56.0	60.0	60.0	562	18.3	46.1	53.7	55.0
Unknown	0					0				
Age										
<2 years	0					884	24.7	69.5	74.1	75.6
2-11 years	0					730	25.6	69.3	74.5	75.9
12-17 years	0					452	22.1	54.2	63.9	65.5
18-34 years	16	43.8	56.2	62.5	62.5	2,116	27.0	49.2	55.4	57.7
35-49 years	53	37.7	67.9	69.8	71.7	5,848	26.2	49.9	55.3	57.2
50-64 years	161	18.6	52.8	64.6	65.2	20,187	16.9	46.0	54.5	56.4
65-69 years	47	10.6	42.6	57.4	57.4	5,506	14.2	44.1	52.7	54.2
70+ years	3	33.3	66.7	66.7	66.7	1,202	13.5	43.3	50.7	51.1
Gender										
Male	173	20.8	57.8	70.5	71.7	23,339	18.6	48.7	56.9	58.7
Female	107	25.2	48.6	54.2	54.2	13,586	19.5	45.5	52.4	54.2

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



Center Code: AZGS

Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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## **B.** Waiting List Information

Table B9. Percent of candidates with deceased donor transplants: medical characteristics Candidates registered on the waiting list between 07/01/2014 and 06/30/2017

Characteristic	Percent transplanted at time periods since listing This Center United States									
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	280	22.5	54.3	64.3	65.0	36,925	18.9	47.5	55.3	 57.1
Blood Type										
0	156	22.4	49.4	62.8	62.8	17,209	18.6	45.6	53.4	55.3
Α	84	20.2	54.8	59.5	60.7	13,525	17.5	45.9	54.1	55.7
В	31	22.6	67.7	77.4	80.6	4,744	20.5	53.3	60.5	62.4
AB	9	44.4	88.9	88.9	88.9	1,447	30.2	67.2	71.0	72.6
Previous Transplant										
Yes	15	46.7	53.3	60.0	60.0	2,011	27.9	50.7	56.0	57.5
No	265	21.1	54.3	64.5	65.3	34,914	18.4	47.3	55.2	57.0
Primary Disease										
Acute Hepatic Necrosis	11	63.6	63.6	63.6	63.6	1,511	47.5	55.9	58.7	59.5
Non-Cholestatic Cirrhosis	140	27.9	52.1	60.0	60.7	24,781	19.1	45.7	52.5	54.2
Cholestatic Liver	11	18.2	54.5	54.5	54.5	2,649	16.8	47.5	55.9	58.9
Disease/Cirrhosis								47.5		
Biliary Atresia	1	0.0	100.0	100.0	100.0	730	16.0	64.0	72.1	73.4
Metabolic Diseases	0					907	21.9	62.2	68.4	69.9
Malignant Neoplasms	108	8.3	54.6	70.4	71.3	4,438	8.4	48.5	62.9	64.7
Other	9	66.7	66.7	66.7	66.7	1,896	21.0	49.2	57.4	59.7
Missing	0					13	7.7	7.7	15.4	15.4
Medical Urgency Status/MELD/		at Listin	g*							
Status 1	0					0				
Status 1A	15	73.3	73.3	73.3	73.3	1,147	60.1	61.0	61.0	61.0
Status 1B	0					158	44.3	82.9	82.9	82.9
Status 2A	0					0				
Status 2B	0					0				
Status 3	0					0				
MELD 6-10	57	0.0	49.1	70.2	71.9	7,357	3.0	36.3	50.4	52.8
MELD 11-14	36	0.0	41.7	58.3	58.3	5,750	2.7	31.0	41.8	44.7
MELD 15-20	39	2.6	41.0	51.3	53.8	8,067	7.5	40.6	49.9	52.6
MELD 21-30	61	11.5	47.5	57.4	57.4	7,501	25.5	58.2	61.5	62.6
MELD 31-40	48	54.2	72.9	72.9	72.9	3,483	65.6	74.7	75.0	75.1
PELD less than or equal to 10	0					709	10.9	66.3	74.0	76.3
PELD 11-14	0					106	13.2	71.7	79.2	81.1
PELD 15-20	0					161	13.0	73.3	78.9	80.1
PELD 21-30	0					159	28.9	75.5	78.0	78.6
PELD 31 or greater	0					58	63.8	79.3	79.3	79.3
Temporarily Inactive	24	75.0	75.0	75.0	75.0	2,269	36.7	52.4	57.3	57.9

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



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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## **B.** Waiting List Information

Table B10. Time to transplant for waiting list candidates\*

Candidates registered on the waiting list between 07/01/2014 and 12/31/2019

	Months to Transplant**				
Percentile	Center	OPO/DSA	Region	U.S.	
5th	0.1	0.1	0.1	0.1	
10th	0.1	0.2	0.3	0.3	
25th	0.4	0.6	1.9	1.6	
50th (median time to transplant)	3.0	3.5	15.5	9.6	
75th	20.4	20.4	Not Observed	Not Observed	

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

<sup>\*\*</sup> Censored on 06/30/2020. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had received a transplant.



Center Code: AZGS

Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

Table B11. Offer Acceptance Practices: 07/01/2019 - 03/12/2020

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
Overall				
Number of Offers	320	2,192	31,989	140,406
Number of Acceptances	76	220	843	5,249
Expected Acceptances	20.5	84.8	790.9	5,242.6
Offer Acceptance Ratio*	3.47	2.56	1.07	1.00
95% Credible Interval**	[2.74, 4.28]			
PHS increased infectious risk				
Number of Offers	64	408	6,057	28,139
Number of Acceptances	22	54	194	1,471
Expected Acceptances	6.2	21.1	172.2	1,468.1
Offer Acceptance Ratio*	2.94	2.42	1.13	1.00
95% Credible Interval**	[1.88, 4.23]			
DCD donor				
Number of Offers	134	850	10,802	41,806
Number of Acceptances	28	76	113	496
Expected Acceptances	2.3	10.7	85.2	505.0
Offer Acceptance Ratio*	6.90	6.14	1.32	0.98
95% Credible Interval**	[4.66, 9.58]			
HCV+ donor				
Number of Offers	22	56	778	5,479
Number of Acceptances	6	8	20	307
Expected Acceptances	1.4	1.8	13.7	308.1
Offer Acceptance Ratio*	2.37	2.63	1.40	1.00
95% Credible Interval**	[1.02, 4.27]			
Hard-to-Place Livers (Over 50 Offers)				
Number of Offers	180	1,533	20,250	82,339
Number of Acceptances	43	115	166	496
Expected Acceptances	1.5	10.3	127.4	501.0
Offer Acceptance Ratio*	12.93	9.51	1.30	0.99
95% Credible Interval**	[9.43, 16.97]			
Donor more than 500 miles away				
Number of Offers	89	794	9,027	47,778
Number of Acceptances	20	60	133	524
Expected Acceptances	2.5	8.8	93.6	494.0
Offer Acceptance Ratio*	4.87	5.74	1.41	1.06
95% Credible Interval**	[3.05, 7.11]			

<sup>\*</sup> The offer acceptance ratio estimates the relative offer acceptance practice of Banner-University Medical Center Phoenix (AZGS) compared to the national offer acceptance practice. A ratio above one indicates the program is more likely to accept an offer compared to national offer acceptance practices (e.g., an offer acceptance ratio of 1.25 indicates a 25% more likely to accept an offer), while a ratio below one indicates the program is less likely to accept an offer compared to national offer acceptance practices (e.g., an offer acceptance ratio of 0.75 indicates a 25% less likely to accept an offer).

<sup>\*\*</sup> As an example, the 95% Credible Interval for the overall offer acceptance ratio, [2.74, 4.28], indicates the location of AZGS's true offer acceptance ratio with 95% probability. The best estimate is 247% more likely to accept an offer compared to national acceptance behavior, but AZGS's performance could plausibly range from 174% higher acceptance up to 328% higher acceptance.



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

Figure B10. Offer acceptance: Overall

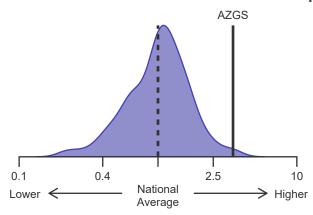


Figure B11. Offer acceptance: PHS increased infectious risk

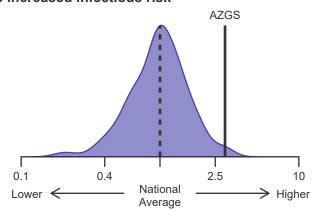
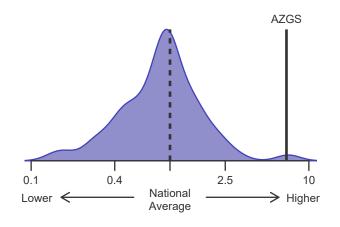


Figure B12. Offer acceptance: DCD Donor

Figure B13. Offer acceptance: HCV+ Donor



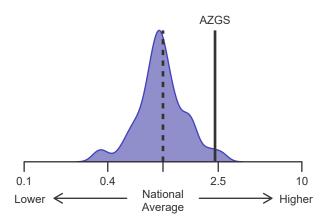
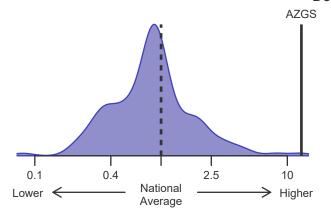
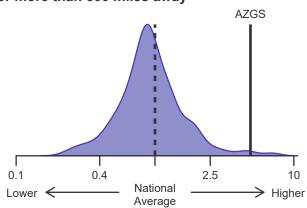


Figure B14. Offer acceptance: Offer number > 50 Figure B15. Offer acceptance: Donor more than 500 miles away







Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## **C. Transplant Information**

# Table C1D. Deceased donor transplant recipient demographic characteristics Patients transplanted between 07/01/2019 and 06/30/2020

	Perce	Percentage in each category				
Characteristic	Center (N=110)	Region (N=1,357)	U.S. (N=8,285)			
Ethnicity/Race (%)*						
White	53.6	49.7	69.2			
African-American	1.8	3.5	8.1			
Hispanic/Latino	32.7	34.6	16.8			
Asian	0.9	8.9	4.2			
Other	10.9	3.3	1.7			
Unknown	0.0	0.0	0.0			
Age (%)						
<2 years	0.0	1.8	2.1			
2-11 years	0.0	1.9	1.9			
12-17	0.0	0.9	1.1			
18-34	2.7	6.1	6.2			
35-49 years	22.7	17.5	18.8			
50-64 years	49.1	46.0	47.3			
65-69 years	21.8	18.4	16.7			
70+ years	3.6	7.3	5.9			
Gender (%)						
Male	61.8	60.8	63.4			
Female	38.2	39.2	36.6			

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



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## **C. Transplant Information**

Table C1L. Living donor transplant recipient demographic characteristics Patients transplanted between 07/01/2019 and 06/30/2020

This center did not perform any transplants relevant to this table during 07/01/2019-06/30/2020



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## **C. Transplant Information**

Table C2D. Deceased donor transplant recipient medical characteristics Patients transplanted between 07/01/2019 and 06/30/2020

	Percentage in each category			
Characteristic	Center (N=110)	Region (N=1,357)	U.S. (N=8,285)	
Blood Type (%)				
0	55.5	47.6	45.3	
A	34.5	34.5	36.8	
В	7.3	13.5	13.0	
AB	2.7	4.4	4.9	
Previous Transplant (%)				
Yes	7.3	5.5	4.6	
No	92.7	94.5	95.4	
Body Mass Index (%)				
0-20	7.3	13.3	10.9	
21-25	20.9	31.3	26.7	
26-30	42.7	29.1	29.8	
31-35	16.4	16.5	18.8	
36-40	10.9	6.6	8.2	
41+	1.8	2.4	4.2	
Unknown	0.0	0.7	1.5	
Primary Disease (%)				
Acute Hepatic Necrosis	6.4	4.9	4.3	
Non-Cholestatic Cirrhosis	65.5	61.8	65.2	
Cholestatic Liver Disease/Cirrhosis	3.6	7.1	7.2	
Biliary Atresia	0.0	2.5	2.1	
Metabolic Diseases	2.7	2.3	2.9	
Malignant Neoplasms	21.8	18.1	14.7	
Other	0.0	3.4	3.6	
Missing	0.0	0.0	0.0	
Medical Urgency Statust/MELD/PELD at Transplant (%)*				
Status 1A	4.5	3.3	2.9	
Status 1B	0.0	1.6	1.4	
MELD 6-10	11.8	14.4	11.8	
MELD 11-14	16.4	8.0	7.0	
MELD 15-20	30.9	15.8	16.8	
MELD 21-30	19.1	20.8	30.1	
MELD 31-40	12.7	25.2	21.2	
PELD less than or equal to 10	0.0	0.8	1.1	
PELD 11-14	0.0	0.3	0.3	
PELD 15-20	0.0	0.4	0.3	
PELD 21-30	0.0	0.4	0.5	
PELD 31 or greater	0.0	0.1	0.2	
Temporarily Inactive	0.0	0.0	0.0	
Recipient Medical Condition at Transplant (%)	77.0	00.0	04.4	
Not Hospitalized	77.3	60.3	64.1	
Hospitalized	17.3	19.2	21.1	
ICU	5.5	20.5	14.5	
Unknown	0.0	0.1	0.3	

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



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C2L. Living donor transplant recipient medical characteristics Patients transplanted between 07/01/2019 and 06/30/2020

This center did not perform any transplants relevant to this table during 07/01/2019-06/30/2020



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## **C. Transplant Information**

## Table C3D. Deceased donor characteristics Transplants performed between 07/01/2019 and 06/30/2020

	Percentage in each category				
Donor Characteristic	Center (N=110)	Region (N=1,357)	U.S. (N=8,285)		
Cause of Death (%)					
Deceased: Stroke	22.7	30.0	26.3		
Deceased: MVA	10.9	14.0	12.4		
Deceased: Other	66.4	56.0	61.2		
Ethnicity/Race (%)*					
White	54.5	50.4	62.9		
African-American	10.0	10.5	17.8		
Hispanic/Latino	30.0	30.1	15.4		
Asian	2.7	6.5	2.8		
Other	2.7	2.6	1.1		
Not Reported	0.0	0.0	0.0		
Age (%)					
<2 years	0.0	0.9	1.1		
2-11 years	0.9	2.1	2.4		
12-17	2.7	4.4	4.1		
18-34	31.8	33.4	33.7		
35-49 years	30.0	24.2	27.3		
50-64 years	30.0	27.7	24.5		
65-69 years	1.8	3.6	3.6		
70+ years	2.7	3.7	3.3		
Gender (%)					
Male	64.5	61.5	61.1		
Female	35.5	38.5	38.9		
Blood Type (%)					
0	62.7	50.8	48.3		
A	29.1	35.2	37.6		
В	7.3	11.6	11.3		
AB	0.9	2.4	2.8		
Unknown	0.0	0.0	0.0		

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



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## **C. Transplant Information**

Table C3L. Living donor characteristics
Transplants performed between 07/01/2019 and 06/30/2020

This center did not perform any transplants relevant to this table during 07/01/2019-06/30/2020



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## **C. Transplant Information**

## Table C4D. Deceased donor transplant characteristics Transplants performed between 07/01/2019 and 06/30/2020

	Percentage in each category			
Transplant Characteristic	Center (N=110)	Region (N=1,357)	U.S. (N=8,285)	
Cold Ischemic Time (Hours): Local (%)				
Deceased: 0-5 hr	84.4	41.8	65.1	
Deceased: 6-10 hr	15.6	54.8	32.2	
Deceased: 11-15 hr	0.0	3.0	1.4	
Deceased: 16-20 hr	0.0	0.2	0.1	
Deceased: 21+ hr	0.0	0.0	0.0	
Not Reported	0.0	0.3	1.2	
Cold Ischemic Time (Hours): Shared (%)				
Deceased: 0-5 hr	64.1	25.2	43.3	
Deceased: 6-10 hr	35.9	69.5	52.4	
Deceased: 11-15 hr	0.0	5.1	2.5	
Deceased: 16-20 hr	0.0	0.0	0.2	
Deceased: 21+ hr	0.0	0.0	0.1	
Not Reported	0.0	0.3	1.6	
Procedure Type (%)				
Liver alone	93.6	89.8	89.5	
Liver and another organ	6.4	10.2	10.5	
Sharing (%)				
Local	29.1	45.0	52.6	
Shared	70.9	55.0	47.4	
Median Time in Hospital After Transplant*	6.5 Days	10.0 Days	10.0 Days	

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



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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 07/01/2019 and 06/30/2020

This center did not perform any transplants relevant to this table during 07/01/2019-06/30/2020



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C5. Adult (18+) 1-month survival with a functioning graft Single organ transplants performed between 07/01/2017 and 12/31/2019 Deaths and retransplants are considered graft failures

AZGS	U.S.
284	17,824
96.48%	96.72%
96.54%	
10	584
9.86	
1.01	
[0.52, 1.66]	
	284 96.48% 96.54% 10 9.86 1.01

<sup>\*</sup> The hazard ratio provides an estimate of how Banner-University Medical Center Phoenix (AZGS)'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 AZGS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

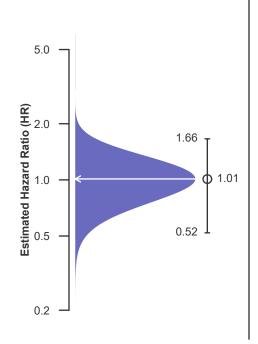
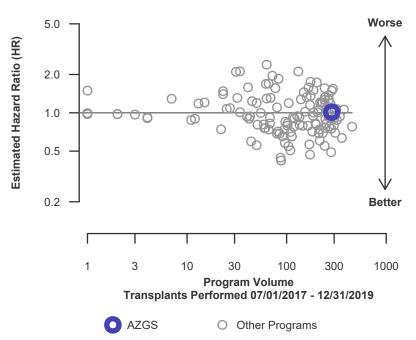


Figure C2. Adult (18+) 1-month graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.52, 1.66], indicates the location of AZGS's true hazard ratio with 95% probability. The best estimate is 1% higher risk of graft failure compared to an average program, but AZGS's performance could plausibly range from 48% reduced risk up to 66% increased risk.



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2017 and 12/31/2019 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZGS	U.S.
Number of transplants evaluated	284	16,894
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	96.48%	96.70%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	96.54%	
Number of observed graft failures (including deaths) during the first month after transplant	10	558
Number of expected graft failures (including deaths) during the first month after transplant	9.86	
Estimated hazard ratio*	1.01	
95% credible interval for the hazard ratio**	[0.52, 1.66]	

<sup>\*</sup> The hazard ratio provides an estimate of how Banner-University Medical Center Phoenix (AZGS)'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 AZGS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

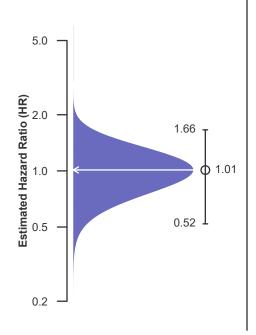
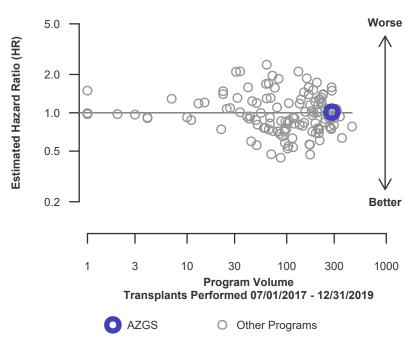


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.52, 1.66], indicates the location of AZGS's true hazard ratio with 95% probability. The best estimate is 1% higher risk of graft failure compared to an average program, but AZGS's performance could plausibly range from 48% reduced risk up to 66% increased risk.



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C5L. Adult (18+) 1-month survival with a functioning living donor graft Single organ transplants performed between 07/01/2017 and 12/31/2019 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2017-12/31/2019

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

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## **C. Transplant Information**

Table C6. Adult (18+) 1-year survival with a functioning graft Single organ transplants performed between 07/01/2017 and 12/31/2019 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZGS	U.S.
Number of transplants evaluated	284	17,824
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	88.60%	92.04%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	91.31%	
Number of observed graft failures (including deaths) during the first year after transplant	29	1,318
Number of expected graft failures (including deaths) during the first year after transplant	22.95	
Estimated hazard ratio*	1.24	
95% credible interval for the hazard ratio**	[0.84, 1.72]	

<sup>\*</sup> The hazard ratio provides an estimate of how Banner-University Medical Center Phoenix (AZGS)'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 AZGS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

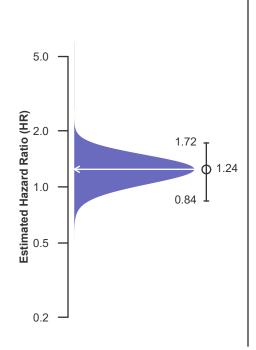
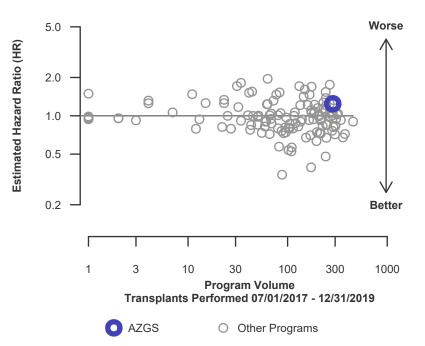


Figure C4. Adult (18+) 1-year graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.84, 1.72], indicates the location of AZGS's true hazard ratio with 95% probability. The best estimate is 24% higher risk of graft failure compared to an average program, but AZGS's performance could plausibly range from 16% reduced risk up to 72% increased risk.



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

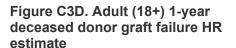
## C. Transplant Information

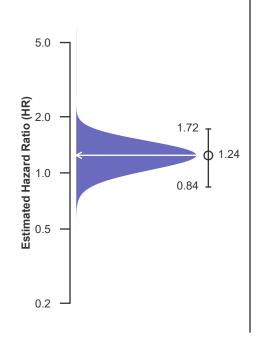
Table C6D. Adult (18+) 1-year survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2017 and 12/31/2019 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZGS	U.S.
Number of transplants evaluated	284	16,894
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	88.60%	91.98%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	91.31%	
Number of observed graft failures (including deaths) during the first year after transplant	29	1,259
Number of expected graft failures (including deaths) during the first year after transplant	22.95	
Estimated hazard ratio*	1.24	
95% credible interval for the hazard ratio**	[0.84, 1.72]	

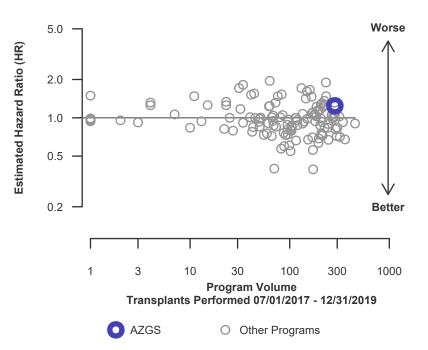
<sup>\*</sup> The hazard ratio provides an estimate of how Banner-University Medical Center Phoenix (AZGS)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio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

<sup>\*\*</sup> The 95% credible interval, [0.84, 1.72], indicates the location of AZGS's true hazard ratio with 95% probability. The best estimate is 24% higher risk of graft failure compared to an average program, but AZGS's performance could plausibly range from 16% reduced risk up to 72% increased risk.





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





Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C6L. Adult (18+) 1-year survival with a functioning living donor graft Single organ transplants performed between 07/01/2017 and 12/31/2019 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2017-12/31/2019

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

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

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019

# SR REGISTRY OF TRANSPLANT RECIPIENTS

#### **Banner-University Medical Center Phoenix**

Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C7. Adult (18+) 3-year survival with a functioning graft Single organ transplants performed between 01/01/2015 and 06/30/2017 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZGS	U.S.
Number of transplants evaluated	154	15,680
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	81.82%	84.98%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	84.36%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	28	2,348
Number of expected graft failures (including deaths) during the first 3 years after transplant	23.49	
Estimated hazard ratio*	1.18	
95% credible interval for the hazard ratio**	[0.79, 1.63]	

<sup>\*</sup> The hazard ratio provides an estimate of how Banner-University Medical Center Phoenix (AZGS)'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 AZGS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

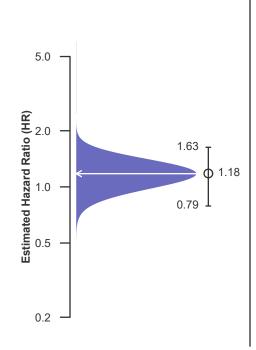
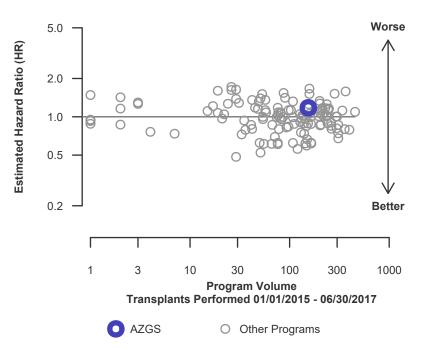


Figure C6. Adult (18+) 3-year graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.79, 1.63], indicates the location of AZGS's true hazard ratio with 95% probability. The best estimate is 18% higher risk of graft failure compared to an average program, but AZGS's performance could plausibly range from 21% reduced risk up to 63% increased risk.

# SR REGISTRY OF TRANSPLANT RECIPIENTS

#### **Banner-University Medical Center Phoenix**

Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

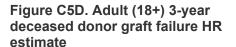
## C. Transplant Information

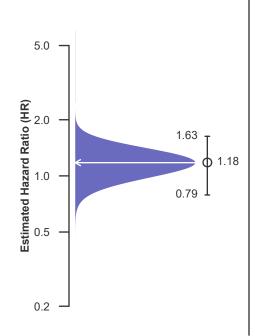
Table C7D. Adult (18+) 3-year survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2015 and 06/30/2017 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	AZGS	U.S.
Number of transplants evaluated	154	14,976
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	81.82%	84.95%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	84.36%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	28	2,247
Number of expected graft failures (including deaths) during the first 3 years after transplant	23.49	
Estimated hazard ratio*	1.18	
95% credible interval for the hazard ratio**	[0.79, 1.63]	

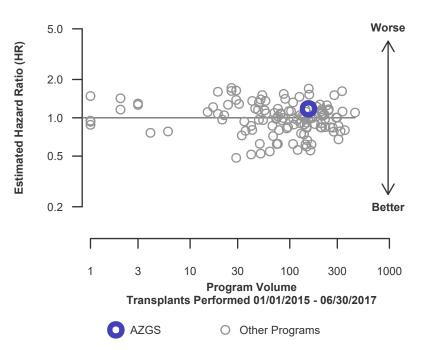
<sup>\*</sup> The hazard ratio provides an estimate of how Banner-University Medical Center Phoenix (AZGS)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio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

<sup>\*\*</sup> The 95% credible interval, [0.79, 1.63], indicates the location of AZGS's true hazard ratio with 95% probability. The best estimate is 18% higher risk of graft failure compared to an average program, but AZGS's performance could plausibly range from 21% reduced risk up to 63% increased risk.





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





Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C7L. Adult (18+) 3-year survival with a functioning living donor graft Single organ transplants performed between 01/01/2015 and 06/30/2017 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

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

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C8. Pediatric (<18) 1-month survival with a functioning graft Single organ transplants performed between 07/01/2017 and 12/31/2019 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2017-12/31/2019

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

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

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C8D. Pediatric (<18) 1-month survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2017 and 12/31/2019 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2017-12/31/2019

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

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

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C8L. Pediatric (<18) 1-month survival with a functioning living donor graft Single organ transplants performed between 07/01/2017 and 12/31/2019 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2017-12/31/2019

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

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

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C9. Pediatric (<18) 1-year survival with a functioning graft Single organ transplants performed between 07/01/2017 and 12/31/2019 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2017-12/31/2019

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

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

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C9D. Pediatric (<18) 1-year survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2017 and 12/31/2019 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2017-12/31/2019

Figure C9D. Pediatric (<18) 1-year deceased donor graft failure HR estimate Figure C10D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C9L. Pediatric (<18) 1-year survival with a functioning living donor graft Single organ transplants performed between 07/01/2017 and 12/31/2019 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2017-12/31/2019

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

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

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C10. Pediatric (<18) 3-year survival with a functioning graft Single organ transplants performed between 01/01/2015 and 06/30/2017 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

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

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C10D. Pediatric (<18) 3-year survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2015 and 06/30/2017 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

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

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C10L. Pediatric (<18) 3-year survival with a functioning living donor graft Single organ transplants performed between 01/01/2015 and 06/30/2017 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

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

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

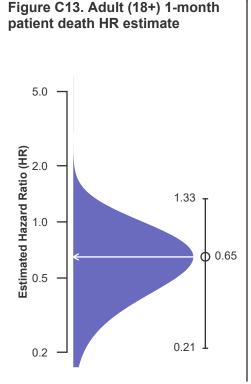
## **C. Transplant Information**

Table C11. Adult (18+) 1-month patient survival Single organ transplants performed between 07/01/2017 and 12/31/2019 Retransplants excluded

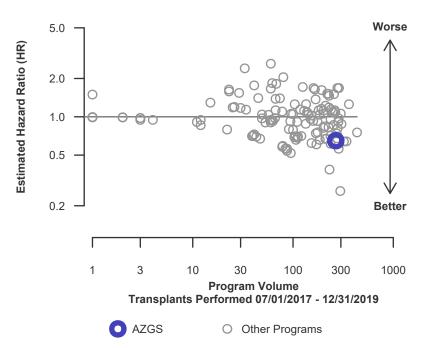
Retransplants excluded	AZGS	U.S.
Number of transplants evaluated	267	17,173
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	98.88%	97.94%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	97.88%	
Number of observed deaths during the first month after transplant	3	353
Number of expected deaths during the first month after transplant	5.71	
Estimated hazard ratio*	0.65	
95% credible interval for the hazard ratio**	[0.21, 1.33]	

<sup>\*</sup> The hazard ratio provides an estimate of how Banner-University Medical Center Phoenix (AZGS)'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 AZGS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.21, 1.33], indicates the location of AZGS's true hazard ratio with 95% probability. The best estimate is 35% lower risk of patient death compared to an average program, but AZGS's performance could plausibly range from 79% reduced risk up to 33% increased risk.









Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

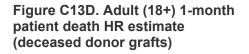
## C. Transplant Information

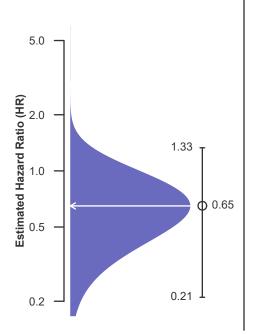
Table C11D. Adult (18+) 1-month patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2017 and 12/31/2019

Retransplants excluded	AZGS	U.S.
Number of transplants evaluated	267	16,254
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	98.88%	97.87%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	97.88%	
Number of observed deaths during the first month after transplant	3	347
Number of expected deaths during the first month after transplant	5.71	
Estimated hazard ratio*	0.65	
95% credible interval for the hazard ratio**	[0.21, 1.33]	

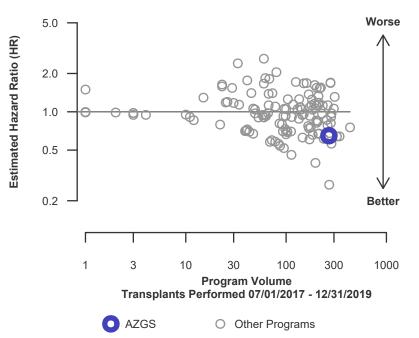
<sup>\*</sup> The hazard ratio provides an estimate of how Banner-University Medical Center Phoenix (AZGS)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio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

<sup>\*\*</sup> The 95% credible interval, [0.21, 1.33], indicates the location of AZGS's true hazard ratio with 95% probability. The best estimate is 35% lower risk of patient death compared to an average program, but AZGS's performance could plausibly range from 79% reduced risk up to 33% increased risk.





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





Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C11L. Adult (18+) 1-month patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2017 and 12/31/2019 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2017-12/31/2019

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

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

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

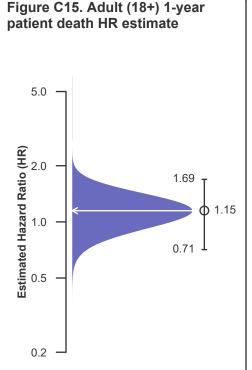
## C. Transplant Information

Table C12. Adult (18+) 1-year patient survival
Single organ transplants performed between 07/01/2017 and 12/31/2019
Retransplants excluded

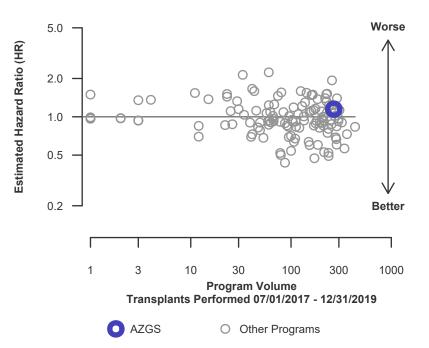
Retransplants excluded	AZGS	U.S.
Number of transplants evaluated	267	17,173
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	91.78%	93.83%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	93.52%	
Number of observed deaths during the first year after transplant	19	971
Number of expected deaths during the first year after transplant	16.30	
Estimated hazard ratio*	1.15	
95% credible interval for the hazard ratio**	[0.71, 1.69]	

<sup>\*</sup> The hazard ratio provides an estimate of how Banner-University Medical Center Phoenix (AZGS)'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 AZGS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.71, 1.69], indicates the location of AZGS's true hazard ratio with 95% probability. The best estimate is 15% higher risk of patient death compared to an average program, but AZGS's performance could plausibly range from 29% reduced risk up to 69% increased risk.









Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

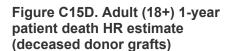
## C. Transplant Information

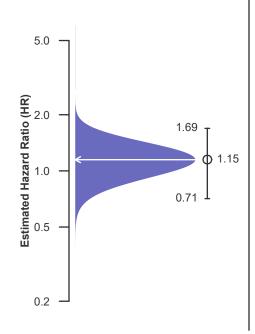
Table C12D. Adult (18+) 1-year patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2017 and 12/31/2019

Retransplants excluded	AZGS	U.S.
Number of transplants evaluated	267	16,254
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	91.78%	93.69%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	93.52%	
Number of observed deaths during the first year after transplant	19	941
Number of expected deaths during the first year after transplant	16.30	
Estimated hazard ratio*	1.15	
95% credible interval for the hazard ratio**	[0.71, 1.69]	

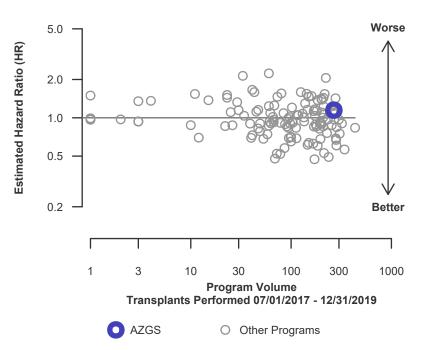
<sup>\*</sup> The hazard ratio provides an estimate of how Banner-University Medical Center Phoenix (AZGS)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio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

<sup>\*\*</sup> The 95% credible interval, [0.71, 1.69], indicates the location of AZGS's true hazard ratio with 95% probability. The best estimate is 15% higher risk of patient death compared to an average program, but AZGS's performance could plausibly range from 29% reduced risk up to 69% increased risk.





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





Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C12L. Adult (18+) 1-year patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2017 and 12/31/2019 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2017-12/31/2019

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

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

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

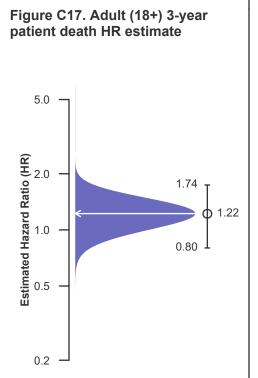
## C. Transplant Information

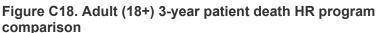
Table C13. Adult (18+) 3-year patient survival Single organ transplants performed between 01/01/2015 and 06/30/2017 Retransplants excluded

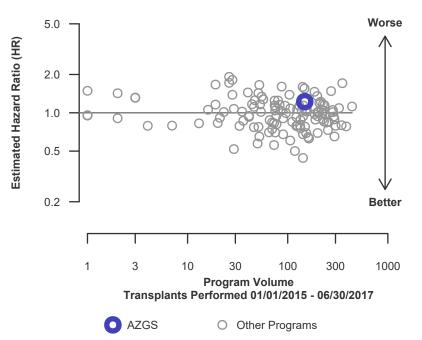
Retransplants excluded	AZGS	U.S.
Number of transplants evaluated	148	15,057
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	83.78%	87.40%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	86.68%	
Number of observed deaths during the first 3 years after transplant	24	1,891
Number of expected deaths during the first 3 years after transplant	19.26	
Estimated hazard ratio*	1.22	
95% credible interval for the hazard ratio**	[0.80, 1.74]	

<sup>\*</sup> The hazard ratio provides an estimate of how Banner-University Medical Center Phoenix (AZGS)'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 AZGS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.80, 1.74], indicates the location of AZGS's true hazard ratio with 95% probability. The best estimate is 22% higher risk of patient death compared to an average program, but AZGS's performance could plausibly range from 20% reduced risk up to 74% increased risk.









Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

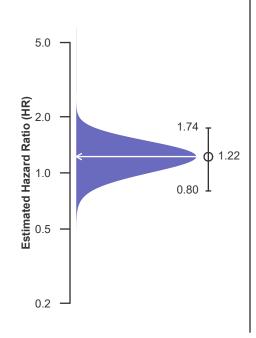
## C. Transplant Information

Table C13D. Adult (18+) 3-year patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2015 and 06/30/2017 Retransplants excluded

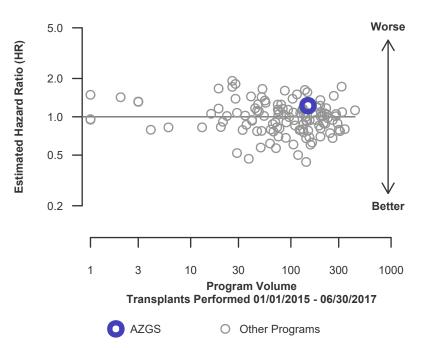
Retransplants excluded	AZGS	U.S.
Number of transplants evaluated	148	14,358
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	83.78%	87.25%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	86.68%	
Number of observed deaths during the first 3 years after transplant	24	1,825
Number of expected deaths during the first 3 years after transplant	19.26	
Estimated hazard ratio*	1.22	
95% credible interval for the hazard ratio**	[0.80, 1.74]	

<sup>\*</sup> The hazard ratio provides an estimate of how Banner-University Medical Center Phoenix (AZGS)'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 AZGS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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



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



<sup>\*\*</sup> The 95% credible interval, [0.80, 1.74], indicates the location of AZGS's true hazard ratio with 95% probability. The best estimate is 22% higher risk of patient death compared to an average program, but AZGS's performance could plausibly range from 20% reduced risk up to 74% increased risk.



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C13L. Adult (18+) 3-year patient survival (living donor graft recipients) Single organ transplants performed between 01/01/2015 and 06/30/2017 Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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)

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## **C. Transplant Information**

Table C14. Pediatric (<18) 1-month patient survival
Single organ transplants performed between 07/01/2017 and 12/31/2019
Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2017-12/31/2019

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

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

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C14D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2017 and 12/31/2019 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2017-12/31/2019

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

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

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C14L. Pediatric (<18) 1-month patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2017 and 12/31/2019 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2017-12/31/2019

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

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C15. Pediatric (<18) 1-year patient survival
Single organ transplants performed between 07/01/2017 and 12/31/2019
Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2017-12/31/2019

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

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

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C15D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2017 and 12/31/2019 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2017-12/31/2019

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

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

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C15L. Pediatric (<18) 1-year patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2017 and 12/31/2019 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2017-12/31/2019

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

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

This center did not perform any transplants relevant to this figure during 07/01/2017-12/31/2019



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C16. Pediatric (<18) 3-year patient survival
Single organ transplants performed between 01/01/2015 and 06/30/2017
Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

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

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C16D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2015 and 06/30/2017 Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

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

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C16L. Pediatric (<18) 3-year patient survival (living donor graft recipients) Single organ transplants performed between 01/01/2015 and 06/30/2017 Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

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

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



Center Code: AZGS Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## C. Transplant Information

Table C17. Multi-organ transplant graft survival: 07/01/2017 - 12/31/2019

Adult (18+) Transplants First-Year Outcomes

Transplant Type	Transpla Perform		Liver ft Failures	Estimated Liver Graft Survival	
	AZGS-TX1	USA AZGS-	TX1 USA	AZGS-TX1	USA
Kidney-Liver	15	1,692 2	161	86.7%	89.9%

#### Pediatric (<18) Transplants

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

Table C18. Multi-organ transplant patient survival: 07/01/2017 - 12/31/2019

Adult (18+) Transplants First-Year Outcomes

Transplant Type		Transplants Performed		Patient Deaths		Estimated Patient Survival	
	AZGS-TX1	USA	AZGS-TX1	USA	AZGS-TX1	USA	
Kidney-Liver	15	1,692	2	147	86.7%	90.8%	

#### Pediatric (<18) Transplants

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



Center Code: AZGS

Transplant Program (Organ): Liver Release Date: January 5, 2021

Based on Data Available: October 31, 2020

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

## **D. Living Donor Information**

Table D1. Living donor summary: 07/01/2017 - 06/30/2020

	This Center		United States			
Living Donor Follow-Up	07/2017- 06/2018	07/2018- 06/2019	07/2019- 12/2019	07/2017- 06/2018	07/2018- 06/2019	07/2019- 12/2019
Number of Living Donors						
<b>6-Month Follow-Up</b> Donors due for follow-up						
Timely clinical data	 %	 %	 %	 %	 %	 %
Timely lab data	 %	 %	 %	 %	 %	 %
<b>12-Month Follow-Up</b> Donors due for follow-up						
Timely clinical data	 %	 %		 %	 %	
Timely lab data	 %	 %		 %	 %	
<b>24-Month Follow-Up</b> Donors due for follow-up						
Timely clinical data	 %			 %		
Timely lab data	 %			 %		

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