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 intestine transplant program at Georgetown University Medical Center (DCGU). 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

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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 deceased donor transplant rate at this program was 155.0 per 100 person-years. Transplant rates are also provided for adult and pediatric patients separately along with comparisons to adult and pediatric rates in the DSA, the OPTN region, and the nation. Please refer to the PSR Technical Methods documentation available at http://www.srtr.org for more detail regarding how expected rates are calculated.

The death rate (also known as the mortality rate) for candidates on the waiting list is presented in Table B5 and Figures B4-B6. These data are presented in the same way as the transplant rate data in the previous section. The intent of 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 0.4 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.

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

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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.

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

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A. Program Summary

Figure A1. Waiting list and transplant activity

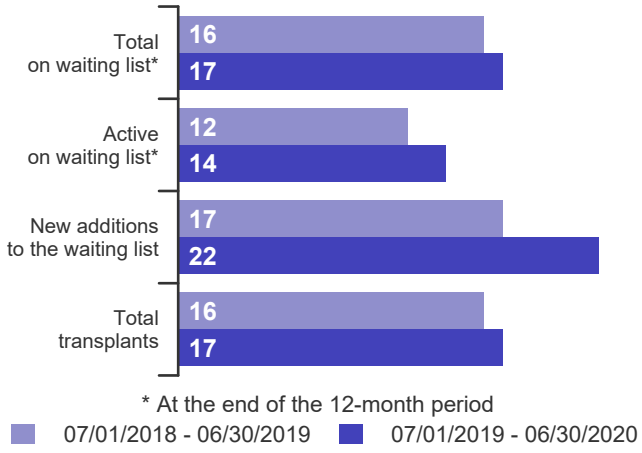


Table A1. Census of transplant recipients

Recipients	07/01/2018-06/30/2019	07/01/2019-06/30/2020
Transplanted at this center	16	17
Followed by this center*	142	141
...transplanted at this program	134	139
...transplanted elsewhere	8	2

* 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

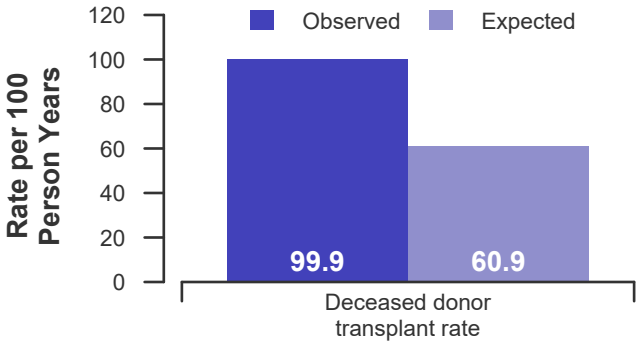


Figure A3. Waiting list mortality rates 07/01/2018 - 03/12/2020

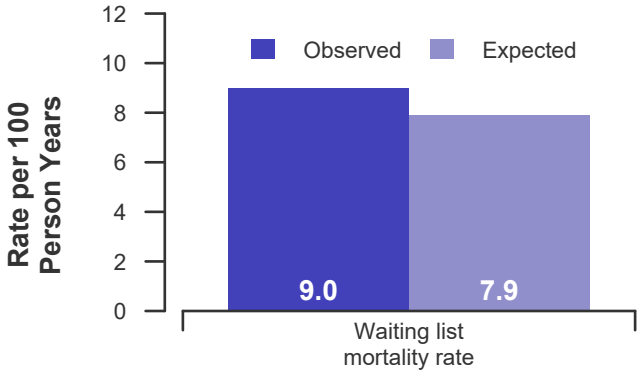


Figure A4. First-year adult graft and patient survival: 07/01/2017 - 12/31/2019

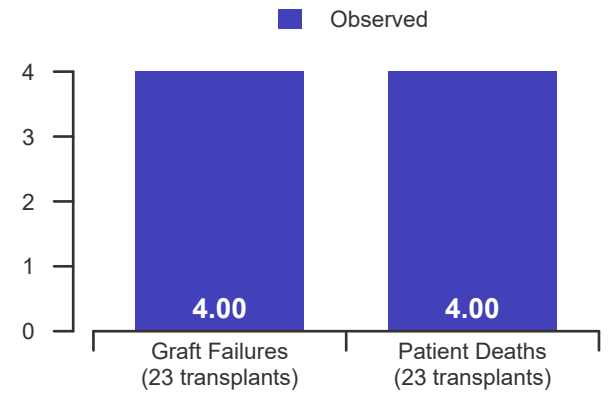
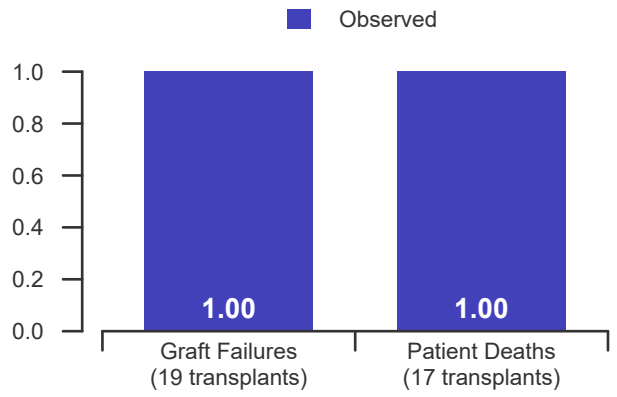


Figure A5. First-year pediatric graft and patient survival: 07/01/2017 - 12/31/2019



B. Waiting List Information

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

Waiting List Registrations	Counts for this center		Activity for 07/01/2019 to 06/30/2020 as percent of registrants on waiting list on 07/01/2019		
	07/01/2018-06/30/2019	07/01/2019-06/30/2020	This Center (%)	OPTN Region (%)	U.S. (%)
On waiting list at start	25	16	100.0	100.0	100.0
Additions					
New listings at this center	17	22	137.5	30.6	57.4
Removals					
Transferred to another center	0	0	0.0	0.0	0.0
Received living donor transplant*	0	0	0.0	0.0	0.0
Received deceased donor transplant*	16	17	106.2	23.4	36.1
Died	2	1	6.2	0.9	5.2
Transplanted at another center	0	0	0.0	0.0	0.0
Deteriorated	0	0	0.0	0.9	1.7
Recovered	7	1	6.2	1.8	2.2
Other reasons	1	2	12.5	4.5	2.6
On waiting list at end of period	16	17	106.2	99.1	109.6

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

B. Waiting List Information

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

Demographic Characteristic	New Waiting List Registrations 07/01/2019 to 06/30/2020 (%)			All Waiting List Registrations on 06/30/2020 (%)		
	This Center (N=22)	OPTN Region (N=34)	U.S. (N=132)	This Center (N=17)	OPTN Region (N=110)	U.S. (N=252)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	72.7	70.6	66.7	58.8	56.4	58.7
African-American	27.3	23.5	15.2	35.3	25.5	19.0
Hispanic/Latino	0.0	5.9	14.4	5.9	15.5	16.7
Asian	0.0	0.0	3.0	0.0	0.9	3.6
Other	0.0	0.0	0.8	0.0	1.8	2.0
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Age (%)						
<2 years	13.6	11.8	8.3	11.8	48.2	28.6
2-11 years	22.7	23.5	22.7	29.4	31.8	30.6
12-17 years	0.0	5.9	3.0	0.0	4.5	5.2
18-34 years	13.6	20.6	22.0	11.8	7.3	14.3
35-49 years	45.5	29.4	25.0	47.1	7.3	13.5
50-64 years	4.5	8.8	18.2	0.0	0.9	7.5
65-69 years	0.0	0.0	0.8	0.0	0.0	0.4
70+ years	0.0	0.0	0.0	0.0	0.0	0.0
Gender (%)						
Male	63.6	67.6	54.5	76.5	62.7	54.8
Female	36.4	32.4	45.5	23.5	37.3	45.2

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

B. Waiting List Information

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

Medical Characteristic	New Waiting List Registrations 07/01/2019 to 06/30/2020 (%)			All Waiting List Registrations on 06/30/2020 (%)		
	This Center (N=22)	OPTN Region (N=34)	U.S. (N=132)	This Center (N=17)	OPTN Region (N=110)	U.S. (N=252)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Blood Type (%)						
O	54.5	44.1	51.5	58.8	50.0	50.8
A	40.9	47.1	33.3	29.4	34.5	33.7
B	0.0	5.9	12.1	5.9	10.0	11.9
AB	4.5	2.9	3.0	5.9	5.5	3.6
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Previous Transplant (%)						
Yes	4.5	17.6	21.2	11.8	8.2	13.9
No	95.5	82.4	78.8	88.2	91.8	86.1
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Primary Disease (%)*						
Short Gut Syndrome	54.5	55.9	59.1	47.1	53.6	56.7
Functional Bowel Problem	13.6	17.6	9.1	17.6	26.4	19.8
Other	31.8	23.5	30.3	35.3	19.1	23.0
Missing*	0.0	2.9	1.5	0.0	0.9	0.4

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

B. Waiting List Information

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*	25	25	123	247
Person Years**	30.0	30.0	191.3	404.2
Removals for Transplant	30	30	41	151
Adult (18+) Candidates				
Count on waiting list at start*	15	15	22	84
Person Years**	15.6	15.6	26.7	132.1
Removals for transpant	17	17	22	92
Pediatric (<18) Candidates				
Count on waiting list at start*	10	10	101	163
Person Years**	14.4	14.4	164.7	272.2
Removals for transplant	13	13	19	59

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

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

Figure B1D. Observed and expected deceased donor transplant rates: 07/01/2018 - 03/12/2020

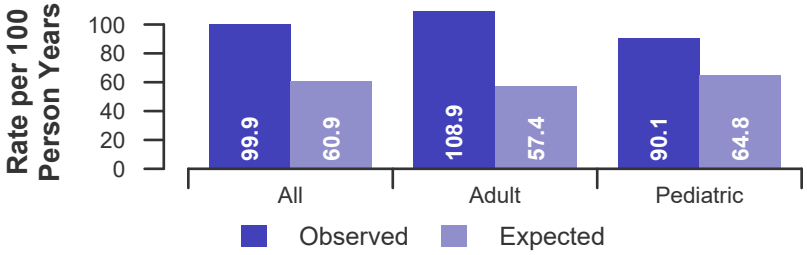


Figure B2D. Deceased donor transplant rate ratio estimate

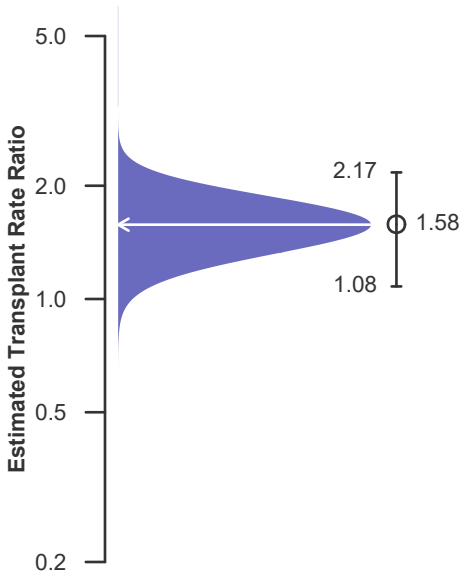
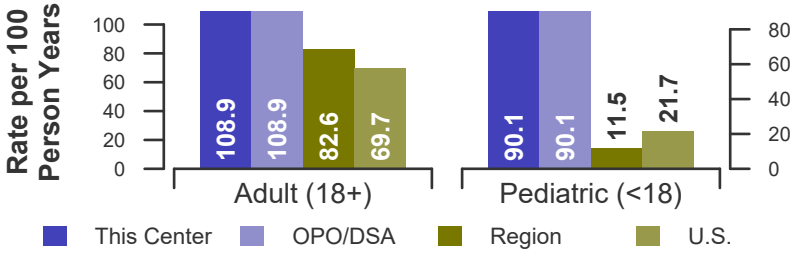


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 07/01/2018 - 03/12/2020



B. Waiting List Information

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*	25	25	123	247
Person Years**	33.5	33.5	199.2	427.2
Number of deaths	3	3	7	26
Adult (18+) Candidates				
Count on waiting list at start*	15	15	22	84
Person Years**	17.7	17.7	30.6	145.4
Number of deaths	3	3	3	18
Pediatric (<18) Candidates				
Count on waiting list at start*	10	10	101	163
Person Years**	15.7	15.7	168.6	281.8
Number of deaths	0	0	4	8

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

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

Figure B4. Observed and expected waiting list mortality rates: 07/01/2018 - 03/12/2020

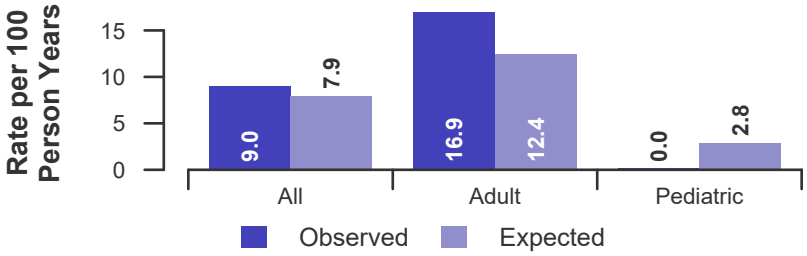


Figure B5. Waiting list mortality rate ratio estimate

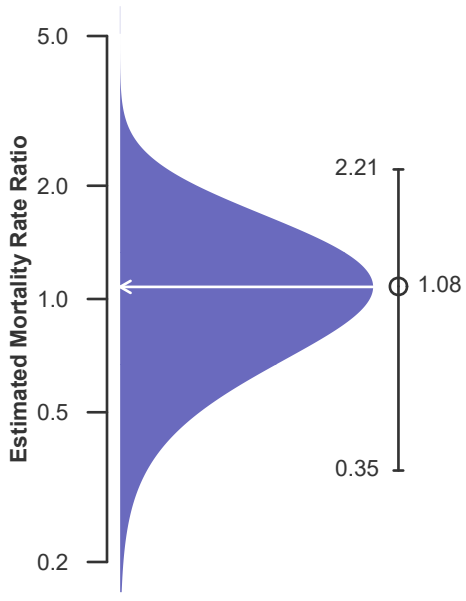
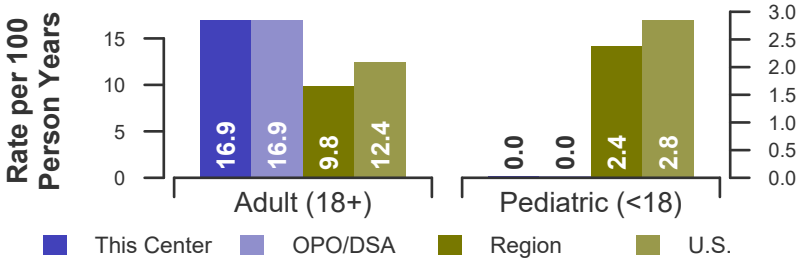


Figure B6. Observed adult (18+) and pediatric (<18) waiting list mortality rates: 07/01/2018 - 03/12/2020



B. Waiting List Information

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	130	130	233	827
Person-years*	155.4	155.4	291.0	1,010.4
Number of Deaths	11	11	16	88
Adult (18+) Patients				
Count at risk during the evaluation period	67	67	87	456
Person-years*	77.2	77.2	104.7	545.4
Number of Deaths	8	8	9	65
Pediatric (<18) Patients				
Count at risk during the evaluation period	63	63	146	371
Person-years*	78.2	78.2	186.3	465.0
Number of Deaths	3	3	7	23

* 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.

** 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.

Figure B7. Observed and expected rates of patient mortality after listing: 07/01/2018 - 03/12/2020

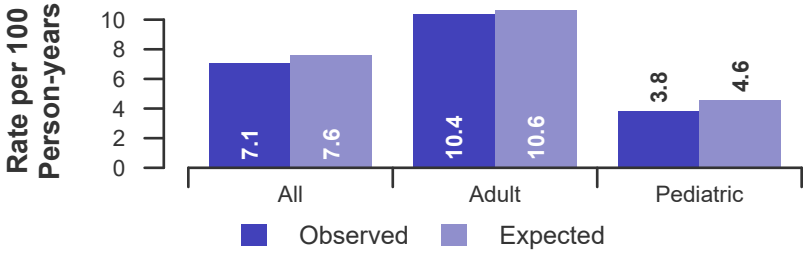


Figure B8. HR estimate of patient mortality after listing

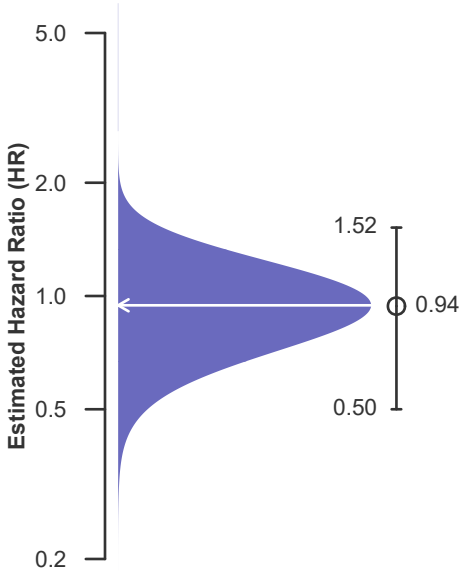
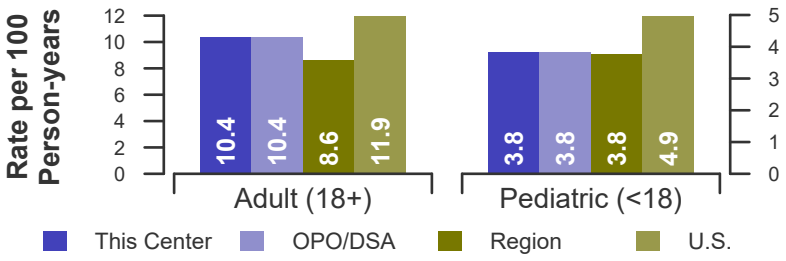


Figure B9. Observed adult (18+) and pediatric (<18) rates of patient mortality after listing: 07/01/2018 - 03/12/2020



B. Waiting List Information

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=20) Months Since Listing			U.S. (N=139) Months Since Listing		
	6	12	18	6	12	18
Alive on waiting list (%)	25.0	10.0	0.0	50.4	30.2	25.2
Died on the waiting list without transplant (%)	0.0	0.0	0.0	2.2	2.2	3.6
Removed without transplant (%):						
Condition worsened (status unknown)	0.0	0.0	0.0	0.7	0.7	1.4
Condition improved (status unknown)	0.0	5.0	10.0	1.4	2.9	3.6
Refused transplant (status unknown)	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	2.2	2.9	2.9
Transplant (living or deceased donor) (%):						
Functioning (alive)	65.0	70.0	45.0	36.0	46.0	30.2
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	10.0	15.0	20.0	5.8	12.9	18.0
Status Yet Unknown*	0.0	0.0	25.0	1.4	2.2	15.1
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	10.0	15.0	20.0	7.9	15.1	21.6
Total % known died or removed as unstable	10.0	15.0	20.0	8.6	15.8	23.0
Total % removed for transplant	75.0	85.0	90.0	43.2	61.2	63.3
Total % with known functioning transplant (alive)	65.0	70.0	45.0	36.0	46.0	30.2

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

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

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	76	11.8	53.9	59.2	63.2	583	15.8	56.3	63.1	65.0
Ethnicity/Race*										
White	44	13.6	54.5	61.4	65.9	369	18.4	58.8	66.9	68.3
African-American	28	10.7	53.6	53.6	57.1	100	9.0	53.0	57.0	59.0
Hispanic/Latino	4	0.0	50.0	75.0	75.0	90	11.1	52.2	57.8	61.1
Asian	0	--	--	--	--	17	23.5	47.1	47.1	47.1
Other	0	--	--	--	--	7	14.3	42.9	57.1	71.4
Unknown	0	--	--	--	--	0	--	--	--	--
Age										
<2 years	20	10.0	55.0	60.0	60.0	104	10.6	42.3	48.1	51.0
2-11 years	17	11.8	58.8	64.7	64.7	130	10.8	53.1	60.0	60.0
12-17 years	3	0.0	66.7	66.7	66.7	30	3.3	40.0	53.3	60.0
18-34 years	10	30.0	50.0	50.0	60.0	107	22.4	66.4	72.0	73.8
35-49 years	7	0.0	42.9	42.9	57.1	101	20.8	66.3	72.3	75.2
50-64 years	18	11.1	55.6	66.7	72.2	104	19.2	58.7	67.3	68.3
65-69 years	1	0.0	0.0	0.0	0.0	7	14.3	57.1	57.1	57.1
70+ years	0	--	--	--	--	0	--	--	--	--
Gender										
Male	49	16.3	59.2	63.3	63.3	311	13.5	56.6	64.3	65.6
Female	27	3.7	44.4	51.9	63.0	272	18.4	55.9	61.8	64.3

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

B. Waiting List Information

Table 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	76	11.8	53.9	59.2	63.2	583	15.8	56.3	63.1	65.0
Blood Type										
O	36	16.7	52.8	58.3	61.1	286	16.4	55.2	64.3	66.4
A	23	8.7	56.5	65.2	69.6	196	14.8	57.1	62.8	63.8
B	11	0.0	54.5	54.5	63.6	76	13.2	56.6	59.2	61.8
AB	6	16.7	50.0	50.0	50.0	25	24.0	60.0	64.0	68.0
Previous Transplant										
Yes	7	14.3	28.6	42.9	57.1	85	17.6	63.5	72.9	76.5
No	69	11.6	56.5	60.9	63.8	498	15.5	55.0	61.4	63.1
Primary Disease*										
Short Gut Syndrome	58	12.1	53.4	56.9	60.3	355	15.2	60.3	67.6	69.0
Functional Bowel Problem	7	0.0	42.9	71.4	71.4	65	6.2	35.4	47.7	50.8
Other	11	18.2	63.6	63.6	72.7	162	21.0	55.6	59.3	61.7
Missing*	0	--	--	--	--	1	0.0	100.0	100.0	100.0

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

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	0.4	0.4	0.5	0.3
10th	0.5	0.5	1.1	0.5
25th	1.9	1.9	3.5	1.8
50th (median time to transplant)	4.7	4.7	25.2	7.4
75th	Not Observed	Not Observed	Not Observed	Not Observed

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

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

C. Transplant Information

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

Characteristic	Percentage in each category		
	Center (N=17)	Region (N=26)	U.S. (N=83)
Ethnicity/Race (%)*			
White	64.7	73.1	61.4
African-American	35.3	26.9	24.1
Hispanic/Latino	0.0	0.0	10.8
Asian	0.0	0.0	3.6
Other	0.0	0.0	0.0
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	17.6	11.5	7.2
2-11 years	23.5	26.9	24.1
12-17	0.0	0.0	4.8
18-34	17.6	26.9	26.5
35-49 years	35.3	26.9	20.5
50-64 years	5.9	7.7	13.3
65-69 years	0.0	0.0	3.6
70+ years	0.0	0.0	0.0
Gender (%)			
Male	47.1	42.3	54.2
Female	52.9	57.7	45.8

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

C. Transplant Information

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

Characteristic	Percentage in each category		
	Center (N=17)	Region (N=26)	U.S. (N=83)
Blood Type (%)			
O	47.1	42.3	54.2
A	41.2	38.5	27.7
B	11.8	19.2	16.9
AB	0.0	0.0	1.2
Previous Transplant (%)			
Yes	5.9	11.5	16.9
No	94.1	88.5	83.1
Body Mass Index (%)			
0-20	64.7	57.7	59.0
21-25	23.5	30.8	26.5
26-30	0.0	0.0	6.0
31-35	5.9	3.8	2.4
36-40	5.9	3.8	3.6
41+	0.0	3.8	2.4
Unknown	0.0	0.0	0.0
Primary Disease (%)*			
Short Gut Syndrome	76.5	61.5	61.4
Functional Bowel Problem	17.6	26.9	16.9
Other	5.9	11.5	20.5
Missing*	0.0	0.0	1.2
Recipient Medical Condition at Transplant (%)			
Not Hospitalized	94.1	96.2	84.3
Hospitalized	5.9	3.8	10.8
ICU	0.0	0.0	4.8
Unknown	0.0	0.0	0.0

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

C. Transplant Information

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

Donor Characteristic	Percentage in each category		
	Center (N=17)	Region (N=26)	U.S. (N=83)
Cause of Death (%)			
Deceased: Stroke	23.5	23.1	8.4
Deceased: MVA	17.6	19.2	14.5
Deceased: Other	58.8	57.7	77.1
Ethnicity/Race (%)*			
White	47.1	46.2	62.7
African-American	11.8	26.9	15.7
Hispanic/Latino	29.4	19.2	18.1
Asian	5.9	3.8	2.4
Other	5.9	3.8	1.2
Not Reported	0.0	0.0	0.0
Age (%)			
<2 years	29.4	19.2	19.3
2-11 years	23.5	26.9	26.5
12-17	17.6	19.2	15.7
18-34	17.6	23.1	31.3
35-49 years	11.8	11.5	7.2
50-64 years	0.0	0.0	0.0
65-69 years	0.0	0.0	0.0
70+ years	0.0	0.0	0.0
Gender (%)			
Male	70.6	73.1	65.1
Female	29.4	26.9	34.9
Blood Type (%)			
O	82.4	69.2	67.5
A	17.6	23.1	21.7
B	0.0	7.7	10.8
AB	0.0	0.0	0.0
Unknown	0.0	0.0	0.0

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

C. Transplant Information

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

Transplant Characteristic	Percentage in each category		
	Center (N=17)	Region (N=26)	U.S. (N=83)
Total Ischemic Time (Hours): Local (%)			
Deceased: 0-5 hr	--	--	66.7
Deceased: 6-10 hr	--	--	33.3
Deceased: 11-15 hr	--	--	0.0
Deceased: 16-20 hr	--	--	0.0
Deceased: 21+ hr	--	--	0.0
Not Reported	--	--	0.0
Total Ischemic Time (Hours): Shared (%)			
Deceased: 0-5 hr	29.4	30.8	22.1
Deceased: 6-10 hr	58.8	57.7	72.7
Deceased: 11-15 hr	11.8	7.7	3.9
Deceased: 16-20 hr	0.0	0.0	0.0
Deceased: 21+ hr	0.0	0.0	0.0
Not Reported	0.0	3.8	1.3
Procedure Type (%)			
Intestine alone	76.5	73.1	49.4
Intestine and another organ	23.5	26.9	50.6
Sharing (%)			
Local	0.0	0.0	7.2
Shared	100.0	100.0	92.8
Median Time in Hospital After Transplant*	52.5 Days	45.0 Days	43.0 Days

* Multiple organ transplants are excluded from this statistic.

C. Transplant Information

Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft
Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)
Transplants performed between 07/01/2017 and 12/31/2019
Deaths and retransplants are considered graft failures

	DCGU	U.S.
Number of transplants evaluated	23	128
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	90.62%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	90.69%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	12
Number of expected graft failures (including deaths) during the first month after transplant	2.25	--
Estimated hazard ratio*	0.47	--
95% credible interval for the hazard ratio**	[0.06, 1.31]	--

* The hazard ratio provides an estimate of how Georgetown University Medical Center (DCGU)'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 DCGU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.06, 1.31], indicates the location of DCGU's true hazard ratio with 95% probability. The best estimate is 53% lower risk of graft failure compared to an average program, but DCGU's performance could plausibly range from 94%

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

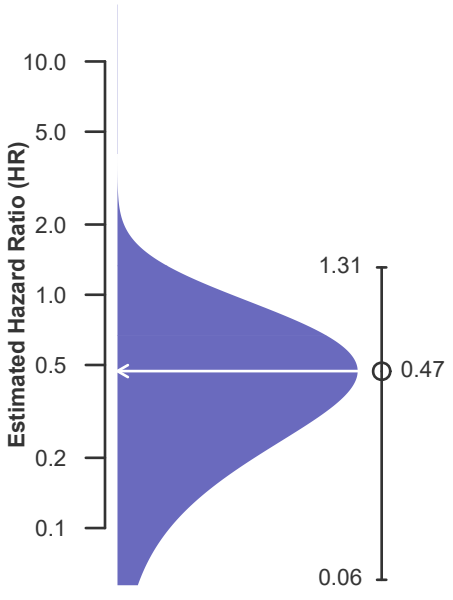
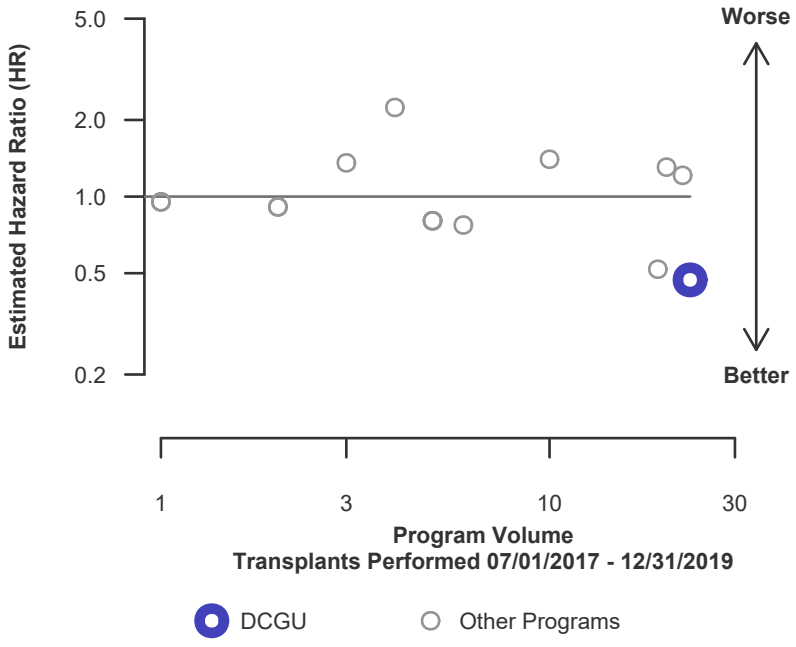


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison



C. Transplant Information

Table C6D. Adult (18+) 1-year survival with a functioning deceased donor graft
Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)
Transplants performed between 07/01/2017 and 12/31/2019
Deaths and retransplants are considered graft failures

	DCGU	U.S.
Number of transplants evaluated	23	128
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	79.96%	72.24%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	72.38%	--
Number of observed graft failures (including deaths) during the first year after transplant	4	34
Number of expected graft failures (including deaths) during the first year after transplant	6.69	--
Estimated hazard ratio*	0.69	--
95% credible interval for the hazard ratio**	[0.25, 1.34]	--

* The hazard ratio provides an estimate of how Georgetown University Medical Center (DCGU)'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 DCGU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.25, 1.34], indicates the location of DCGU's true hazard ratio with 95% probability. The best estimate is 31% lower risk of graft failure compared to an average program, but DCGU's performance could plausibly range from 75%

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

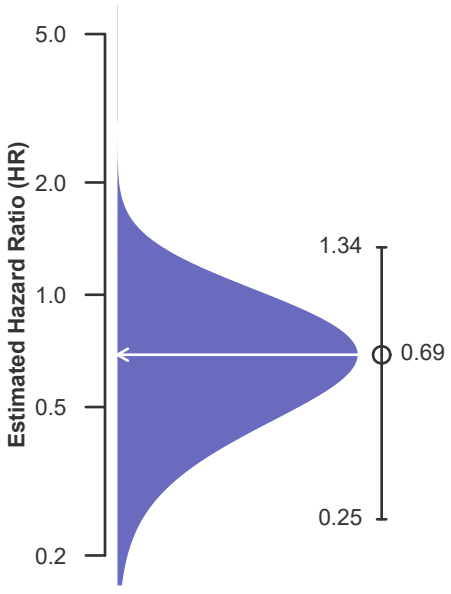
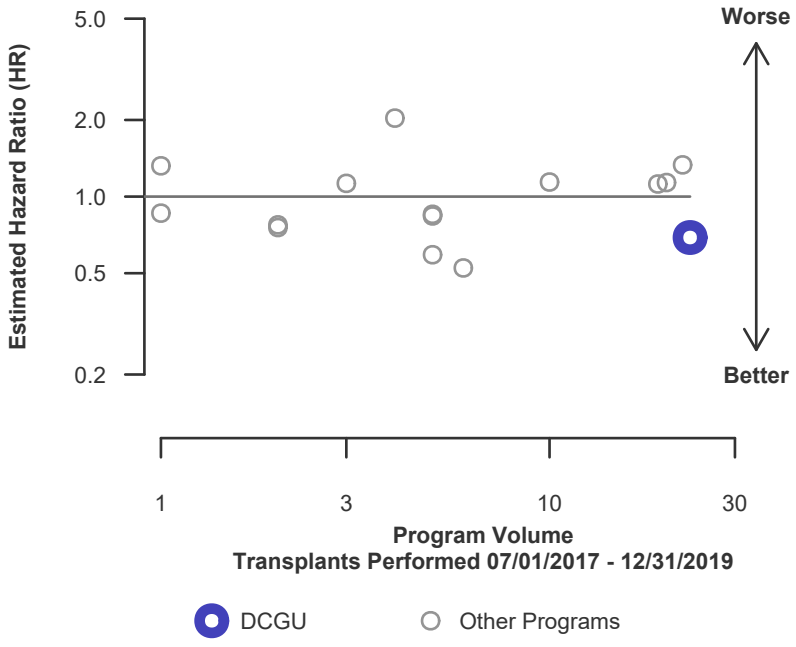


Figure C4D. Adult (18+) 1-year deceased donor graft failure HR program comparison



C. Transplant Information

Table C7D. Adult (18+) 3-year survival with a functioning deceased donor graft
Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)
Transplants performed between 01/01/2015 and 06/30/2017
Deaths and retransplants are considered graft failures

	DCGU	U.S.
Number of transplants evaluated	22	184
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	50.00%	56.48%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	56.63%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	11	80
Number of expected graft failures (including deaths) during the first 3 years after transplant	8.68	--
Estimated hazard ratio*	1.22	--
95% credible interval for the hazard ratio**	[0.65, 1.96]	--

* The hazard ratio provides an estimate of how Georgetown University Medical Center (DCGU)'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 DCGU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.65, 1.96], indicates the location of DCGU's true hazard ratio with 95% probability. The best estimate is 22% higher risk of graft failure compared to an average program, but DCGU's performance could plausibly range from 35%

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

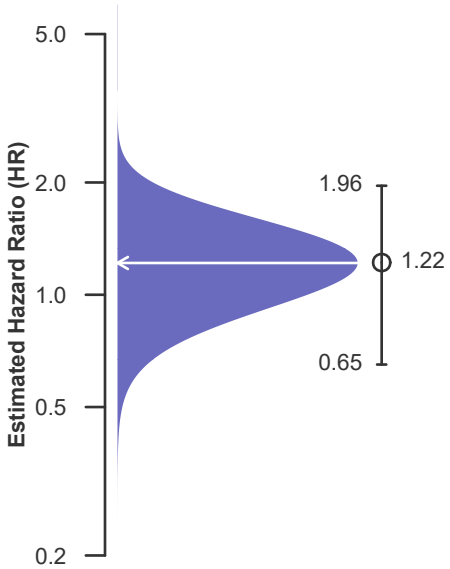
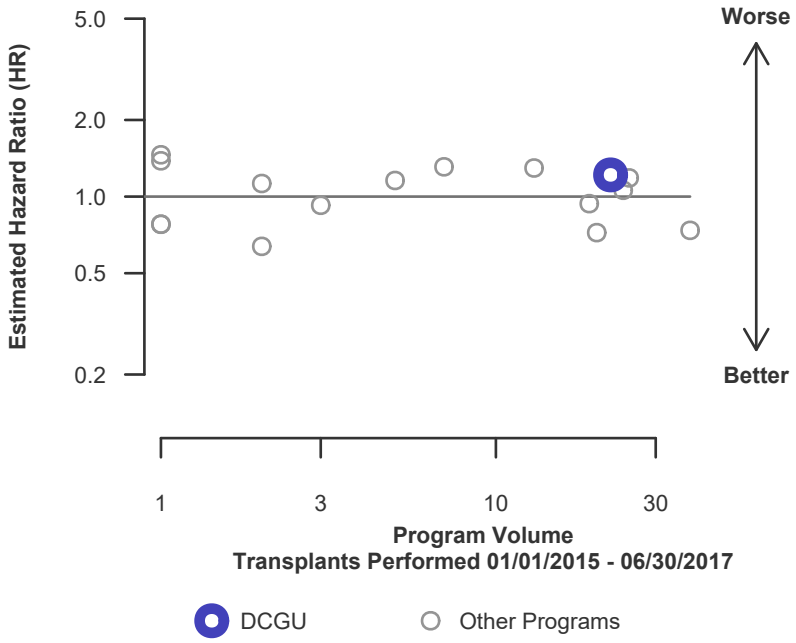


Figure C6D. Adult (18+) 3-year deceased donor graft failure HR program comparison



C. Transplant Information

Table C8D. Pediatric (<18) 1-month survival with a functioning deceased donor graft
Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)
Transplants performed between 07/01/2017 and 12/31/2019
Deaths and retransplants are considered graft failures

	DCGU	U.S.
Number of transplants evaluated	19	96
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	94.74%	95.83%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	95.87%	--
Number of observed graft failures (including deaths) during the first month after transplant	1	4
Number of expected graft failures (including deaths) during the first month after transplant	0.79	--
Estimated hazard ratio*	1.07	--
95% credible interval for the hazard ratio**	[0.22, 2.59]	--

* The hazard ratio provides an estimate of how Georgetown University Medical Center (DCGU)'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 DCGU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.22, 2.59], indicates the location of DCGU's true hazard ratio with 95% probability. The best estimate is 7% higher risk of graft failure compared to an average program, but DCGU's performance could plausibly range from 78%

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

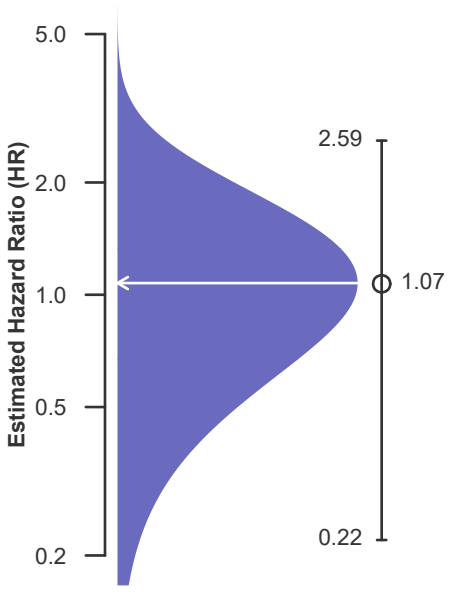
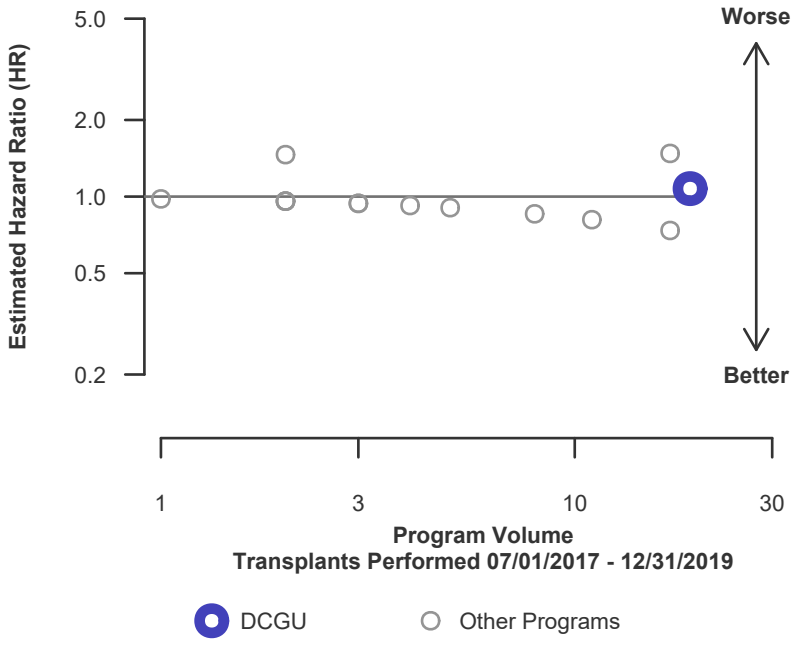


Figure C8D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison



C. Transplant Information

Table C9D. Pediatric (<18) 1-year survival with a functioning deceased donor graft
Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)
Transplants performed between 07/01/2017 and 12/31/2019
Deaths and retransplants are considered graft failures

	DCGU	U.S.
Number of transplants evaluated	19	96
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	94.74%	80.33%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	80.46%	--
Number of observed graft failures (including deaths) during the first year after transplant	1	17
Number of expected graft failures (including deaths) during the first year after transplant	3.30	--
Estimated hazard ratio*	0.57	--
95% credible interval for the hazard ratio**	[0.12, 1.36]	--

* The hazard ratio provides an estimate of how Georgetown University Medical Center (DCGU)'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 DCGU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 1.36], indicates the location of DCGU's true hazard ratio with 95% probability. The best estimate is 43% lower risk of graft failure compared to an average program, but DCGU's performance could plausibly range from 88%

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

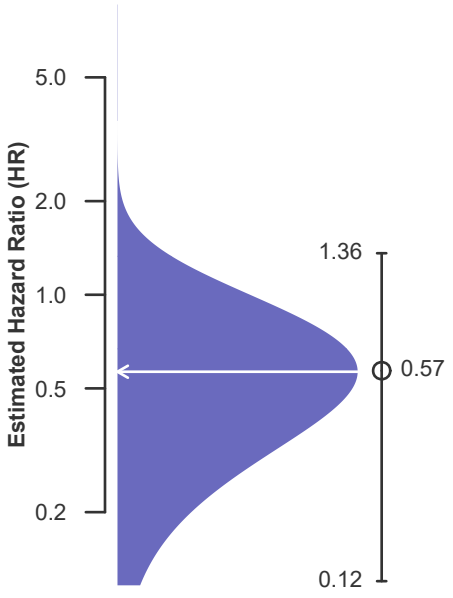
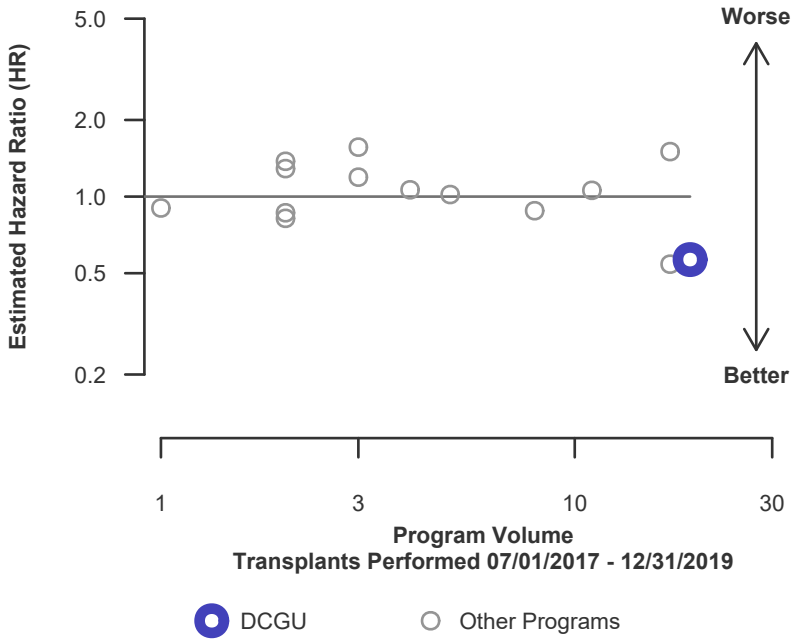


Figure C10D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison



C. Transplant Information

Table C10D. Pediatric (<18) 3-year survival with a functioning deceased donor graft
Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)
Transplants performed between 01/01/2015 and 06/30/2017
Deaths and retransplants are considered graft failures

	DCGU	U.S.
Number of transplants evaluated	25	136
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	76.00%	66.18%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	66.33%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	6	46
Number of expected graft failures (including deaths) during the first 3 years after transplant	9.17	--
Estimated hazard ratio*	0.72	--
95% credible interval for the hazard ratio**	[0.31, 1.29]	--

* The hazard ratio provides an estimate of how Georgetown University Medical Center (DCGU)'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 DCGU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.31, 1.29], indicates the location of DCGU's true hazard ratio with 95% probability. The best estimate is 28% lower risk of graft failure compared to an average program, but DCGU's performance could plausibly range from 69%

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

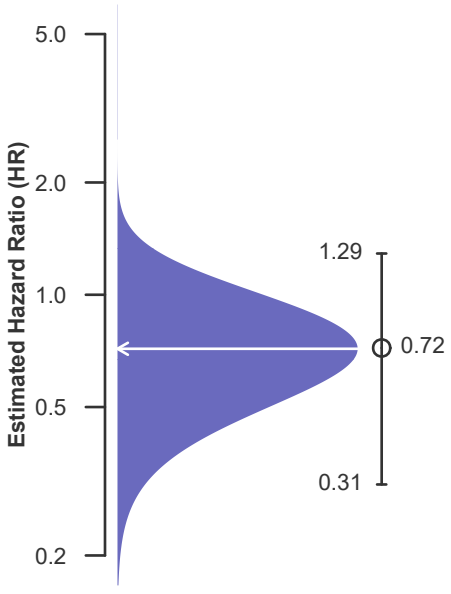
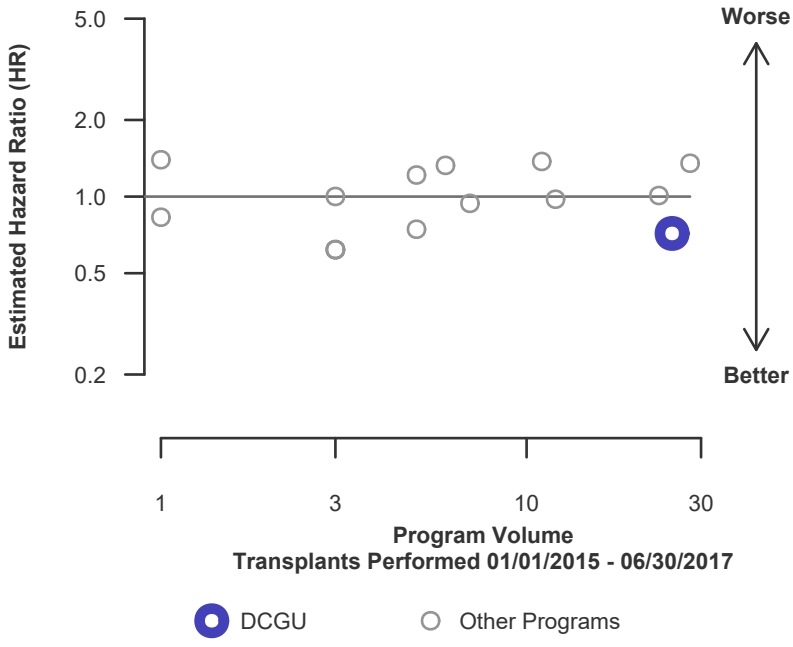


Figure C12D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison



C. Transplant Information

Table C11D. Adult (18+) 1-month patient survival (deceased donor graft recipients)
Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)
Transplants performed between 07/01/2017 and 12/31/2019
Retransplants excluded

	DCGU	U.S.
Number of transplants evaluated	23	115
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	93.04%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	93.09%	--
Number of observed deaths during the first month after transplant	0	8
Number of expected deaths during the first month after transplant	1.65	--
Estimated hazard ratio*	0.55	--
95% credible interval for the hazard ratio**	[0.07, 1.53]	--

* The hazard ratio provides an estimate of how Georgetown University Medical Center (DCGU)'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 DCGU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.07, 1.53], indicates the location of DCGU's true hazard ratio with 95% probability. The best estimate is 45% lower risk of patient death compared to an average program, but DCGU's performance could plausibly range from 93% reduced risk up to 53% increased risk.

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

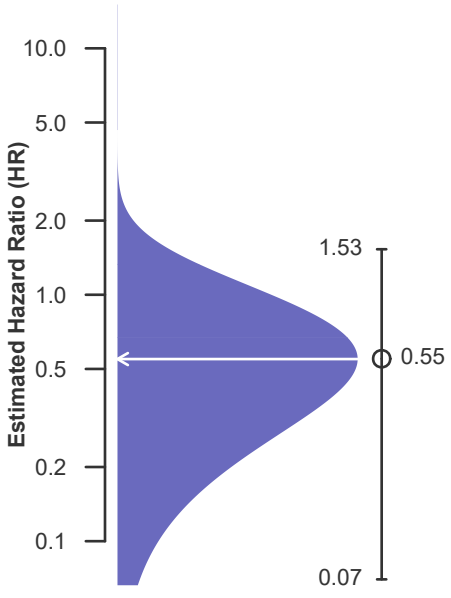
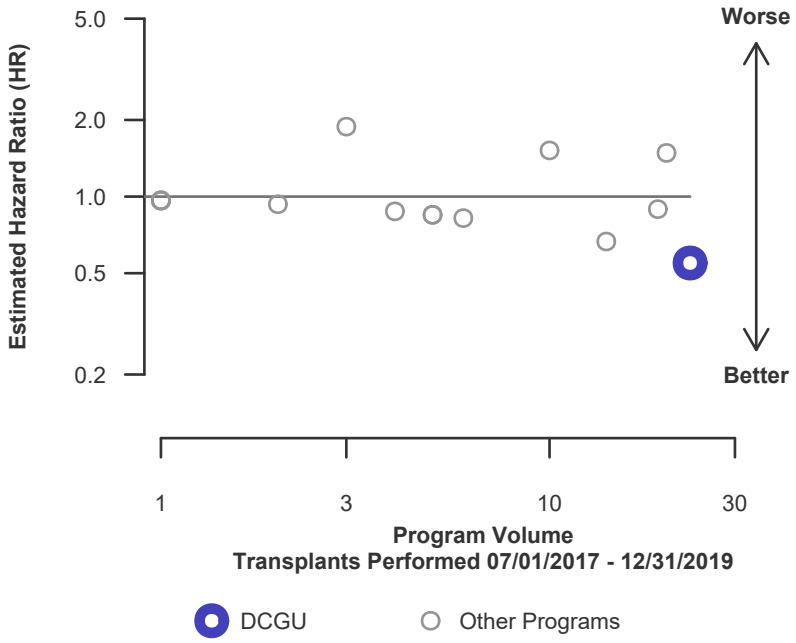


Figure C14D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table C12D. Adult (18+) 1-year patient survival (deceased donor graft recipients)
Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)
Transplants performed between 07/01/2017 and 12/31/2019
Retransplants excluded

	DCGU	U.S.
Number of transplants evaluated	23	115
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	79.71%	77.15%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	77.28%	--
Number of observed deaths during the first year after transplant	4	25
Number of expected deaths during the first year after transplant	5.30	--
Estimated hazard ratio*	0.82	--
95% credible interval for the hazard ratio**	[0.30, 1.60]	--

* The hazard ratio provides an estimate of how Georgetown University Medical Center (DCGU)'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 DCGU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.30, 1.60], indicates the location of DCGU's true hazard ratio with 95% probability. The best estimate is 18% lower risk of patient death compared to an average program, but DCGU's performance could plausibly range from 70% reduced risk up to 60% increased risk.

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

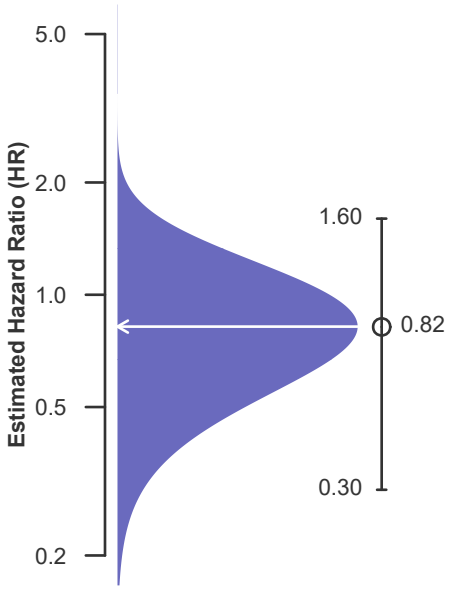
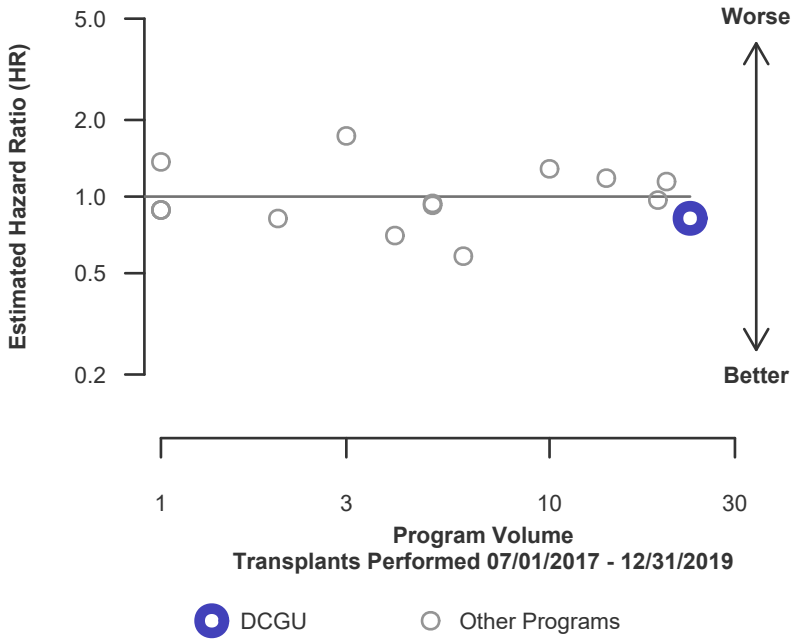


Figure C16D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table C13D. Adult (18+) 3-year patient survival (deceased donor graft recipients)
Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)
Transplants performed between 01/01/2015 and 06/30/2017
Retransplants excluded

	DCGU	U.S.
Number of transplants evaluated	20	166
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	60.00%	66.21%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	66.33%	--
Number of observed deaths during the first 3 years after transplant	8	56
Number of expected deaths during the first 3 years after transplant	5.92	--
Estimated hazard ratio*	1.26	--
95% credible interval for the hazard ratio**	[0.61, 2.16]	--

* The hazard ratio provides an estimate of how Georgetown University Medical Center (DCGU)'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 DCGU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.61, 2.16], indicates the location of DCGU's true hazard ratio with 95% probability. The best estimate is 26% higher risk of patient death compared to an average program, but DCGU's performance could plausibly range from 39% reduced risk up to 116% increased risk.

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

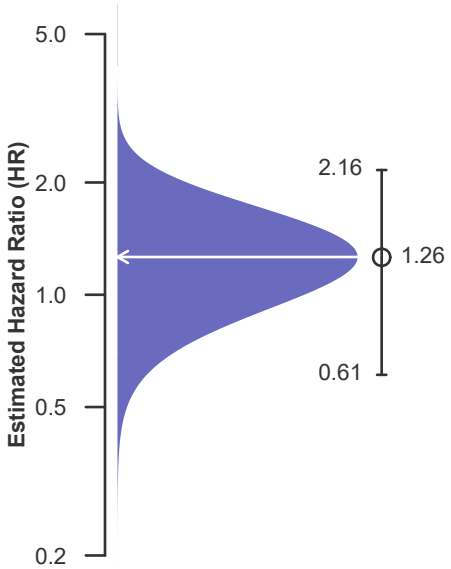
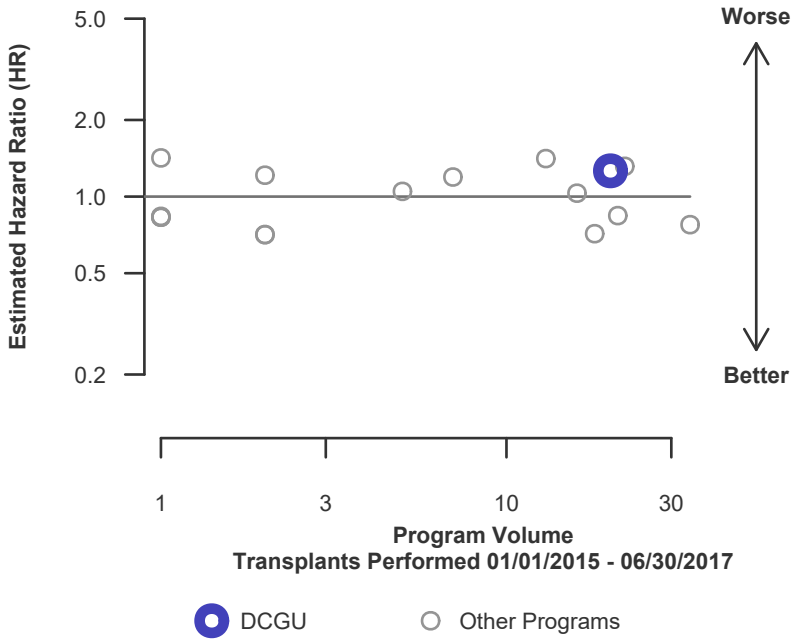


Figure C18D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table C14D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients)
Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)
Transplants performed between 07/01/2017 and 12/31/2019
Retransplants excluded

	DCGU	U.S.
Number of transplants evaluated	17	80
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	94.12%	96.25%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	96.29%	--
Number of observed deaths during the first month after transplant	1	3
Number of expected deaths during the first month after transplant	0.63	--
Estimated hazard ratio*	1.14	--
95% credible interval for the hazard ratio**	[0.24, 2.75]	--

* The hazard ratio provides an estimate of how Georgetown University Medical Center (DCGU)'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 DCGU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.24, 2.75], indicates the location of DCGU's true hazard ratio with 95% probability. The best estimate is 14% higher risk of patient death compared to an average program, but DCGU's performance could plausibly range from 76% reduced risk up to 175% increased risk.

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

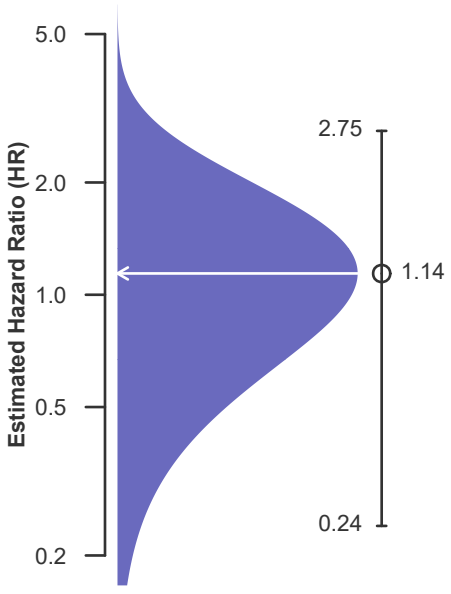
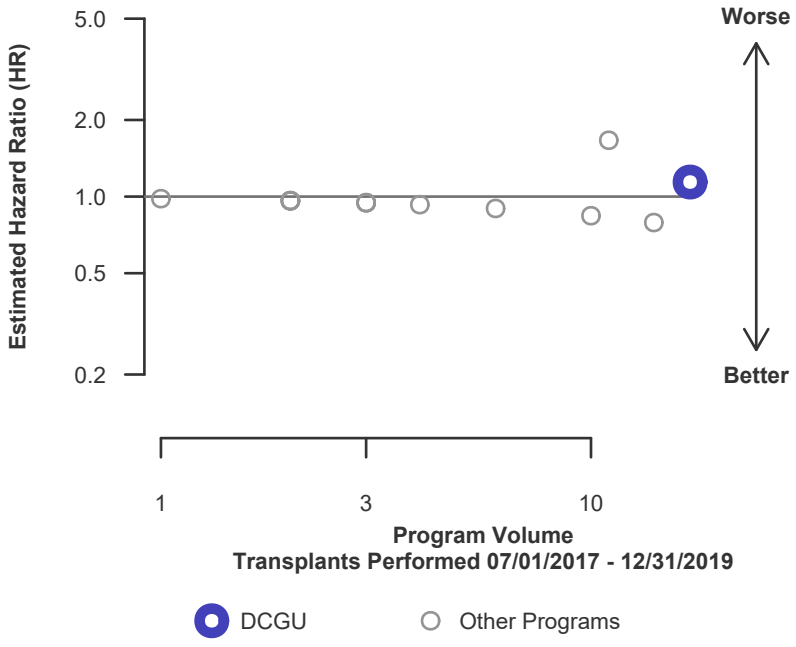


Figure C20D. Pediatric (<18) 1-month patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table C15D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients)
Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)
Transplants performed between 07/01/2017 and 12/31/2019
Retransplants excluded

	DCGU	U.S.
Number of transplants evaluated	17	80
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	94.12%	84.59%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	84.71%	--
Number of observed deaths during the first year after transplant	1	11
Number of expected deaths during the first year after transplant	2.16	--
Estimated hazard ratio*	0.72	--
95% credible interval for the hazard ratio**	[0.15, 1.74]	--

* The hazard ratio provides an estimate of how Georgetown University Medical Center (DCGU)'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 DCGU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.15, 1.74], indicates the location of DCGU's true hazard ratio with 95% probability. The best estimate is 28% lower risk of patient death compared to an average program, but DCGU's performance could plausibly range from 85% reduced risk up to 74% increased risk.

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

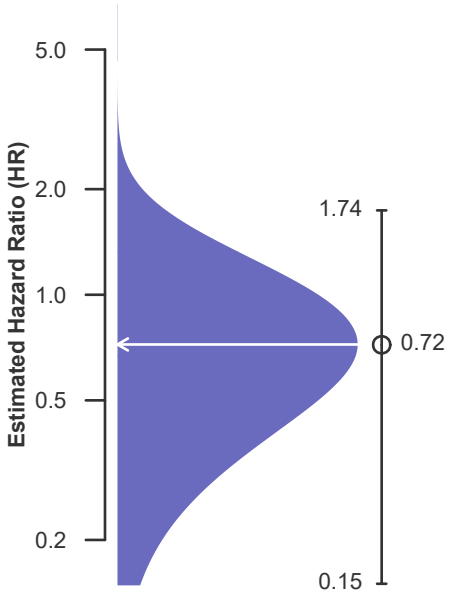
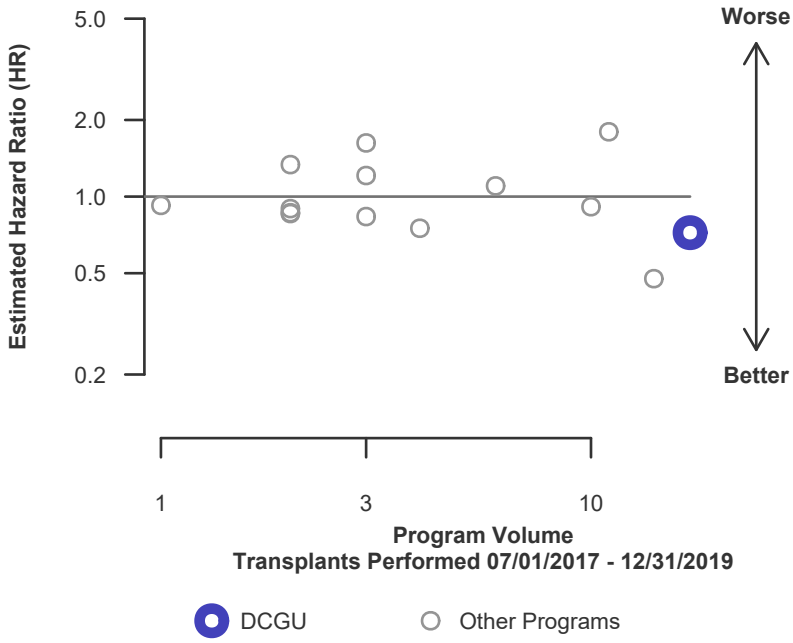


Figure C22D. Pediatric (<18) 1-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table C16D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients)
Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)
Transplants performed between 01/01/2015 and 06/30/2017
Retransplants excluded

	DCGU	U.S.
Number of transplants evaluated	24	111
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	75.00%	75.65%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	75.76%	--
Number of observed deaths during the first 3 years after transplant	6	27
Number of expected deaths during the first 3 years after transplant	5.89	--
Estimated hazard ratio*	1.01	--
95% credible interval for the hazard ratio**	[0.44, 1.83]	--

* The hazard ratio provides an estimate of how Georgetown University Medical Center (DCGU)'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 DCGU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.44, 1.83], indicates the location of DCGU's true hazard ratio with 95% probability. The best estimate is 1% higher risk of patient death compared to an average program, but DCGU's performance could plausibly range from 56% reduced risk up to 83% increased risk.

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

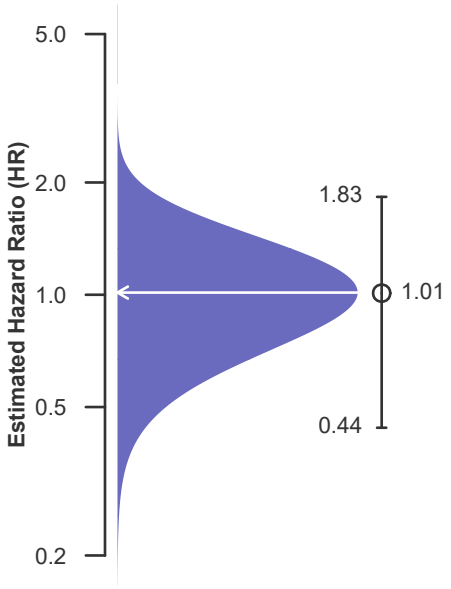
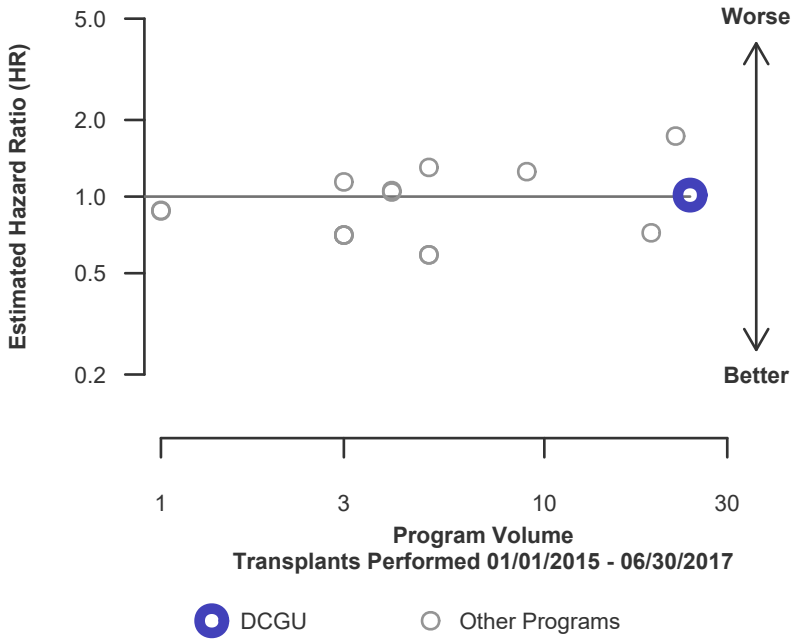


Figure C24D. Pediatric (<18) 3-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

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

Adult (18+) Transplants

Transplant Type	Transplants Performed		First-Year Outcomes: Intestine Graft Failures		First-Year Outcomes: Estimated Intestine Graft Survival	
	DCGU-TX1	USA	DCGU-TX1	USA	DCGU-TX1	USA
Kidney-Intestine	3	5	0	0	100.0%	100.0%
Liver-Intestine	1	1	0	0	100.0%	100.0%
Pancreas-Intestine	1	9	0	1	100.0%	88.9%
Pancreas-Liver-Intestine	1	50	1	24	0.0%	51.7%

Pediatric (<18) Transplants

Transplant Type	Transplants Performed		First-Year Outcomes: Intestine Graft Failures		First-Year Outcomes: Estimated Intestine Graft Survival	
	DCGU-TX1	USA	DCGU-TX1	USA	DCGU-TX1	USA
Pancreas-Liver-Intestine	14	65	1	11	92.9%	82.0%

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

Adult (18+) Transplants

Transplant Type	Transplants Performed		First-Year Outcomes: Patient Deaths		First-Year Outcomes: Estimated Patient Survival	
	DCGU-TX1	USA	DCGU-TX1	USA	DCGU-TX1	USA
Kidney-Intestine	3	5	0	0	100.0%	100.0%
Liver-Intestine	1	1	0	0	100.0%	100.0%
Pancreas-Intestine	1	9	0	0	100.0%	100.0%
Pancreas-Liver-Intestine	1	50	1	22	0.0%	55.7%

Pediatric (<18) Transplants

Transplant Type	Transplants Performed		First-Year Outcomes: Patient Deaths		First-Year Outcomes: Estimated Patient Survival	
	DCGU-TX1	USA	DCGU-TX1	USA	DCGU-TX1	USA
Pancreas-Liver-Intestine	14	65	1	10	92.9%	83.8%