



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 University Hospital, University of Texas Health Science Center (TXBC). 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 transplant rate at this program was 77.2 per 100 person-years. Transplant rates are also provided for adult and pediatric patients separately along with comparisons to adult and pediatric rates in the DSA, the OPTN region, and the nation. Transplant rates are also presented excluding transplants from a living donor (Table B4D and Figures B1D-B3D). Please refer to the PSR Technical Methods documentation available at <http://www.srtr.org> for more detail regarding how expected rates are calculated.

The death rate (also known as the mortality rate) for candidates on the waiting list is presented in Table B5 and Figures B4-B6. These data are presented in the same way as the transplant rate data in the previous section. The intent of 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 0.3 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.



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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.



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A. Program Summary

Figure A1. Waiting list and transplant activity

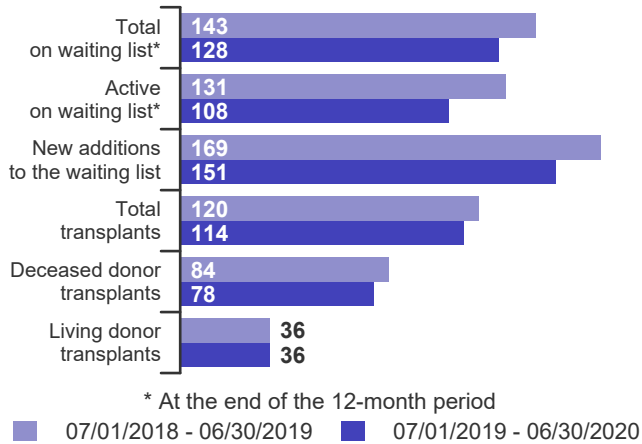


Table A1. Census of transplant recipients

Recipients	07/01/2018-06/30/2019	07/01/2019-06/30/2020
Transplanted at this center	120	114
Followed by this center*	691	723
...transplanted at this program	658	689
...transplanted elsewhere	33	34

* 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

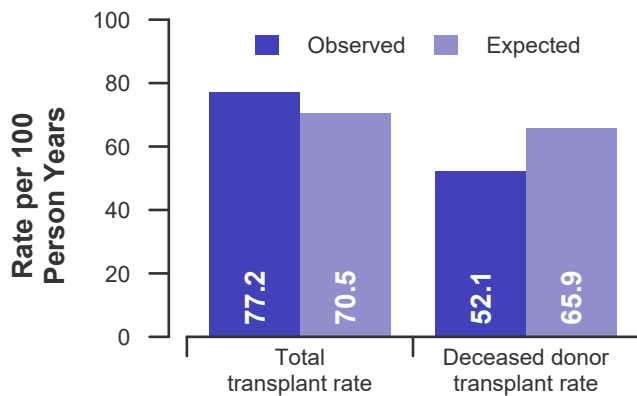


Figure A3. Waiting list mortality rates 07/01/2018 - 03/12/2020

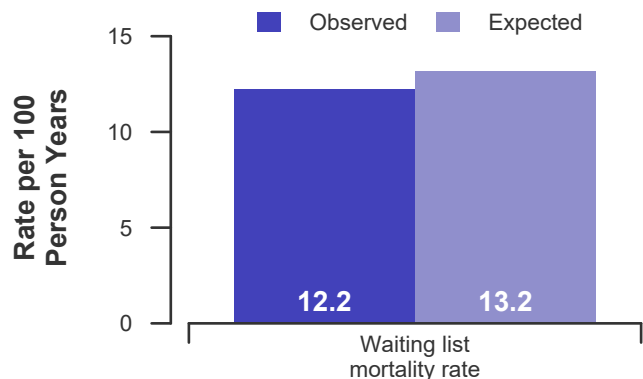


Figure A4. First-year adult graft and patient survival: 07/01/2017 - 12/31/2019

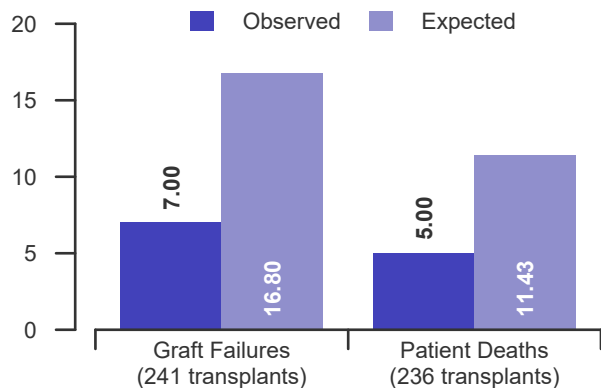
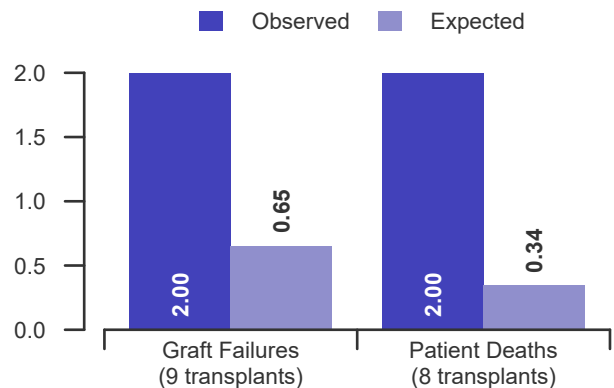


Figure A5. First-year pediatric graft and patient survival: 07/01/2017 - 12/31/2019





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	169	143	100.0	100.0	100.0
Additions					
New listings at this center	169	151	105.6	107.9	98.3
Removals					
Transferred to another center	2	0	0.0	0.9	1.2
Received living donor transplant*	36	36	25.2	3.1	3.8
Received deceased donor transplant*	84	78	54.5	60.9	62.4
Died	18	8	5.6	7.8	8.6
Transplanted at another center	3	2	1.4	8.5	2.6
Deteriorated	16	14	9.8	13.6	9.0
Recovered	17	9	6.3	6.2	7.6
Other reasons	19	19	13.3	9.6	8.7
On waiting list at end of period	143	128	89.5	97.3	94.5

* 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=151)	OPTN Region (N=1,645)	U.S. (N=13,049)	This Center (N=128)	OPTN Region (N=1,484)	U.S. (N=12,538)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	33.8	57.3	69.0	33.6	56.0	67.4
African-American	2.0	6.5	7.4	0.8	6.3	7.1
Hispanic/Latino	60.9	31.1	17.7	63.3	32.1	18.5
Asian	2.0	3.1	4.2	1.6	3.4	5.5
Other	1.3	2.1	1.7	0.8	2.1	1.6
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Age (%)						
<2 years	0.0	1.7	2.3	0.0	1.5	1.1
2-11 years	0.0	1.8	1.6	0.0	1.1	1.2
12-17 years	0.0	1.0	1.0	0.0	0.7	1.0
18-34 years	4.6	4.7	6.3	1.6	5.7	6.2
35-49 years	16.6	16.7	18.4	15.6	17.4	18.9
50-64 years	47.7	47.8	47.7	50.8	50.9	51.9
65-69 years	23.2	20.0	17.2	27.3	17.9	15.8
70+ years	7.9	6.2	5.5	4.7	4.8	3.9
Gender (%)						
Male	57.0	60.4	61.9	53.1	57.6	60.1
Female	43.0	39.6	38.1	46.9	42.4	39.9

* 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=151)	OPTN Region (N=1,645)	U.S. (N=13,049)	This Center (N=128)	OPTN Region (N=1,484)	U.S. (N=12,538)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Blood Type (%)						
O	60.9	50.8	47.2	66.4	52.8	49.3
A	30.5	35.2	37.4	28.1	37.9	38.7
B	7.3	11.6	11.6	4.7	8.6	10.0
AB	1.3	2.4	3.9	0.8	0.7	2.0
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Previous Transplant (%)						
Yes	4.0	4.6	4.7	2.3	3.0	3.3
No	96.0	95.4	95.3	97.7	97.0	96.7
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Primary Disease (%)						
Acute Hepatic Necrosis	4.0	4.0	4.4	2.3	1.8	1.7
Non-Cholestatic Cirrhosis	84.1	68.0	66.7	87.5	72.1	70.2
Cholestatic Liver Disease/Cirrhosis	6.6	6.9	7.1	7.0	6.7	7.8
Biliary Atresia	0.0	1.6	2.0	0.0	2.1	1.7
Metabolic Diseases	1.3	2.6	2.0	1.6	1.6	1.5
Malignant Neoplasms	0.0	11.2	12.1	0.0	10.6	11.1
Other	4.0	5.6	5.6	1.6	5.2	5.9
Missing	0.0	0.1	0.1	0.0	0.0	0.1
Medical Urgency Status/MELD/PELD at Listing (%)*						
Status 1A	2.0	1.6	2.7	0.0	0.1	0.2
Status 1B	0.0	0.4	0.4	0.0	0.1	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	0.0	0.0
Status 3	0.0	0.0	0.0	0.0	0.2	0.4
MELD 6-10	26.5	19.5	18.0	35.9	29.9	30.0
MELD 11-14	20.5	13.4	13.3	27.3	23.3	23.4
MELD 15-20	19.2	20.2	21.0	14.8	24.3	25.7
MELD 21-30	18.5	23.8	22.9	17.2	15.6	12.4
MELD 31-40	6.0	10.6	11.3	0.0	1.4	0.9
PELD less than or equal to 10	0.0	2.1	1.7	0.0	1.7	1.7
PELD 11-14	0.0	0.4	0.3	0.0	0.3	0.2
PELD 15-20	0.0	0.1	0.4	0.0	0.1	0.1
PELD 21-30	0.0	0.2	0.4	0.0	0.3	0.1
PELD 31 or greater	0.0	0.2	0.2	0.0	0.0	0.0
Temporarily Inactive	6.0	4.1	4.2	4.7	2.5	4.7

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



B. Waiting List Information

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

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	169	282	1,646	14,027
Person Years**	259.1	492.6	2,621.3	22,845.9
Removals for Transplant	200	295	1,586	14,856
Adult (18+) Candidates				
Count on waiting list at start*	165	277	1,568	13,509
Person Years**	258.0	484.0	2,516.7	22,013.7
Removals for transplant	199	290	1,485	13,925
Pediatric (<18) Candidates				
Count on waiting list at start*	4	5	78	518
Person Years**	1.1	8.6	104.6	832.3
Removals for transplant	1	5	101	931

* 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 B1. Observed and expected transplant rates: 07/01/2018 - 03/12/2020

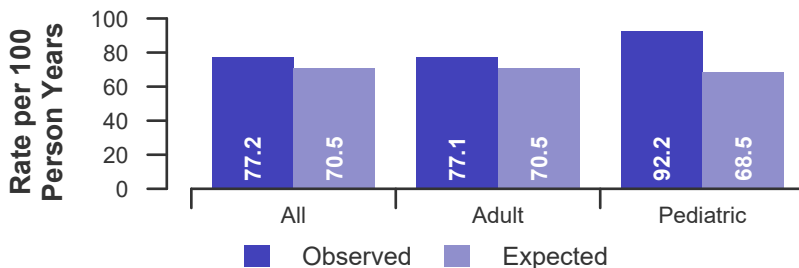


Figure B2. Transplant rate ratio estimate

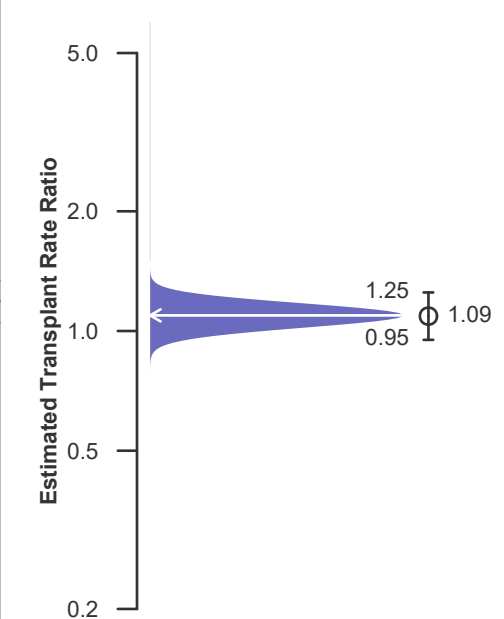
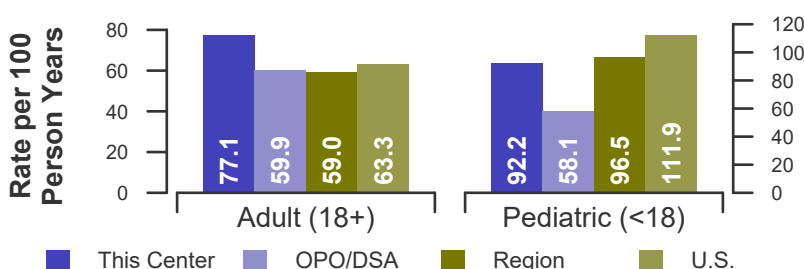


Figure B3. Observed adult (18+) and pediatric (<18) transplant rates: 07/01/2018 - 03/12/2020





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*	169	282	1,646	14,027
Person Years**	259.1	492.6	2,621.3	22,845.9
Removals for Transplant	135	228	1,502	13,996
Adult (18+) Candidates				
Count on waiting list at start*	165	277	1,568	13,509
Person Years**	258.0	484.0	2,516.7	22,013.7
Removals for transplant	135	226	1,404	13,201
Pediatric (<18) Candidates				
Count on waiting list at start*	4	5	78	518
Person Years**	1.1	8.6	104.6	832.3
Removals for transplant	0	2	98	795

* 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

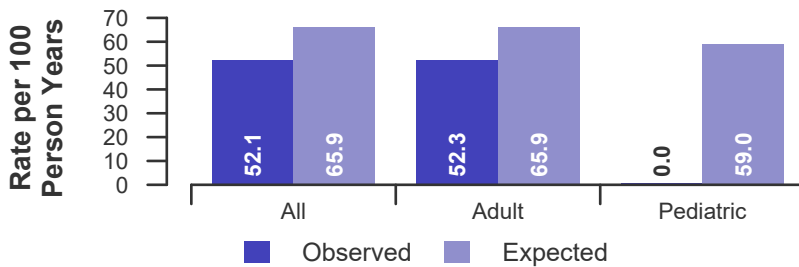


Figure B2D. Deceased donor transplant rate ratio estimate

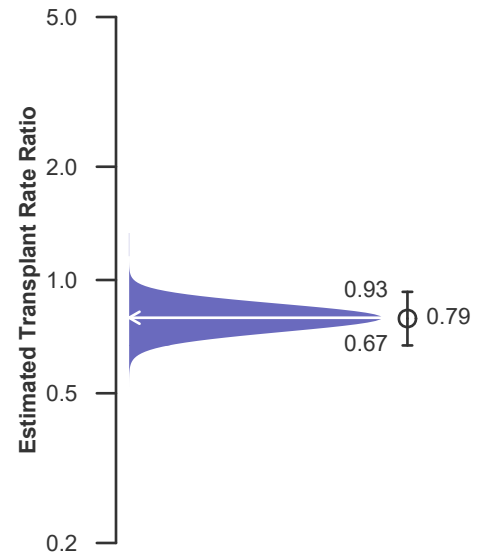
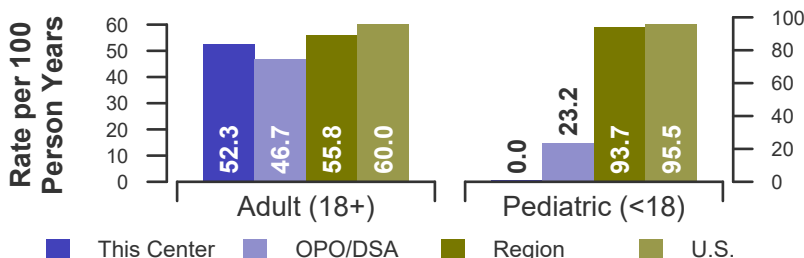


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 07/01/2018 - 03/12/2020





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*	169	282	1,646	14,027
Person Years**	303.1	588.5	3,079.8	25,949.2
Number of deaths	37	82	394	3,058
Adult (18+) Candidates				
Count on waiting list at start*	165	277	1,568	13,509
Person Years**	301.8	579.6	2,964.0	25,049.9
Number of deaths	37	81	391	3,010
Pediatric (<18) Candidates				
Count on waiting list at start*	4	5	78	518
Person Years**	1.2	8.9	115.8	899.3
Number of deaths	0	1	3	48

* 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

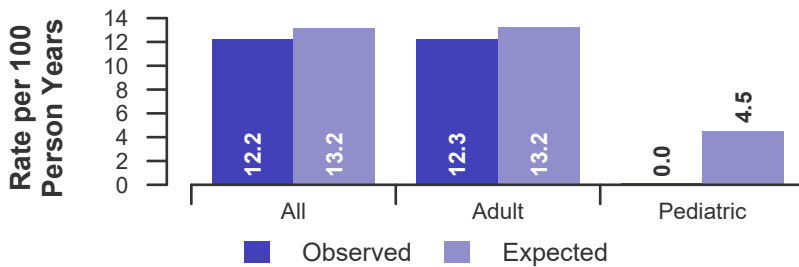


Figure B5. Waiting list mortality rate ratio estimate

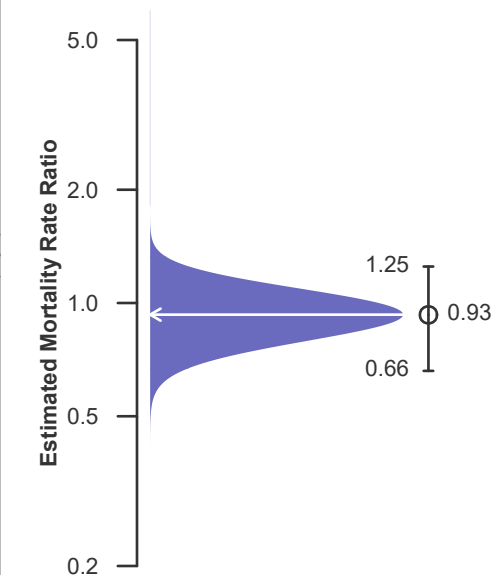
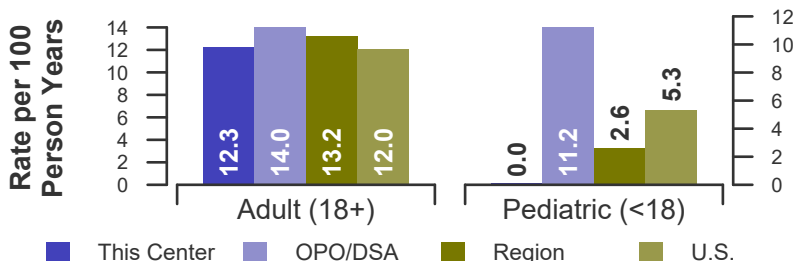


Figure B6. Observed adult (18+) and pediatric (<18) waiting list mortality rates: 07/01/2018 - 03/12/2020





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	810	1,447	7,997	69,123
Person-years*	989.1	1,721.7	9,580.6	82,977.1
Number of Deaths	74	149	733	5,682
Adult (18+) Patients				
Count at risk during the evaluation period	792	1,417	7,539	64,909
Person-years*	959.6	1,680.9	9,020.4	77,654.5
Number of Deaths	73	148	721	5,560
Pediatric (<18) Patients				
Count at risk during the evaluation period	18	30	458	4,214
Person-years*	29.5	40.8	560.2	5,322.6
Number of Deaths	1	1	12	122

* 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

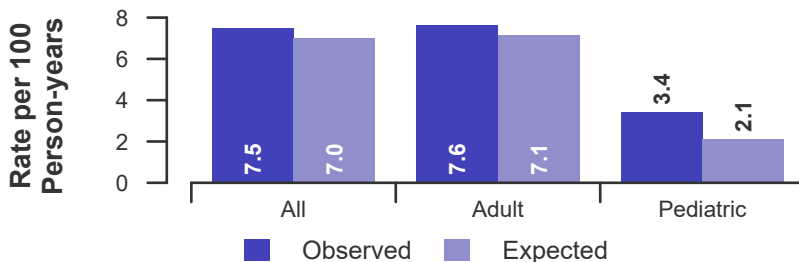


Figure B8. HR estimate of patient mortality after listing

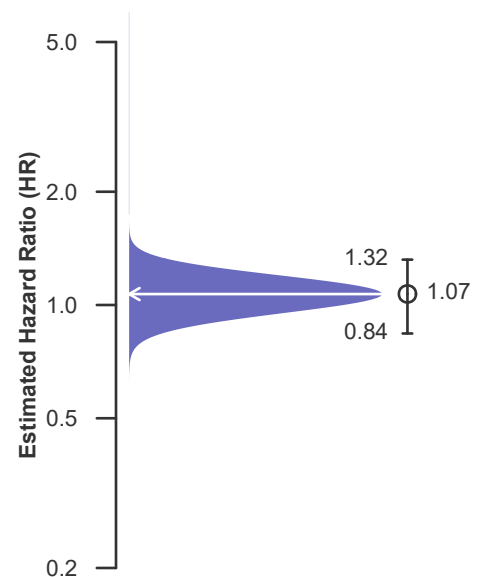
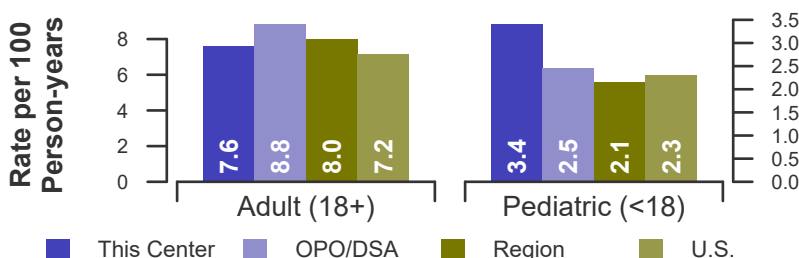


Figure B9. Observed adult (18+) and pediatric (<18) rates of patient mortality after listing: 07/01/2018 - 03/12/2020





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=201)			U.S. (N=13,152)		
	Months Since Listing			Months Since Listing		
	6	12	18	6	12	18
Alive on waiting list (%)	59.7	29.9	15.9	47.3	26.8	17.8
Died on the waiting list without transplant (%)	6.0	7.5	8.5	4.6	6.0	6.8
Removed without transplant (%):						
Condition worsened (status unknown)	3.5	5.5	7.0	4.3	6.4	7.4
Condition improved (status unknown)	0.5	1.0	3.5	1.3	2.1	2.8
Refused transplant (status unknown)	0.5	1.0	1.0	0.2	0.3	0.5
Other	2.0	4.0	6.5	1.8	3.2	4.3
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	12.4	15.9	10.0	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	1.0	7.5	0.0	0.1	1.2
Transplant (deceased donor) (%):						
Functioning (alive)	14.4	30.8	27.9	34.5	43.1	30.8
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.3	0.4	0.5
Failed-alive not retransplanted	0.0	0.0	0.0	0.1	0.0	0.0
Died	1.0	1.0	2.5	1.8	2.9	3.8
Status Yet Unknown*	0.0	1.5	9.0	1.7	5.3	21.4
Lost or Transferred (status unknown) (%)	0.0	1.0	1.0	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	7.0	8.5	10.9	6.4	9.0	10.7
Total % known died or removed as unstable	10.4	13.9	17.9	10.8	15.4	18.1
Total % removed for transplant	27.9	50.2	56.7	40.4	54.7	59.7
Total % with known functioning transplant (alive)	26.9	46.8	37.8	36.5	45.8	32.6

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



B. Waiting List Information

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)	This Center (N=2)			U.S. (N=472)		
	Months Since listing			Months Since listing		
	6	12	18	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 (%)	0.0	0.0	0.0	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)	50.0	50.0	50.0	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)	50.0	50.0	50.0	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	0.0	0.0	0.0	13.3	14.0	15.3
Total % known died or removed as unstable	0.0	0.0	0.0	19.5	20.1	21.4
Total % removed for transplant	50.0	50.0	50.0	62.5	63.1	63.1
Total % with known functioning transplant (alive)	50.0	50.0	50.0	56.4	49.8	30.1

* 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	N	Percent transplanted at time periods since listing								
		This Center				United States				
		30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	419	12.6	40.1	48.2	50.6	36,925	18.9	47.5	55.3	57.1
Ethnicity/Race*										
White	141	11.3	45.4	53.9	56.0	25,389	18.9	48.6	55.9	57.6
African-American	9	22.2	22.2	22.2	22.2	3,463	22.1	51.7	59.3	61.1
Hispanic/Latino	264	12.1	36.7	45.1	47.7	5,784	17.6	42.4	50.9	53.1
Asian	3	66.7	100.0	100.0	100.0	1,727	17.0	41.3	53.1	55.2
Other	2	50.0	100.0	100.0	100.0	562	18.3	46.1	53.7	55.0
Unknown	0	--	--	--	--	0	--	--	--	--
Age										
<2 years	14	14.3	64.3	64.3	71.4	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	2	0.0	50.0	50.0	50.0	452	22.1	54.2	63.9	65.5
18-34 years	15	20.0	46.7	53.3	53.3	2,116	27.0	49.2	55.4	57.7
35-49 years	77	26.0	46.8	51.9	53.2	5,848	26.2	49.9	55.3	57.2
50-64 years	242	9.5	36.4	45.0	48.3	20,187	16.9	46.0	54.5	56.4
65-69 years	61	8.2	41.0	52.5	52.5	5,506	14.2	44.1	52.7	54.2
70+ years	8	0.0	25.0	37.5	37.5	1,202	13.5	43.3	50.7	51.1
Gender										
Male	255	14.5	45.9	52.5	55.3	23,339	18.6	48.7	56.9	58.7
Female	164	9.8	31.1	41.5	43.3	13,586	19.5	45.5	52.4	54.2

* 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 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	N	Percent transplanted at time periods since listing								
		This Center				United States				
		30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	419	12.6	40.1	48.2	50.6	36,925	18.9	47.5	55.3	57.1
Blood Type										
O	201	11.9	38.8	46.3	49.8	17,209	18.6	45.6	53.4	55.3
A	152	13.2	39.5	48.7	50.0	13,525	17.5	45.9	54.1	55.7
B	58	12.1	37.9	46.6	48.3	4,744	20.5	53.3	60.5	62.4
AB	8	25.0	100.0	100.0	100.0	1,447	30.2	67.2	71.0	72.6
Previous Transplant										
Yes	19	26.3	63.2	73.7	73.7	2,011	27.9	50.7	56.0	57.5
No	400	12.0	39.0	47.0	49.5	34,914	18.4	47.3	55.2	57.0
Primary Disease										
Acute Hepatic Necrosis	25	36.0	44.0	52.0	52.0	1,511	47.5	55.9	58.7	59.5
Non-Cholestatic Cirrhosis	344	10.8	38.7	47.7	50.3	24,781	19.1	45.7	52.5	54.2
Cholestatic Liver Disease/Cirrhosis	22	13.6	36.4	36.4	36.4	2,649	16.8	47.5	55.9	58.9
Biliary Atresia	11	0.0	72.7	72.7	81.8	730	16.0	64.0	72.1	73.4
Metabolic Diseases	5	40.0	60.0	60.0	60.0	907	21.9	62.2	68.4	69.9
Malignant Neoplasms	1	0.0	0.0	0.0	0.0	4,438	8.4	48.5	62.9	64.7
Other	11	18.2	45.5	54.5	54.5	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/PELD at Listing*										
Status 1	0	--	--	--	--	0	--	--	--	--
Status 1A	11	45.5	45.5	45.5	45.5	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	91	0.0	34.1	49.5	50.5	7,357	3.0	36.3	50.4	52.8
MELD 11-14	73	1.4	21.9	30.1	34.2	5,750	2.7	31.0	41.8	44.7
MELD 15-20	99	1.0	32.3	43.4	48.5	8,067	7.5	40.6	49.9	52.6
MELD 21-30	88	14.8	45.5	48.9	48.9	7,501	25.5	58.2	61.5	62.6
MELD 31-40	30	66.7	76.7	76.7	76.7	3,483	65.6	74.7	75.0	75.1
PELD less than or equal to 10	5	0.0	40.0	40.0	60.0	709	10.9	66.3	74.0	76.3
PELD 11-14	2	0.0	100.0	100.0	100.0	106	13.2	71.7	79.2	81.1
PELD 15-20	1	0.0	100.0	100.0	100.0	161	13.0	73.3	78.9	80.1
PELD 21-30	3	0.0	66.7	66.7	66.7	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	16	81.2	87.5	87.5	87.5	2,269	36.7	52.4	57.3	57.9

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



B. Waiting List Information

Table B10. Time to transplant for waiting list candidates*

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

Percentile	Center	Months to Transplant**		U.S.
		OPO/DSA	Region	
5th	0.3	0.2	0.1	0.1
10th	0.8	0.4	0.3	0.3
25th	4.1	4.0	2.0	1.6
50th (median time to transplant)	13.8	17.1	12.2	9.6
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.



B. Waiting List Information

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	2,262	3,983	19,011	140,406
Number of Acceptances	48	84	569	5,249
Expected Acceptances	51.0	114.6	712.1	5,242.6
Offer Acceptance Ratio*	0.94	0.74	0.80	1.00
95% Credible Interval**	[0.70, 1.22]	--	--	--
PHS increased infectious risk				
Number of Offers	321	527	2,505	28,139
Number of Acceptances	19	21	147	1,471
Expected Acceptances	11.9	21.9	155.2	1,468.1
Offer Acceptance Ratio*	1.52	0.96	0.95	1.00
95% Credible Interval**	[0.94, 2.23]	--	--	--
DCD donor				
Number of Offers	1,246	1,516	5,951	41,806
Number of Acceptances	5	5	43	496
Expected Acceptances	11.4	21.3	91.4	505.0
Offer Acceptance Ratio*	0.52	0.30	0.48	0.98
95% Credible Interval**	[0.21, 0.97]	--	--	--
HCV+ donor				
Number of Offers	163	163	389	5,479
Number of Acceptances	5	5	11	307
Expected Acceptances	6.4	6.4	18.3	308.1
Offer Acceptance Ratio*	0.84	0.84	0.64	1.00
95% Credible Interval**	[0.34, 1.56]	--	--	--
Hard-to-Place Livers (Over 50 Offers)				
Number of Offers	1,639	2,509	11,190	82,339
Number of Acceptances	8	8	58	496
Expected Acceptances	7.8	14.5	81.4	501.0
Offer Acceptance Ratio*	1.02	0.61	0.72	0.99
95% Credible Interval**	[0.49, 1.75]	--	--	--
Donor more than 500 miles away				
Number of Offers	504	880	3,859	47,778
Number of Acceptances	2	2	48	524
Expected Acceptances	2.9	5.9	63.4	494.0
Offer Acceptance Ratio*	0.81	0.51	0.76	1.06
95% Credible Interval**	[0.22, 1.79]	--	--	--

* The offer acceptance ratio estimates the relative offer acceptance practice of University Hospital, University of Texas Health Science Center (TXBC) compared to the national offer acceptance practice. A ratio above one indicates the program is more likely to accept an offer compared to national offer acceptance practices (e.g., an offer acceptance ratio of 1.25 indicates a 25% more likely to accept an offer), while a ratio below one indicates the program is less likely to accept an offer compared to national offer acceptance practices (e.g., an offer acceptance ratio of 0.75 indicates a 25% less likely to accept an offer).

** As an example, the 95% Credible Interval for the overall offer acceptance ratio, [0.70, 1.22], indicates the location of TXBC's true offer acceptance ratio with 95% probability. The best estimate is 6% less likely to accept an offer compared to national acceptance behavior, but TXBC's performance could plausibly range from 30% reduced acceptance up to 22%.



B. Waiting List Information

Figure B10. Offer acceptance: Overall

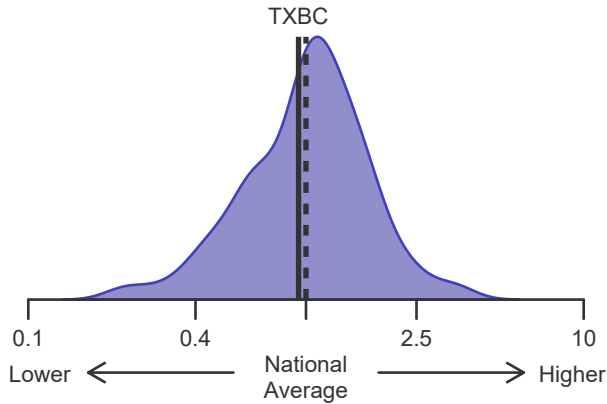


Figure B11. Offer acceptance: PHS increased infectious risk

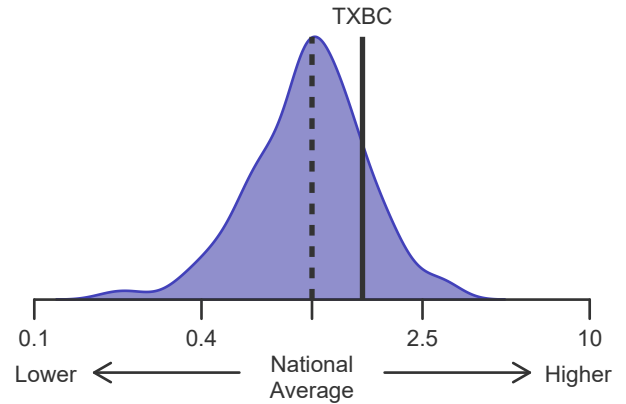


Figure B12. Offer acceptance: DCD Donor

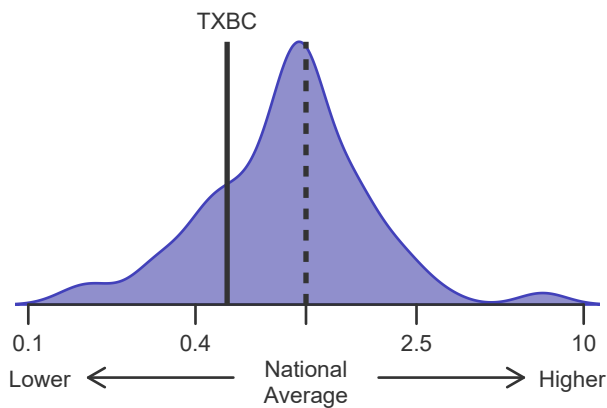


Figure B13. Offer acceptance: HCV+ Donor

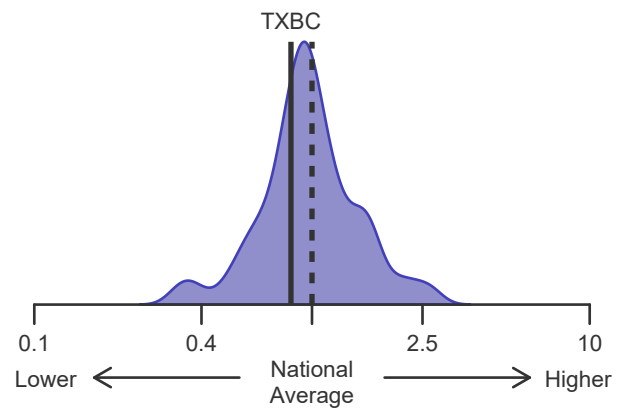


Figure B14. Offer acceptance: Offer number > 50

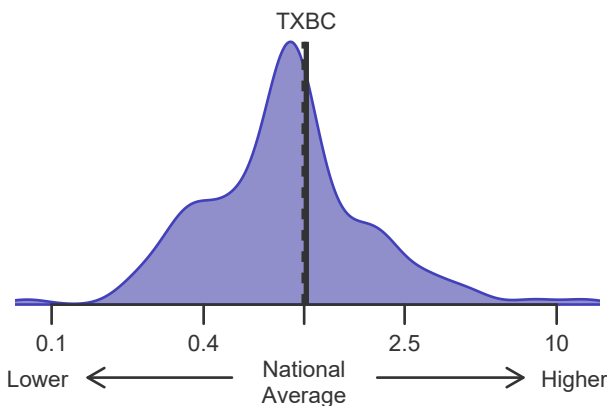
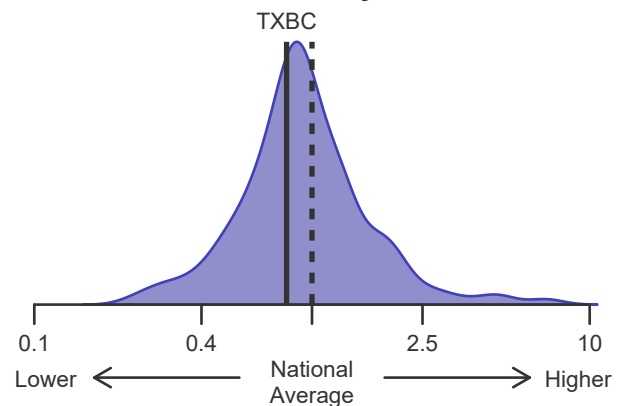


Figure B15. Offer acceptance: Donor more than 500 miles away





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=78)	Region (N=928)	U.S. (N=8,285)
Ethnicity/Race (%)*			
White	26.9	56.9	69.2
African-American	5.1	7.7	8.1
Hispanic/Latino	64.1	31.0	16.8
Asian	2.6	3.0	4.2
Other	1.3	1.4	1.7
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	0.0	2.3	2.1
2-11 years	0.0	2.6	1.9
12-17	0.0	1.3	1.1
18-34	6.4	4.4	6.2
35-49 years	15.4	17.3	18.8
50-64 years	55.1	48.4	47.3
65-69 years	19.2	17.0	16.7
70+ years	3.8	6.7	5.9
Gender (%)			
Male	65.4	61.2	63.4
Female	34.6	38.8	36.6

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



C. Transplant Information

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

Characteristic	Percentage in each category		
	Center (N=36)	Region (N=48)	U.S. (N=498)
Ethnicity/Race (%)*			
White	36.1	45.8	77.9
African-American	0.0	2.1	4.8
Hispanic/Latino	58.3	45.8	12.9
Asian	2.8	4.2	3.8
Other	2.8	2.1	0.6
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	0.0	2.1	9.4
2-11 years	0.0	2.1	4.6
12-17	0.0	0.0	1.6
18-34	8.3	8.3	12.2
35-49 years	11.1	12.5	11.8
50-64 years	55.6	50.0	39.2
65-69 years	13.9	16.7	14.9
70+ years	11.1	8.3	6.2
Gender (%)			
Male	41.7	45.8	52.4
Female	58.3	54.2	47.6

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



C. Transplant Information

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

Characteristic	Percentage in each category		
	Center (N=78)	Region (N=928)	U.S. (N=8,285)
Blood Type (%)			
O	47.4	48.4	45.3
A	30.8	34.3	36.8
B	20.5	13.3	13.0
AB	1.3	4.1	4.9
Previous Transplant (%)			
Yes	7.7	4.1	4.6
No	92.3	95.9	95.4
Body Mass Index (%)			
0-20	7.7	11.9	10.9
21-25	30.8	25.4	26.7
26-30	25.6	30.7	29.8
31-35	17.9	17.2	18.8
36-40	12.8	9.8	8.2
41+	5.1	3.0	4.2
Unknown	0.0	1.9	1.5
Primary Disease (%)			
Acute Hepatic Necrosis	6.4	5.0	4.3
Non-Cholestatic Cirrhosis	84.6	65.7	65.2
Cholestatic Liver Disease/Cirrhosis	3.8	6.1	7.2
Biliary Atresia	0.0	1.6	2.1
Metabolic Diseases	1.3	4.4	2.9
Malignant Neoplasms	0.0	13.4	14.7
Other	3.8	3.8	3.6
Missing	0.0	0.0	0.0
Medical Urgency Statust/MELD/PELD at Transplant (%)*			
Status 1A	3.8	2.3	2.9
Status 1B	0.0	1.3	1.4
MELD 6-10	17.9	12.1	11.8
MELD 11-14	11.5	6.8	7.0
MELD 15-20	10.3	15.9	16.8
MELD 21-30	25.6	29.1	30.1
MELD 31-40	21.8	21.8	21.2
PELD less than or equal to 10	0.0	2.2	1.1
PELD 11-14	0.0	0.5	0.3
PELD 15-20	0.0	0.2	0.3
PELD 21-30	0.0	0.2	0.5
PELD 31 or greater	0.0	0.5	0.2
Temporarily Inactive	0.0	0.0	0.0
Recipient Medical Condition at Transplant (%)			
Not Hospitalized	57.7	59.3	64.1
Hospitalized	32.1	24.4	21.1
ICU	10.3	16.4	14.5
Unknown	0.0	0.0	0.3

* 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



C. Transplant Information

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

Characteristic	Percentage in each category		
	Center (N=36)	Region (N=48)	U.S. (N=498)
Blood Type (%)			
O	61.1	54.2	44.4
A	30.6	35.4	42.2
B	5.6	6.2	9.6
AB	2.8	4.2	3.8
Previous Transplant (%)			
Yes	0.0	2.1	1.2
No	100.0	97.9	98.8
Body Mass Index (%)			
0-20	5.6	10.4	21.9
21-25	27.8	27.1	30.3
26-30	27.8	31.2	26.3
31-35	25.0	20.8	14.3
36-40	5.6	4.2	4.0
41+	8.3	6.2	2.2
Unknown	0.0	0.0	1.0
Primary Disease (%)			
Acute Hepatic Necrosis	2.8	2.1	1.6
Non-Cholestatic Cirrhosis	91.7	85.4	51.2
Cholestatic Liver Disease/Cirrhosis	5.6	6.2	19.3
Biliary Atresia	0.0	4.2	9.4
Metabolic Diseases	0.0	0.0	3.4
Malignant Neoplasms	0.0	2.1	11.2
Other	0.0	0.0	3.8
Missing	0.0	0.0	0.0
Medical Urgency Statust/MELD/PELD at Transplant (%)*			
Status 1A	0.0	0.0	0.6
Status 1B	0.0	0.0	1.6
MELD 6-10	25.0	31.2	19.5
MELD 11-14	19.4	18.8	21.3
MELD 15-20	30.6	22.9	27.1
MELD 21-30	25.0	22.9	16.3
MELD 31-40	0.0	0.0	0.6
PELD less than or equal to 10	0.0	0.0	4.8
PELD 11-14	0.0	0.0	1.4
PELD 15-20	0.0	2.1	2.4
PELD 21-30	0.0	2.1	2.0
PELD 31 or greater	0.0	0.0	1.0
Temporarily Inactive	0.0	0.0	1.2
Recipient Medical Condition at Transplant (%)			
Not Hospitalized	83.3	81.2	87.3
Hospitalized	16.7	16.7	9.2
ICU	0.0	2.1	3.0
Unknown	0.0	0.0	0.4

* 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



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=78)	Region (N=928)	U.S. (N=8,285)
Cause of Death (%)			
Deceased: Stroke	29.5	28.4	26.3
Deceased: MVA	24.4	14.4	12.4
Deceased: Other	46.2	57.1	61.2
Ethnicity/Race (%)*			
White	48.7	52.5	62.9
African-American	12.8	17.3	17.8
Hispanic/Latino	35.9	26.9	15.4
Asian	2.6	2.5	2.8
Other	0.0	0.8	1.1
Not Reported	0.0	0.0	0.0
Age (%)			
<2 years	0.0	1.7	1.1
2-11 years	1.3	4.0	2.4
12-17	6.4	4.8	4.1
18-34	46.2	33.6	33.7
35-49 years	24.4	27.3	27.3
50-64 years	16.7	22.7	24.5
65-69 years	3.8	2.9	3.6
70+ years	1.3	2.9	3.3
Gender (%)			
Male	52.6	61.7	61.1
Female	47.4	38.3	38.9
Blood Type (%)			
O	51.3	50.2	48.3
A	32.1	35.9	37.6
B	16.7	11.6	11.3
AB	0.0	2.3	2.8
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 C3L. Living donor characteristics
Transplants performed between 07/01/2019 and 06/30/2020

Donor Characteristic	Percentage in each category		
	Center (N=36)	Region (N=48)	U.S. (N=498)
Ethnicity/Race (%)*			
White	33.3	43.8	79.3
African-American	0.0	2.1	4.2
Hispanic/Latino	41.7	35.4	10.8
Asian	0.0	0.0	3.2
Other	25.0	18.8	2.4
Not Reported	0.0	0.0	0.0
Age (%)			
0-11 years	0.0	0.0	0.4
12-17	0.0	0.0	0.2
18-34	63.9	58.3	42.6
35-49 years	36.1	37.5	42.4
50-64 years	0.0	4.2	14.5
65-69 years	0.0	0.0	0.0
70+ years	0.0	0.0	0.0
Gender (%)			
Male	38.9	39.6	46.6
Female	61.1	60.4	53.4
Blood Type (%)			
O	72.2	62.5	61.8
A	25.0	33.3	30.9
B	2.8	4.2	5.2
AB	0.0	0.0	2.0
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=78)	Region (N=928)	U.S. (N=8,285)
Cold Ischemic Time (Hours): Local (%)			
Deceased: 0-5 hr	78.3	66.9	65.1
Deceased: 6-10 hr	19.6	29.5	32.2
Deceased: 11-15 hr	2.2	1.6	1.4
Deceased: 16-20 hr	0.0	0.0	0.1
Deceased: 21+ hr	0.0	0.0	0.0
Not Reported	0.0	2.0	1.2
Cold Ischemic Time (Hours): Shared (%)			
Deceased: 0-5 hr	50.0	61.8	43.3
Deceased: 6-10 hr	50.0	35.2	52.4
Deceased: 11-15 hr	0.0	1.1	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	1.9	1.6
Procedure Type (%)			
Liver alone	91.0	86.6	89.5
Liver and another organ	9.0	13.4	10.5
Sharing (%)			
Local	59.0	59.9	52.6
Shared	41.0	40.1	47.4
Median Time in Hospital After Transplant*	10.0 Days	10.0 Days	10.0 Days

* Multiple organ transplants are excluded from this statistic.



C. Transplant Information

Table C4L. Living donor transplant characteristics
Transplants performed between 07/01/2019 and 06/30/2020

Transplant Characteristic	Percentage in each category		
	Center (N=36)	Region (N=48)	U.S. (N=498)
Relation with Donor (%)			
Related	66.7	66.7	54.2
Unrelated	33.3	33.3	45.6
Not Reported	0.0	0.0	0.2
Procedure Type (%)			
Liver alone	100.0	100.0	100.0
Liver and another organ	0.0	0.0	0.0
Median Time in Hospital After Transplant*	11.0 Days	11.0 Days	11.0 Days

* Multiple organ transplants are excluded from this statistic.



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

	TXBC	U.S.
Number of transplants evaluated	241	17,824
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.76%	96.72%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.08%	--
Number of observed graft failures (including deaths) during the first month after transplant	3	584
Number of expected graft failures (including deaths) during the first month after transplant	7.09	--
Estimated hazard ratio*	0.55	--
95% credible interval for the hazard ratio**	[0.18, 1.13]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.18, 1.13], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 45% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 82% reduced risk up to 13% increased risk.

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

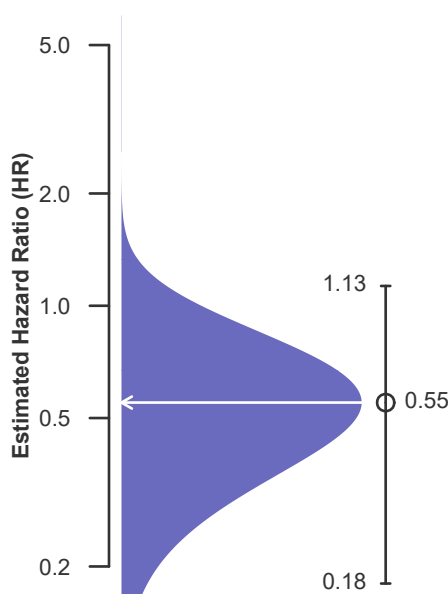
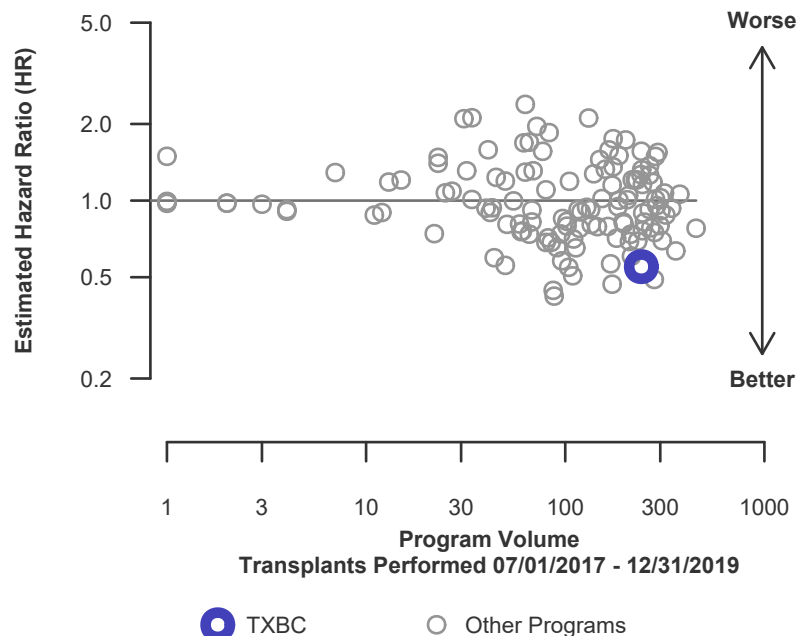


Figure C2. Adult (18+) 1-month graft failure HR program comparison





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	171	16,894
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.83%	96.70%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.02%	--
Number of observed graft failures (including deaths) during the first month after transplant	2	558
Number of expected graft failures (including deaths) during the first month after transplant	5.13	--
Estimated hazard ratio*	0.56	--
95% credible interval for the hazard ratio**	[0.15, 1.23]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.15, 1.23], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 44% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 85% reduced risk up to 23% increased risk.

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

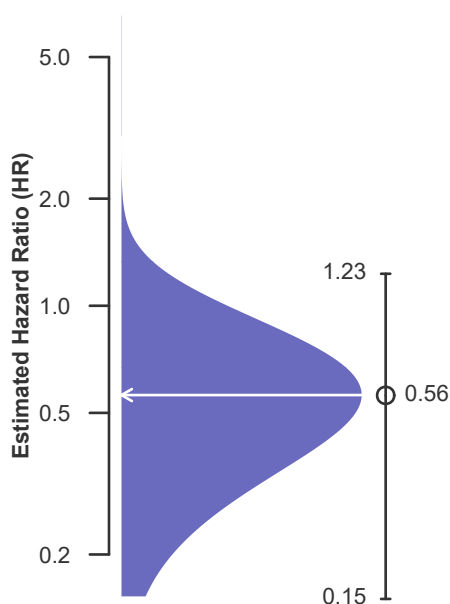
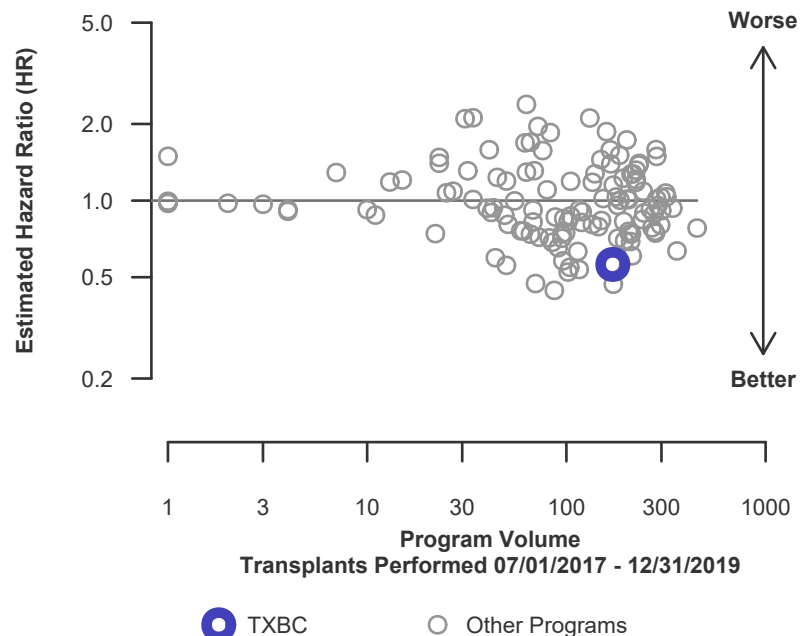


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	70	930
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.57%	97.20%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.21%	--
Number of observed graft failures (including deaths) during the first month after transplant	1	26
Number of expected graft failures (including deaths) during the first month after transplant	1.96	--
Estimated hazard ratio*	0.76	--
95% credible interval for the hazard ratio**	[0.16, 1.82]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.16, 1.82], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 24% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 84% reduced risk up to 82% increased risk.

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

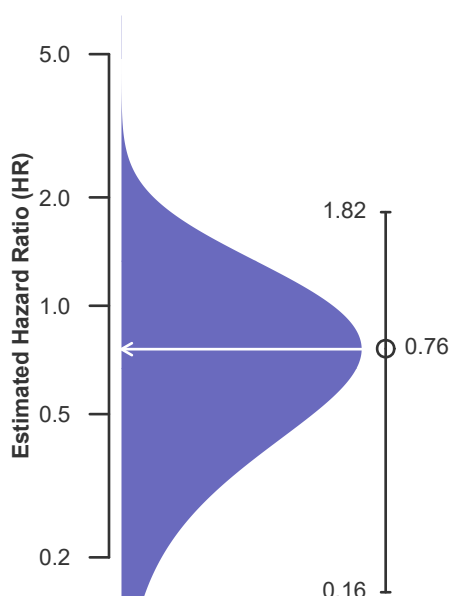
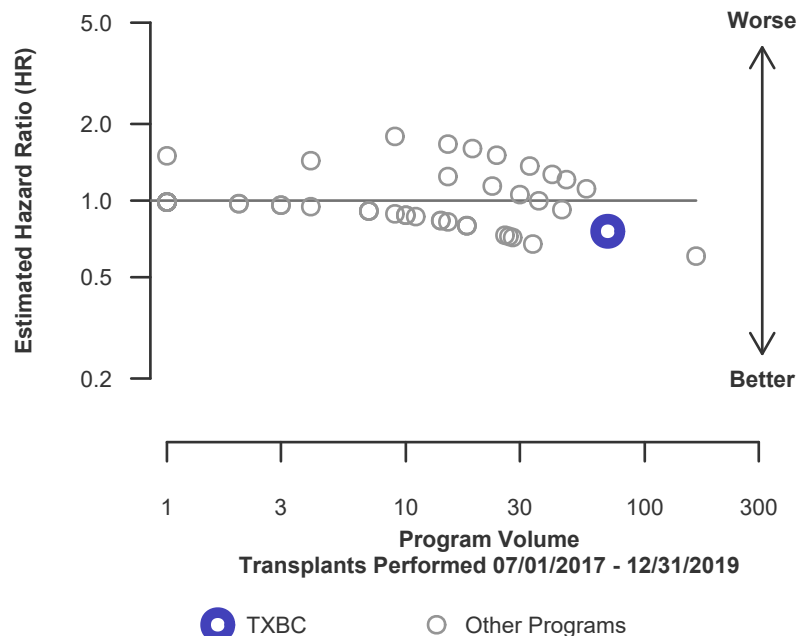


Figure C2L. Adult (18+) 1-month living donor graft failure HR program comparison





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

	TXBC	U.S.
Number of transplants evaluated	241	17,824
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	96.79%	92.04%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.66%	--
Number of observed graft failures (including deaths) during the first year after transplant	7	1,318
Number of expected graft failures (including deaths) during the first year after transplant	16.80	--
Estimated hazard ratio*	0.48	--
95% credible interval for the hazard ratio**	[0.22, 0.84]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.22, 0.84], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 52% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 78% reduced risk up to 16% reduced risk.

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

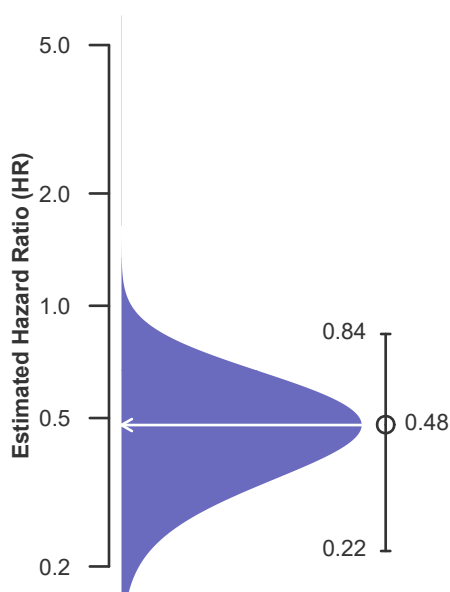
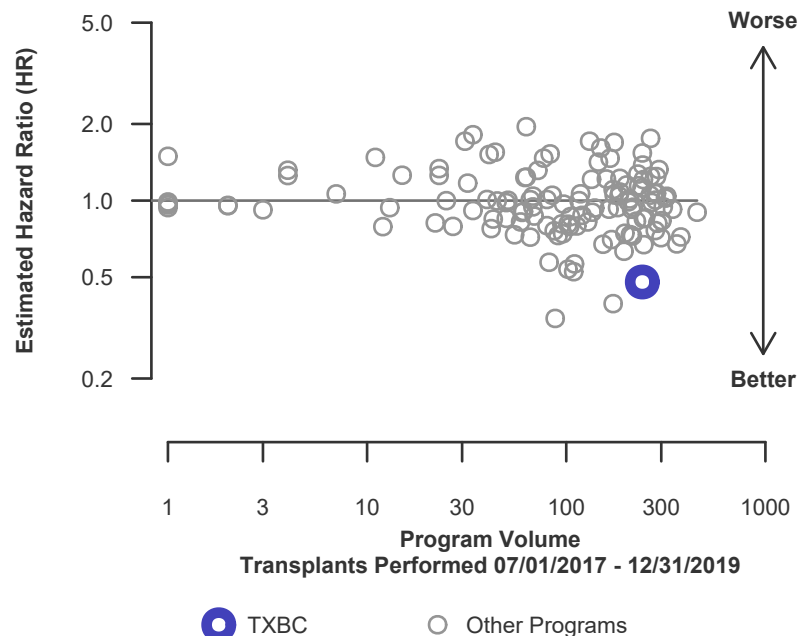


Figure C4. Adult (18+) 1-year graft failure HR program comparison





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	171	16,894
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	96.12%	91.98%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.47%	--
Number of observed graft failures (including deaths) during the first year after transplant	6	1,259
Number of expected graft failures (including deaths) during the first year after transplant	12.33	--
Estimated hazard ratio*	0.56	--
95% credible interval for the hazard ratio**	[0.24, 1.01]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.24, 1.01], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 44% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 76% reduced risk up to 1% increased risk.

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

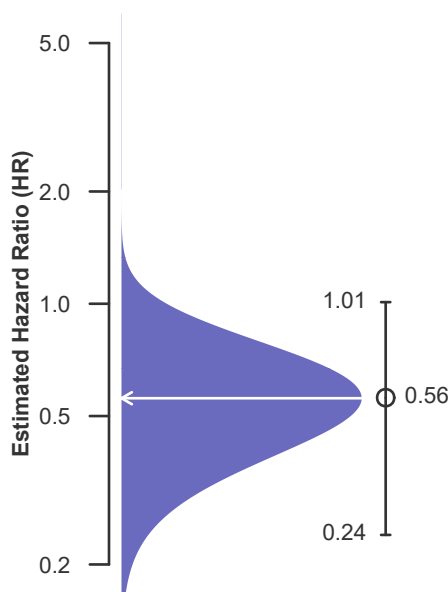
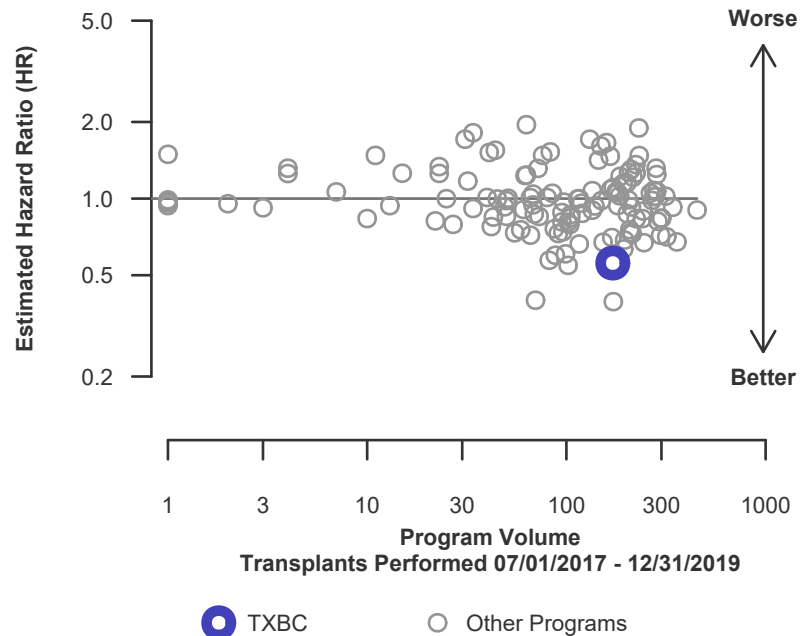


Figure C4D. Adult (18+) 1-year deceased donor graft failure HR program comparison





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	70	930
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	98.57%	93.10%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	93.11%	--
Number of observed graft failures (including deaths) during the first year after transplant	1	59
Number of expected graft failures (including deaths) during the first year after transplant	4.46	--
Estimated hazard ratio*	0.46	--
95% credible interval for the hazard ratio**	[0.10, 1.12]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.10, 1.12], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 54% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 90% reduced risk up to 12% increased risk.

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

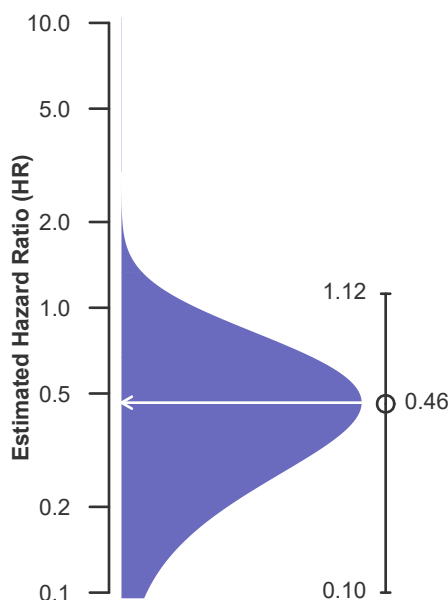
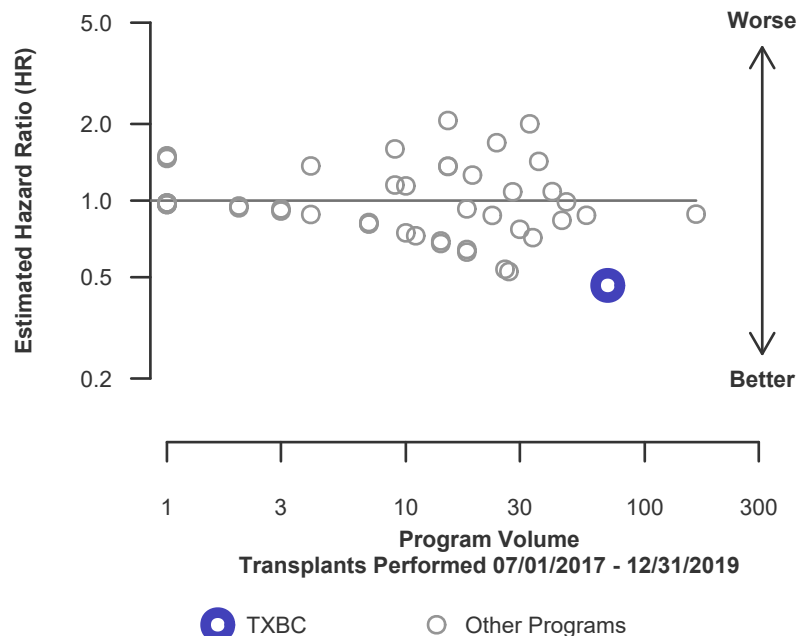


Figure C4L. Adult (18+) 1-year living donor graft failure HR program comparison





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

	TXBC	U.S.
Number of transplants evaluated	160	15,680
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	85.00%	84.98%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	85.72%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	24	2,348
Number of expected graft failures (including deaths) during the first 3 years after transplant	22.55	--
Estimated hazard ratio*	1.06	--
95% credible interval for the hazard ratio**	[0.69, 1.50]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.69, 1.50], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 6% higher risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 31% reduced risk up to 50% increased risk.

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

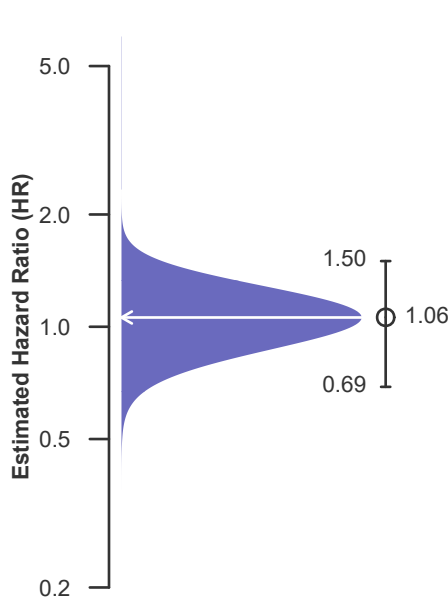
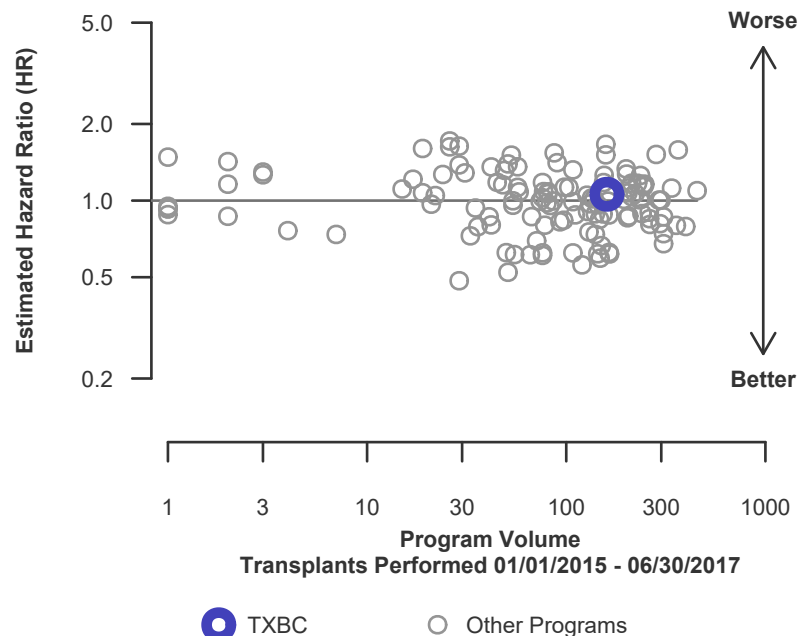


Figure C6. Adult (18+) 3-year graft failure HR program comparison





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	146	14,976
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	84.25%	84.95%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	85.73%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	23	2,247
Number of expected graft failures (including deaths) during the first 3 years after transplant	20.45	--
Estimated hazard ratio*	1.11	--
95% credible interval for the hazard ratio**	[0.72, 1.59]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.72, 1.59], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 11% higher risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 28% reduced risk up to 59% increased risk.

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

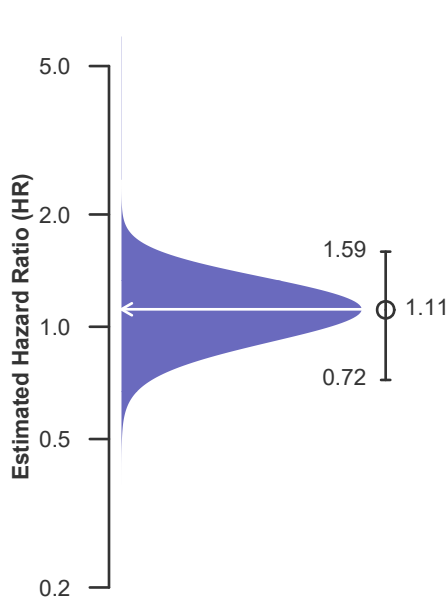
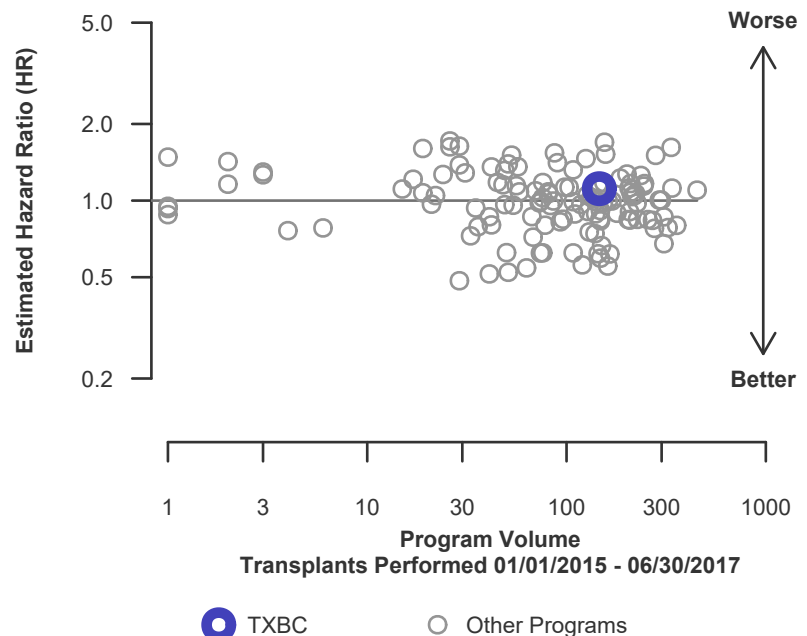


Figure C6D. Adult (18+) 3-year deceased donor graft failure HR program comparison





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	14	704
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	92.86%	85.60%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	85.61%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	1	101
Number of expected graft failures (including deaths) during the first 3 years after transplant	2.11	--
Estimated hazard ratio*	0.73	--
95% credible interval for the hazard ratio**	[0.15, 1.76]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.15, 1.76], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 27% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 85% reduced risk up to 76% increased risk.

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

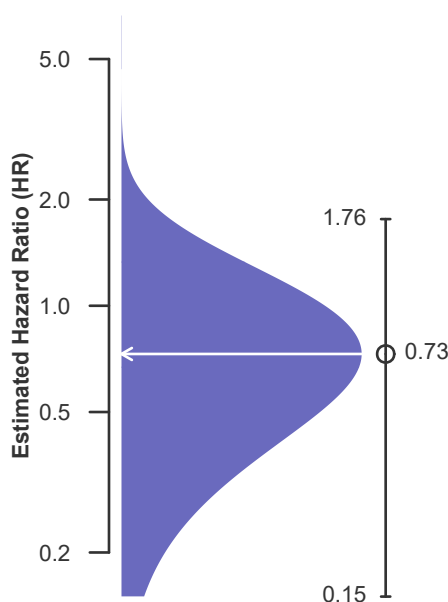
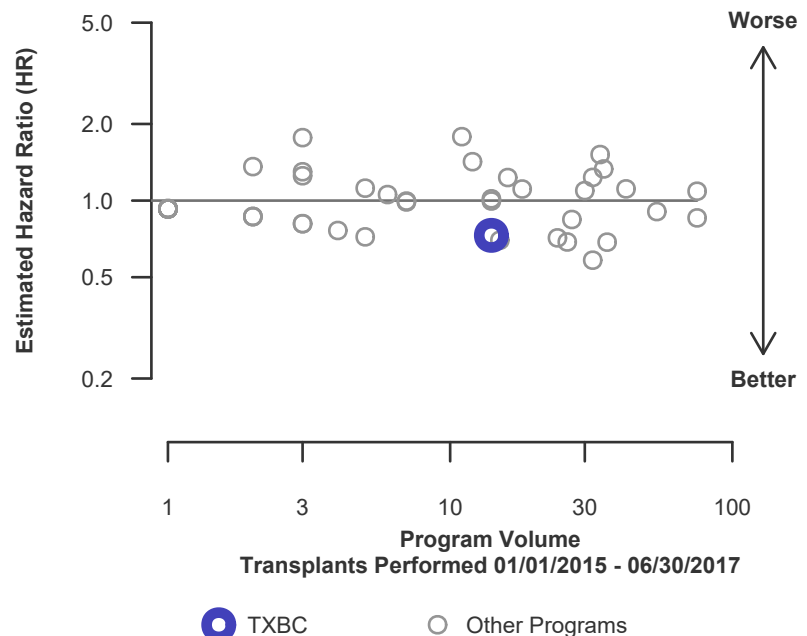


Figure C6L. Adult (18+) 3-year living donor graft failure HR program comparison





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

	TXBC	U.S.
Number of transplants evaluated	9	1,329
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	77.78%	95.26%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	95.54%	--
Number of observed graft failures (including deaths) during the first month after transplant	2	63
Number of expected graft failures (including deaths) during the first month after transplant	0.39	--
Estimated hazard ratio*	1.67	--
95% credible interval for the hazard ratio**	[0.46, 3.66]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.46, 3.66], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 67% higher risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 54% reduced risk up to 266% increased risk.

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

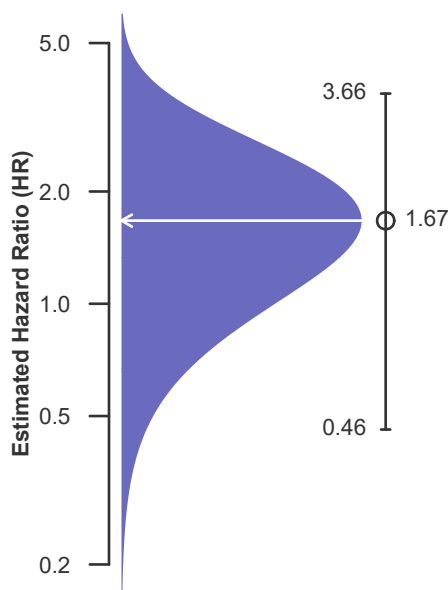
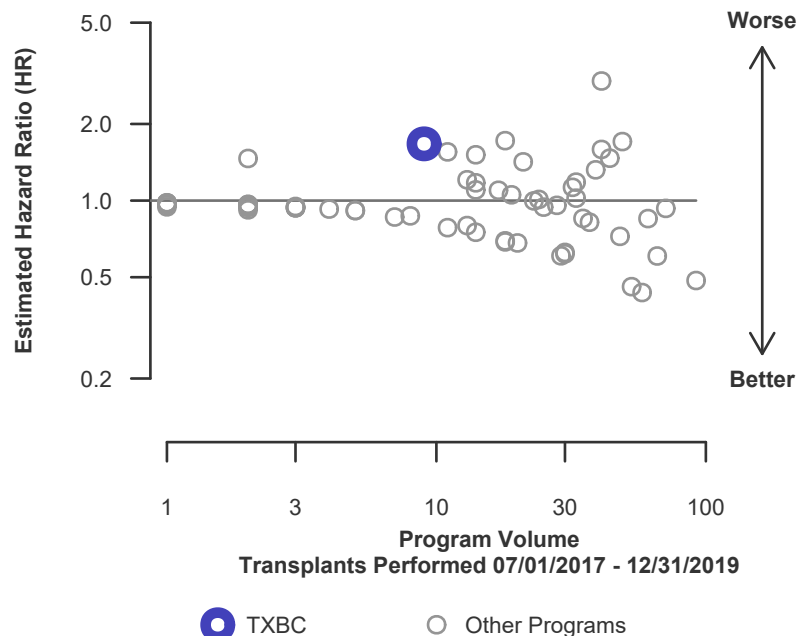


Figure C8. Pediatric (<18) 1-month graft failure HR program comparison





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	7	1,153
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	71.43%	95.14%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	95.40%	--
Number of observed graft failures (including deaths) during the first month after transplant	2	56
Number of expected graft failures (including deaths) during the first month after transplant	0.31	--
Estimated hazard ratio*	1.73	--
95% credible interval for the hazard ratio**	[0.47, 3.79]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.47, 3.79], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 73% higher risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 53% reduced risk up to 279% increased risk.

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

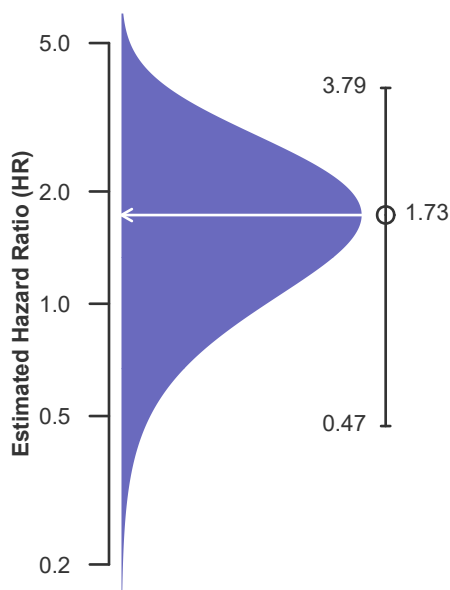
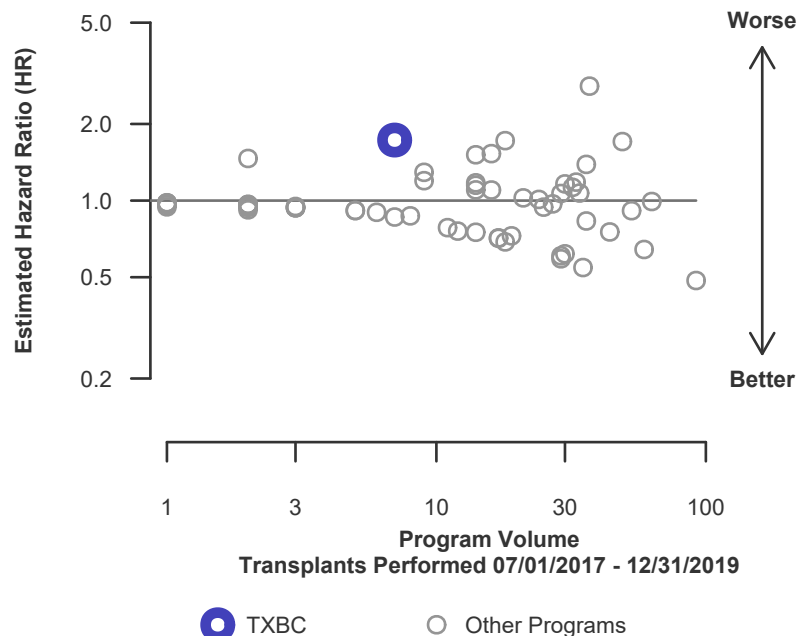


Figure C8D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	2	176
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	96.02%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	96.04%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	7
Number of expected graft failures (including deaths) during the first month after transplant	0.08	--
Estimated hazard ratio*	0.96	--
95% credible interval for the hazard ratio**	[0.12, 2.68]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

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

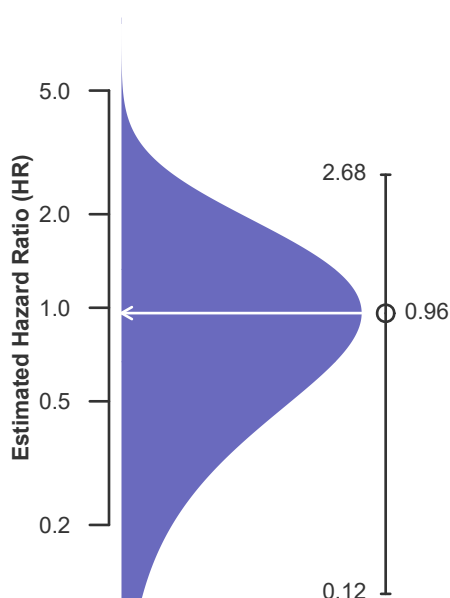
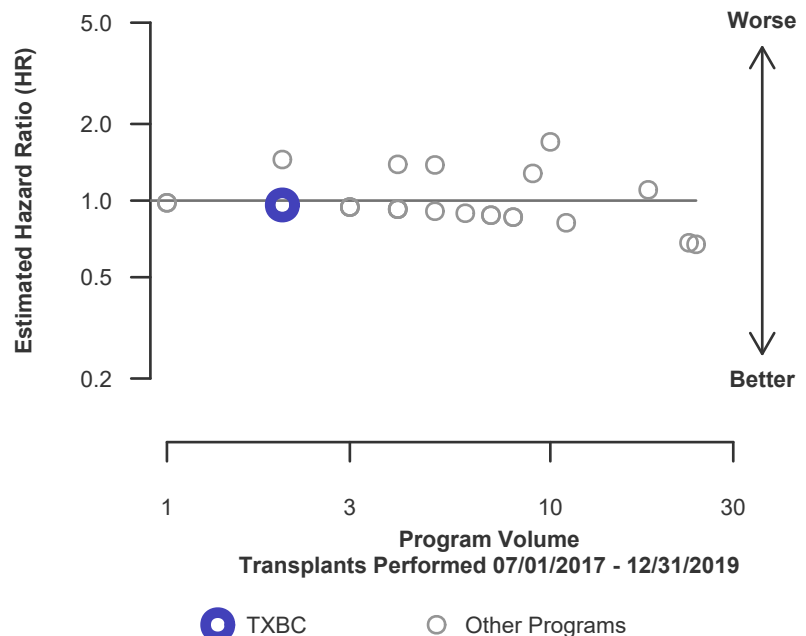


Figure C8L. Pediatric (<18) 1-month living donor graft failure HR program comparison





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

	TXBC	U.S.
Number of transplants evaluated	9	1,329
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	77.78%	92.38%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.12%	--
Number of observed graft failures (including deaths) during the first year after transplant	2	98
Number of expected graft failures (including deaths) during the first year after transplant	0.65	--
Estimated hazard ratio*	1.51	--
95% credible interval for the hazard ratio**	[0.41, 3.31]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.41, 3.31], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 51% higher risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 59% reduced risk up to 231% increased risk.

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

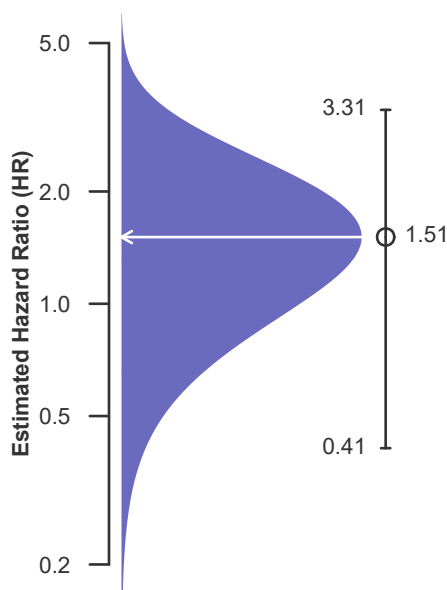
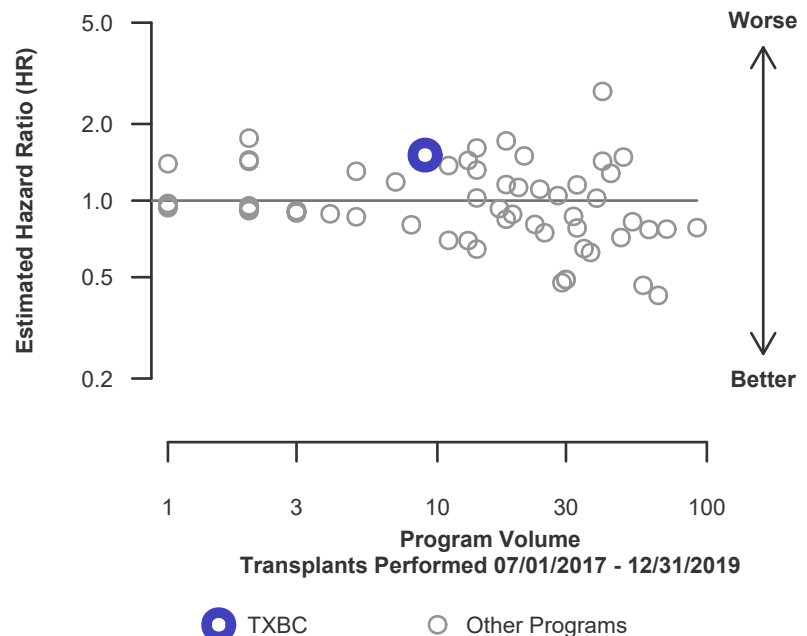


Figure C10. Pediatric (<18) 1-year graft failure HR program comparison





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	7	1,153
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	71.43%	92.34%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.00%	--
Number of observed graft failures (including deaths) during the first year after transplant	2	86
Number of expected graft failures (including deaths) during the first year after transplant	0.50	--
Estimated hazard ratio*	1.60	--
95% credible interval for the hazard ratio**	[0.44, 3.51]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.44, 3.51], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 60% higher risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 56% reduced risk up to 251% increased risk.

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

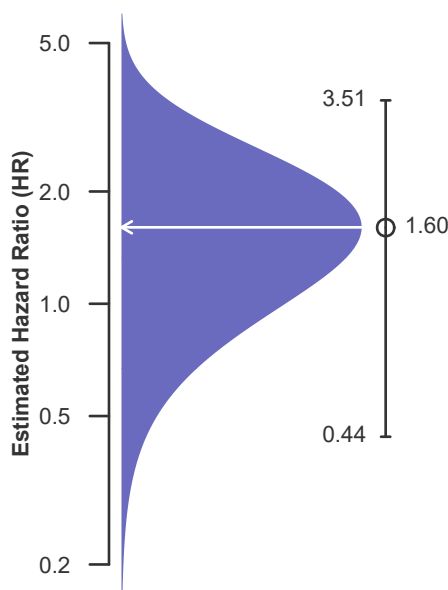
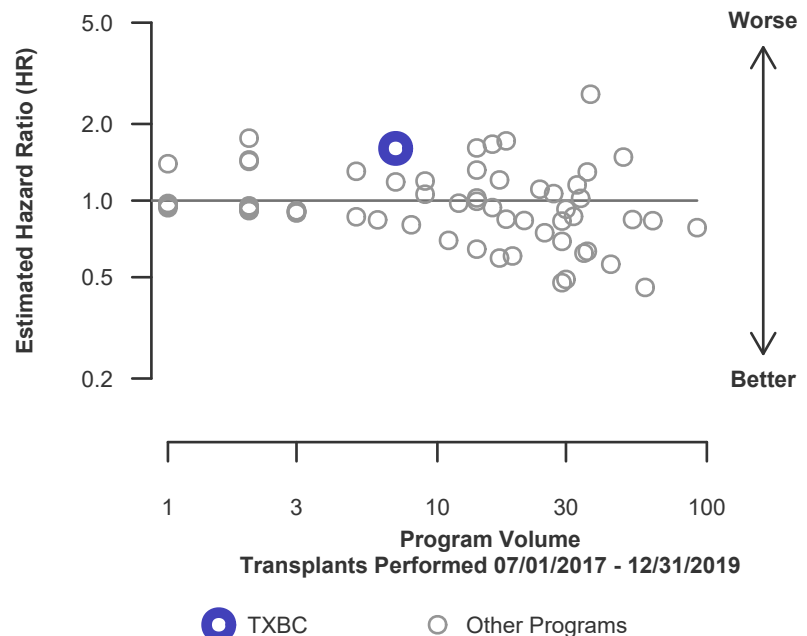


Figure C10D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	2	176
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	92.51%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.54%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	12
Number of expected graft failures (including deaths) during the first year after transplant	0.16	--
Estimated hazard ratio*	0.93	--
95% credible interval for the hazard ratio**	[0.11, 2.59]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.11, 2.59], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 7% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 89% reduced risk up to 159% increased risk.

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

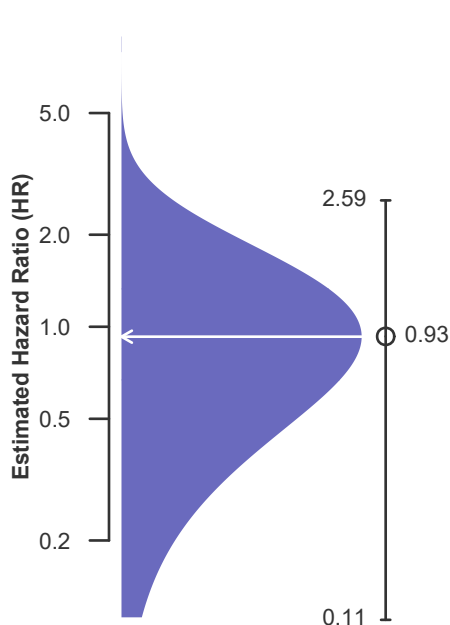
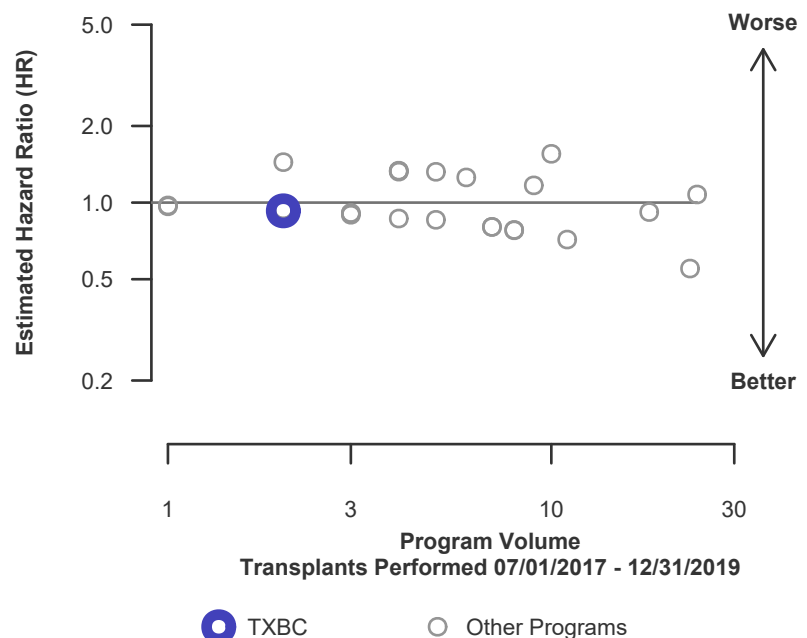


Figure C10L. Pediatric (<18) 1-year living donor graft failure HR program comparison





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

	TXBC	U.S.
Number of transplants evaluated	8	1,331
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	87.50%	89.17%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	88.51%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	1	144
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.96	--
Estimated hazard ratio*	1.01	--
95% credible interval for the hazard ratio**	[0.21, 2.44]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.21, 2.44], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 1% higher risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 79% reduced risk up to 144% increased risk.

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

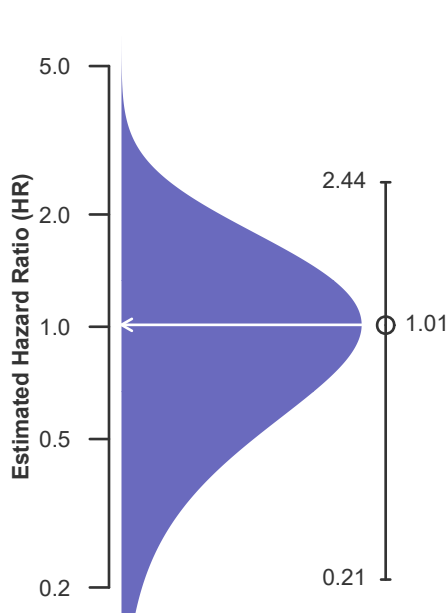
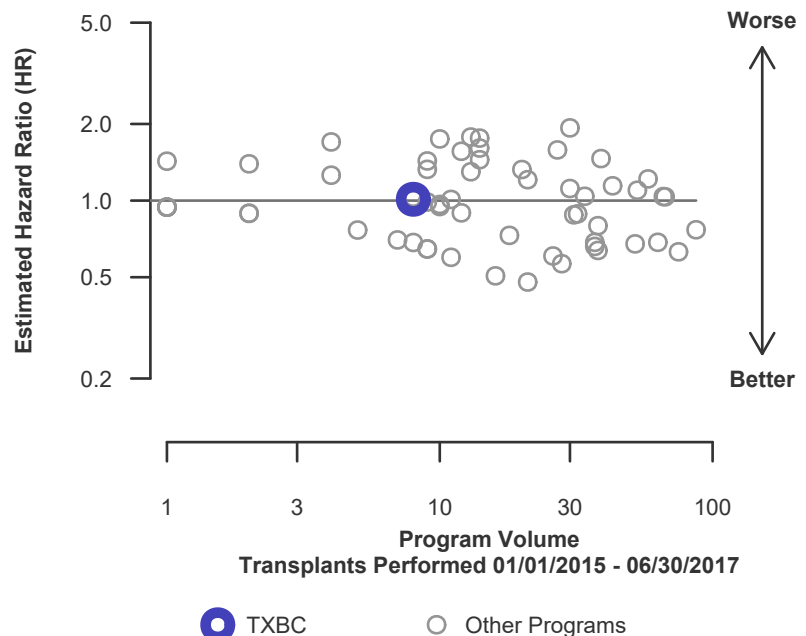


Figure C12. Pediatric (<18) 3-year graft failure HR program comparison





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	8	1,148
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	87.50%	88.49%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	88.51%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	1	132
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.96	--
Estimated hazard ratio*	1.01	--
95% credible interval for the hazard ratio**	[0.21, 2.44]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.21, 2.44], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 1% higher risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 79% reduced risk up to 144% increased risk.

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

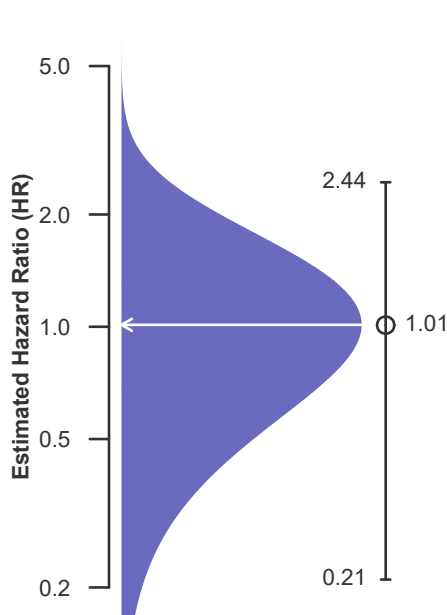
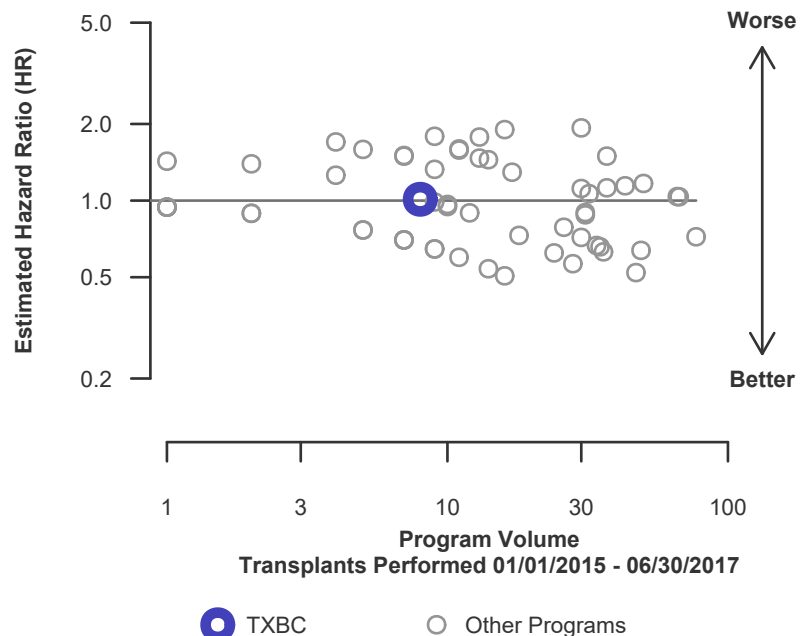


Figure C12D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison





C. Transplant Information

Table C10L. Pediatric (<18) 3-year survival with a functioning living donor graft
Single organ transplants performed between 01/01/2015 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

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

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



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

	TXBC	U.S.
Number of transplants evaluated	236	17,173
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	99.15%	97.94%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.46%	--
Number of observed deaths during the first month after transplant	2	353
Number of expected deaths during the first month after transplant	3.63	--
Estimated hazard ratio*	0.71	--
95% credible interval for the hazard ratio**	[0.19, 1.56]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.19, 1.56], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 29% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 81% reduced risk up to 56% increased risk.

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

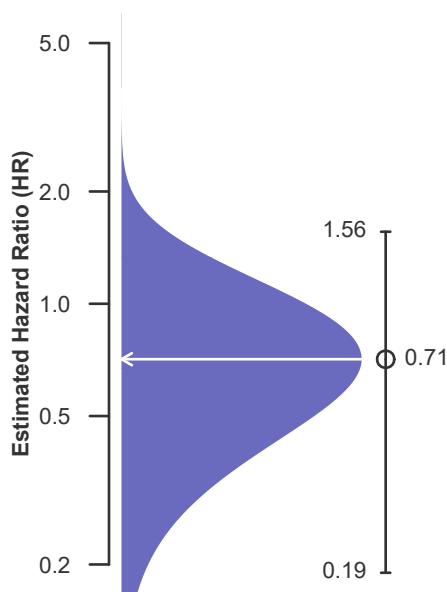
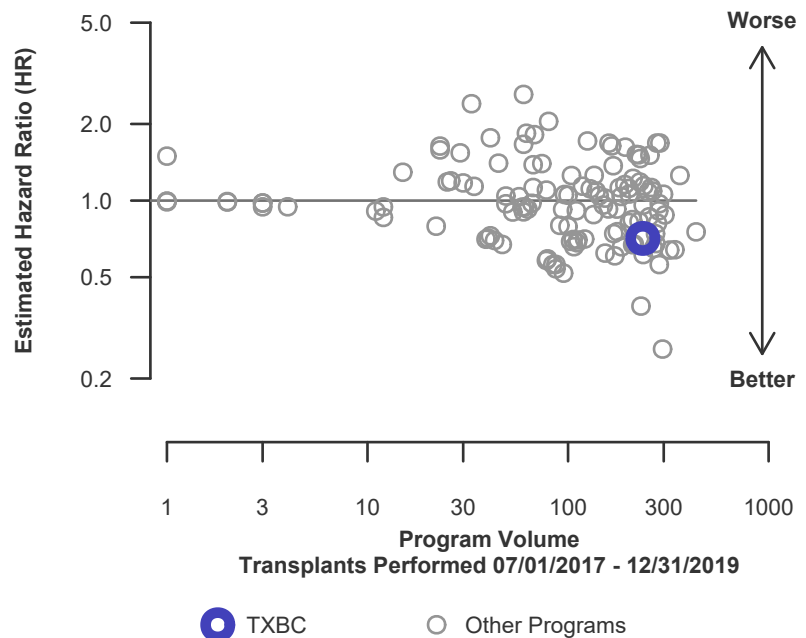


Figure C14. Adult (18+) 1-month patient death HR program comparison





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	166	16,254
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	98.80%	97.87%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.09%	--
Number of observed deaths during the first month after transplant	2	347
Number of expected deaths during the first month after transplant	3.17	--
Estimated hazard ratio*	0.77	--
95% credible interval for the hazard ratio**	[0.21, 1.69]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.21, 1.69], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 23% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 79% reduced risk up to 69% increased risk.

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

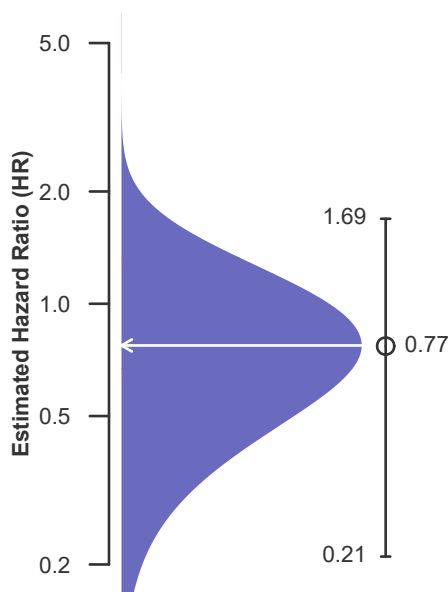
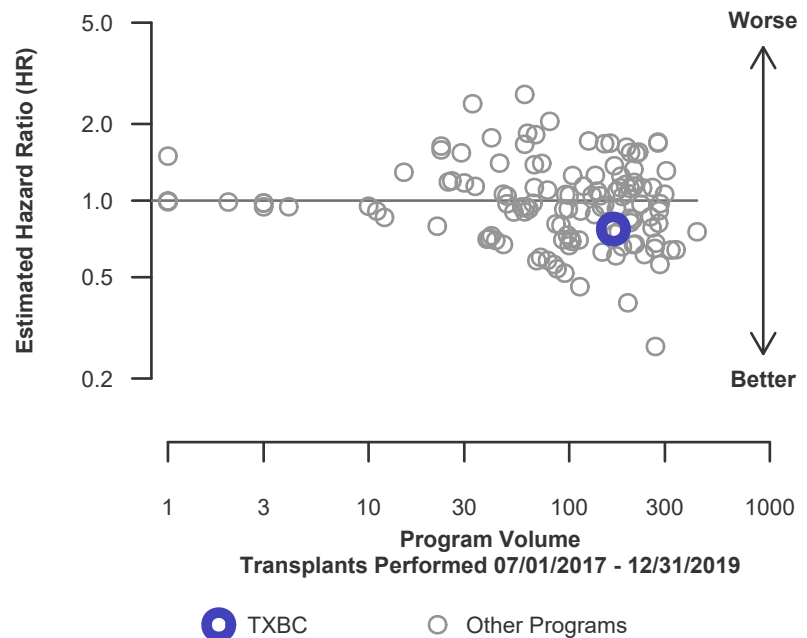


Figure C14D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	70	919
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.35%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.35%	--
Number of observed deaths during the first month after transplant	0	6
Number of expected deaths during the first month after transplant	0.46	--
Estimated hazard ratio*	0.81	--
95% credible interval for the hazard ratio**	[0.10, 2.27]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.10, 2.27], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 19% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 90% reduced risk up to 127% increased risk.

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

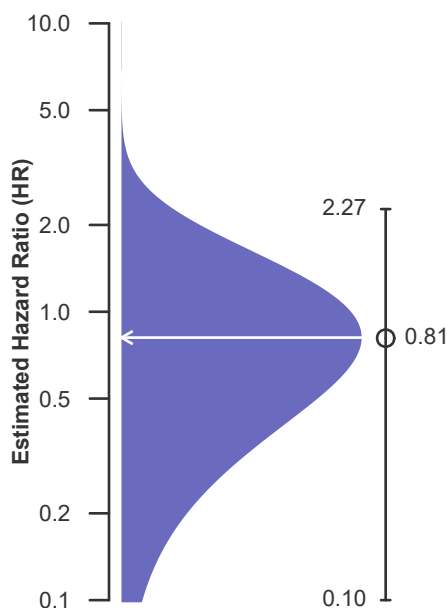
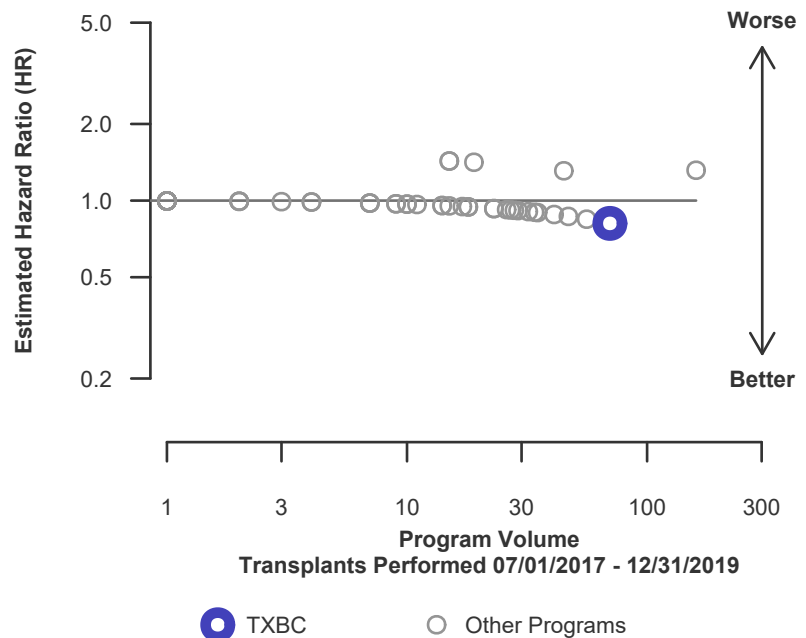


Figure C14L. Adult (18+) 1-month patient death HR program comparison (living donor grafts)





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

	TXBC	U.S.
Number of transplants evaluated	236	17,173
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	97.70%	93.83%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	94.79%	--
Number of observed deaths during the first year after transplant	5	971
Number of expected deaths during the first year after transplant	11.43	--
Estimated hazard ratio*	0.52	--
95% credible interval for the hazard ratio**	[0.21, 0.97]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.21, 0.97], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 48% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 79% reduced risk up to 3% reduced risk.

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

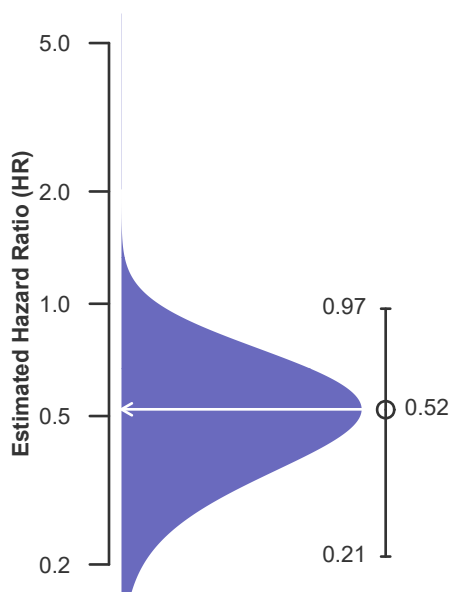
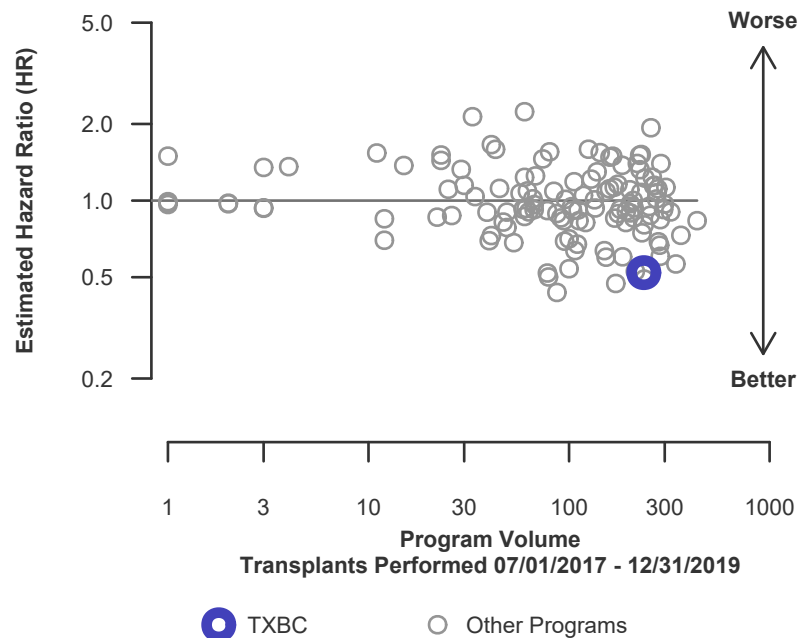


Figure C16. Adult (18+) 1-year patient death HR program comparison





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	166	16,254
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	96.78%	93.69%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	94.15%	--
Number of observed deaths during the first year after transplant	5	941
Number of expected deaths during the first year after transplant	9.17	--
Estimated hazard ratio*	0.63	--
95% credible interval for the hazard ratio**	[0.25, 1.17]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.25, 1.17], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 37% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 75% reduced risk up to 17% increased risk.

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

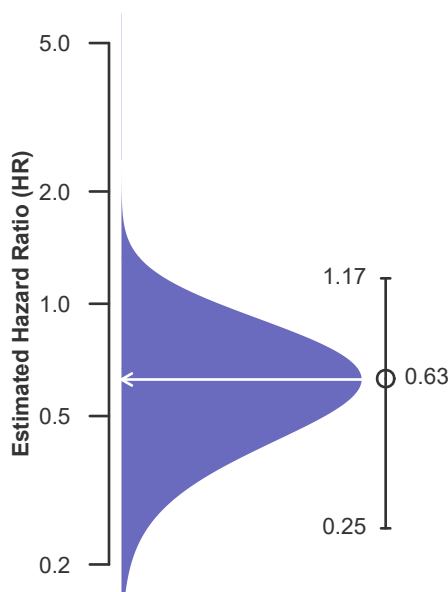
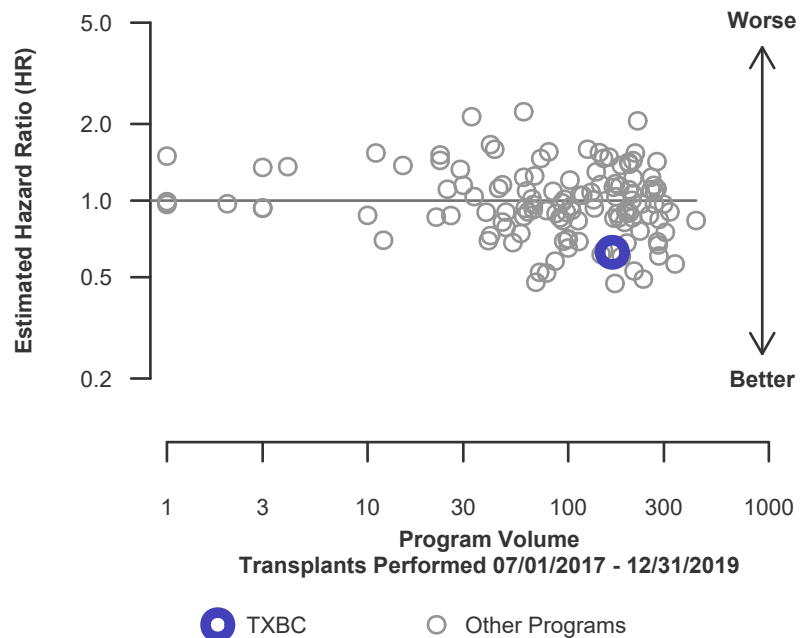


Figure C16D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	70	919
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	96.30%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	96.30%	--
Number of observed deaths during the first year after transplant	0	30
Number of expected deaths during the first year after transplant	2.26	--
Estimated hazard ratio*	0.47	--
95% credible interval for the hazard ratio**	[0.06, 1.31]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death 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 TXBC's true hazard ratio with 95% probability. The best estimate is 53% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 94% reduced risk up to 31% increased risk.

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

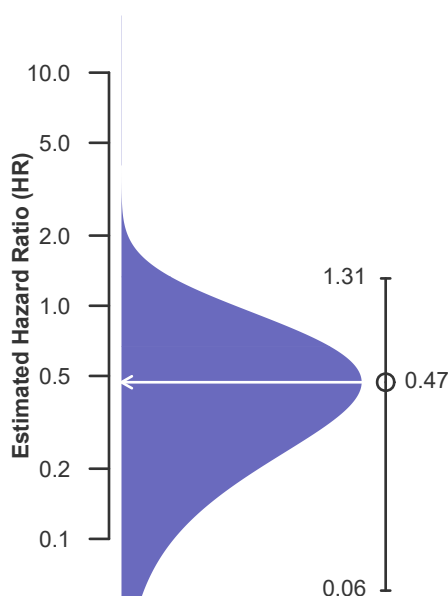
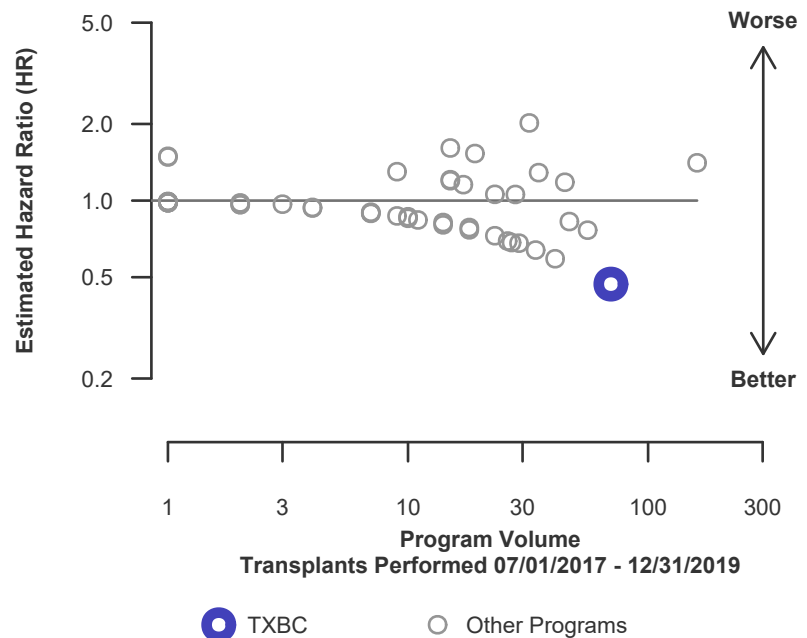


Figure C16L. Adult (18+) 1-year patient death HR program comparison (living donor grafts)





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

	TXBC	U.S.
Number of transplants evaluated	155	15,057
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	87.74%	87.40%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	88.47%	--
Number of observed deaths during the first 3 years after transplant	19	1,891
Number of expected deaths during the first 3 years after transplant	17.71	--
Estimated hazard ratio*	1.07	--
95% credible interval for the hazard ratio**	[0.66, 1.57]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.66, 1.57], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 7% higher risk of patient death compared to an average program, but TXBC's performance could plausibly range from 34% reduced risk up to 57% increased risk.

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

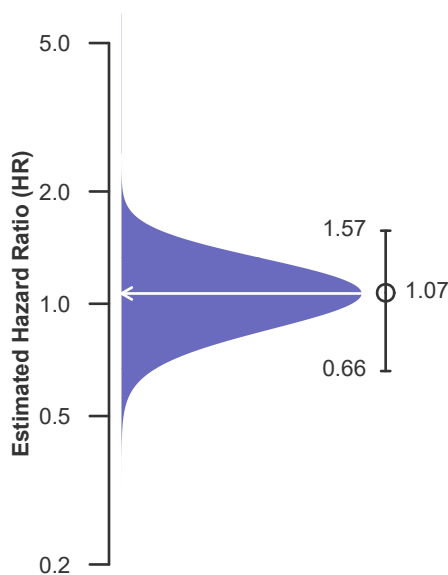
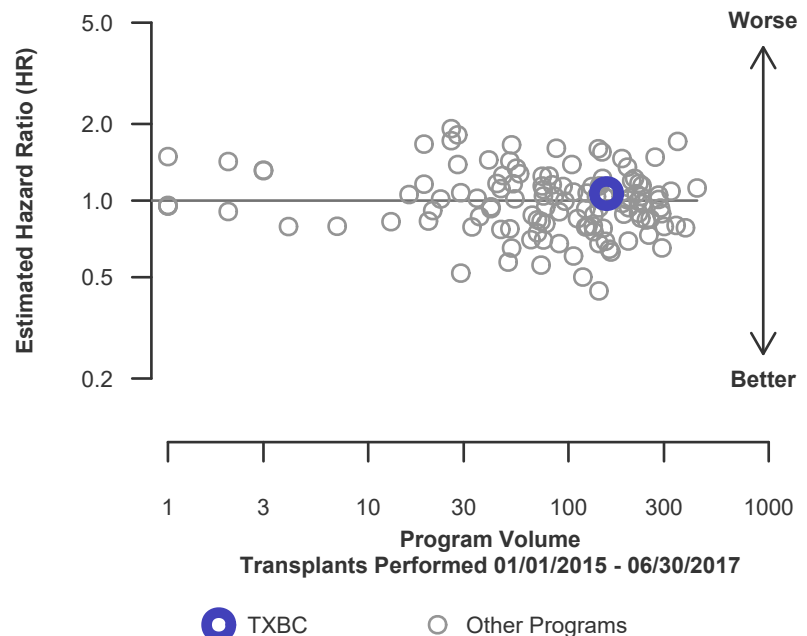


Figure C18. Adult (18+) 3-year patient death HR program comparison





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	141	14,358
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	87.23%	87.25%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	88.27%	--
Number of observed deaths during the first 3 years after transplant	18	1,825
Number of expected deaths during the first 3 years after transplant	16.36	--
Estimated hazard ratio*	1.09	--
95% credible interval for the hazard ratio**	[0.67, 1.62]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.67, 1.62], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 9% higher risk of patient death compared to an average program, but TXBC's performance could plausibly range from 33% reduced risk up to 62% increased risk.

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

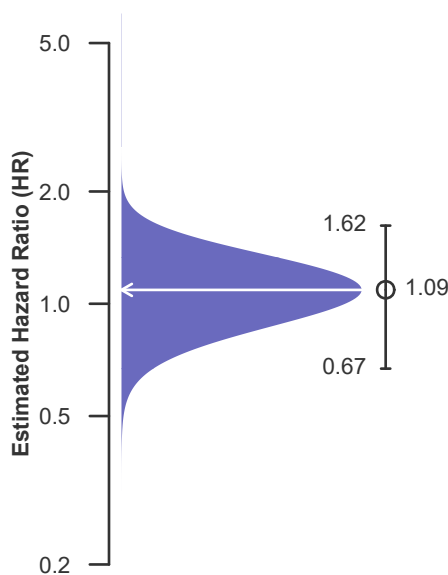
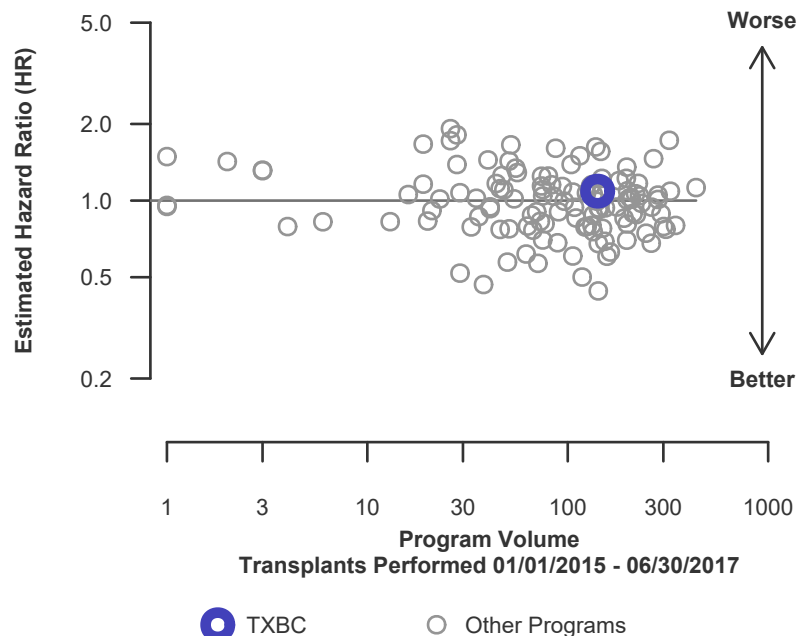


Figure C18D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	14	699
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	92.86%	90.51%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	90.52%	--
Number of observed deaths during the first 3 years after transplant	1	66
Number of expected deaths during the first 3 years after transplant	1.35	--
Estimated hazard ratio*	0.90	--
95% credible interval for the hazard ratio**	[0.18, 2.16]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.18, 2.16], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 10% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 82% reduced risk up to 116% increased risk.

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

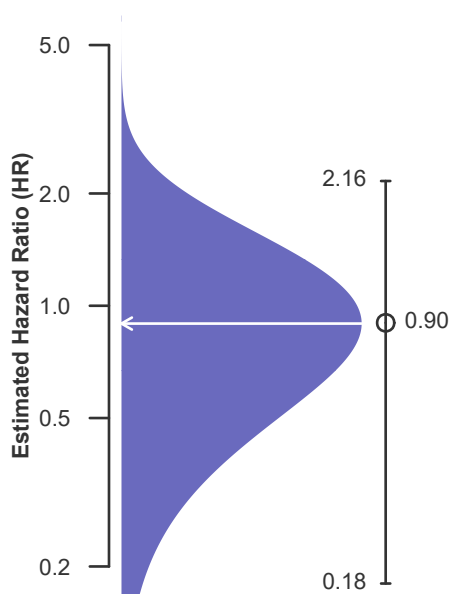
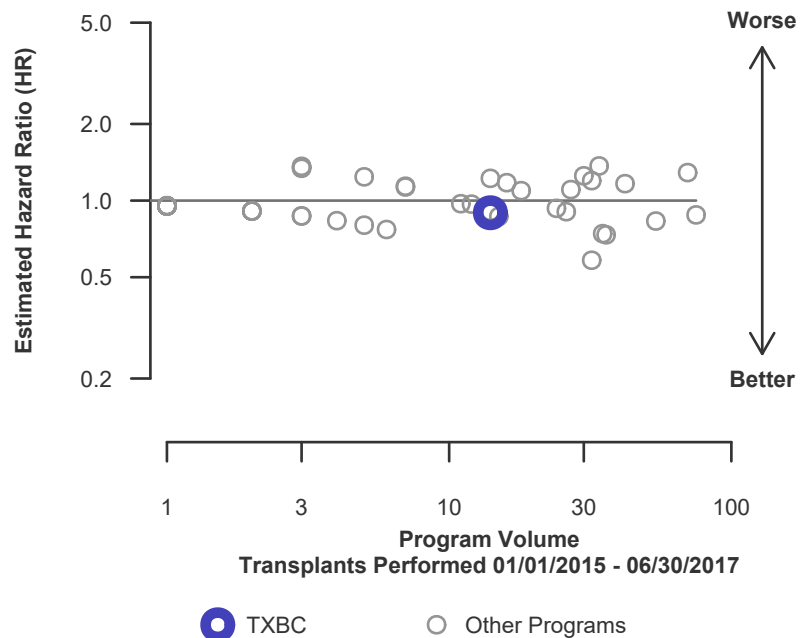


Figure C18L. Adult (18+) 3-year patient death HR program comparison (living donor grafts)





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

	TXBC	U.S.
Number of transplants evaluated	8	1,244
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	75.00%	97.91%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	97.81%	--
Number of observed deaths during the first month after transplant	2	26
Number of expected deaths during the first month after transplant	0.17	--
Estimated hazard ratio*	1.84	--
95% credible interval for the hazard ratio**	[0.50, 4.04]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.50, 4.04], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 84% higher risk of patient death compared to an average program, but TXBC's performance could plausibly range from 50% reduced risk up to 304% increased risk.

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

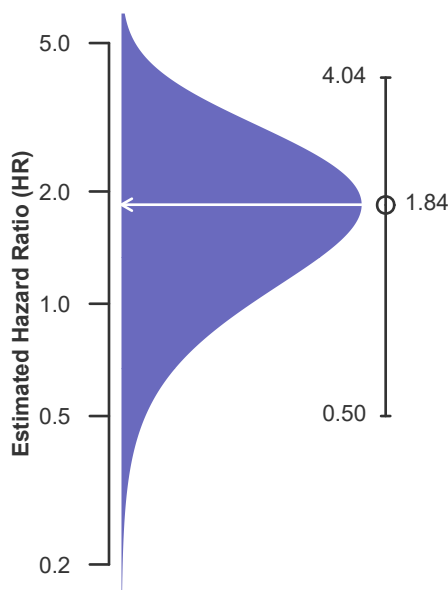
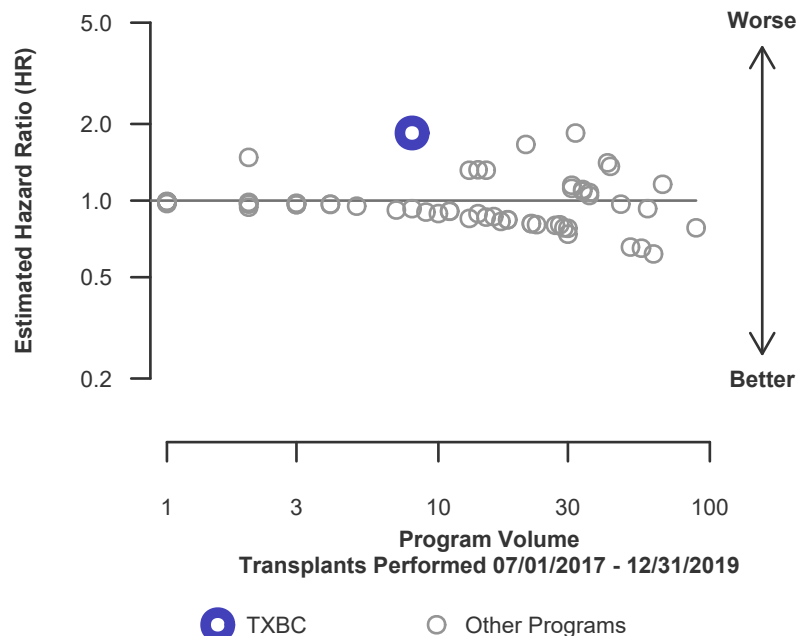


Figure C20. Pediatric (<18) 1-month patient death HR program comparison





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	6	1,070
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	66.67%	97.85%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	97.66%	--
Number of observed deaths during the first month after transplant	2	23
Number of expected deaths during the first month after transplant	0.14	--
Estimated hazard ratio*	1.87	--
95% credible interval for the hazard ratio**	[0.51, 4.11]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.51, 4.11], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 87% higher risk of patient death compared to an average program, but TXBC's performance could plausibly range from 49% reduced risk up to 311% increased risk.

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

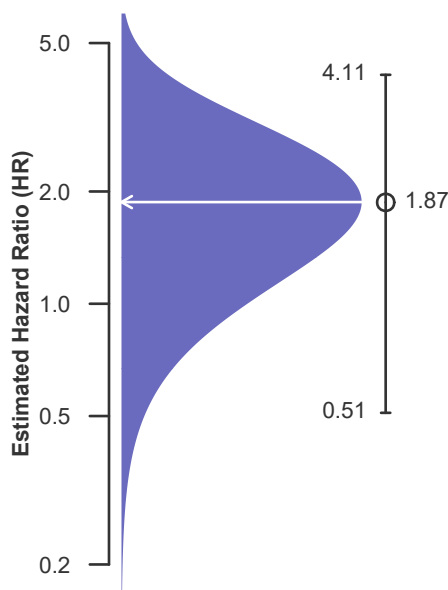
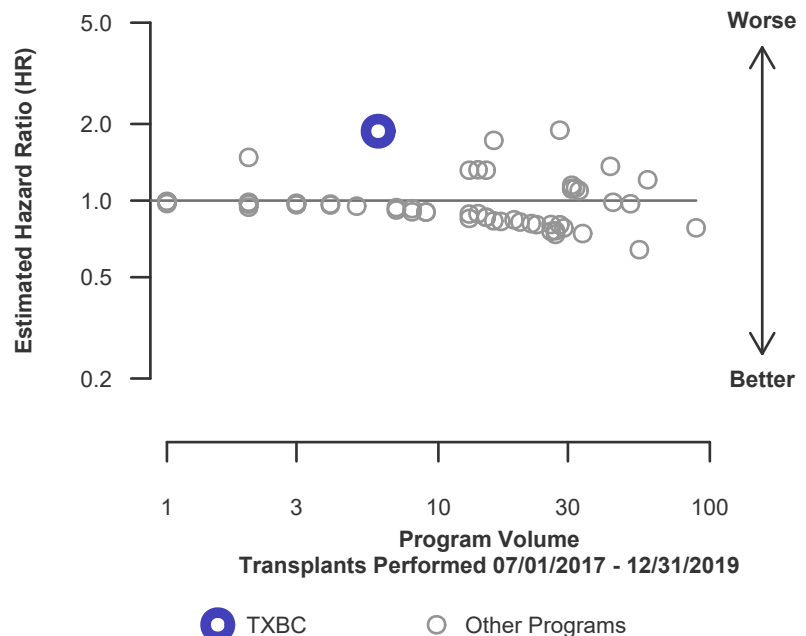


Figure C20D. Pediatric (<18) 1-month patient death HR program comparison (deceased donor grafts)





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	2	174
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.28%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.28%	--
Number of observed deaths during the first month after transplant	0	3
Number of expected deaths during the first month after transplant	0.03	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.74]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.12, 2.74], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 2% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 88% reduced risk up to 174% increased risk.

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

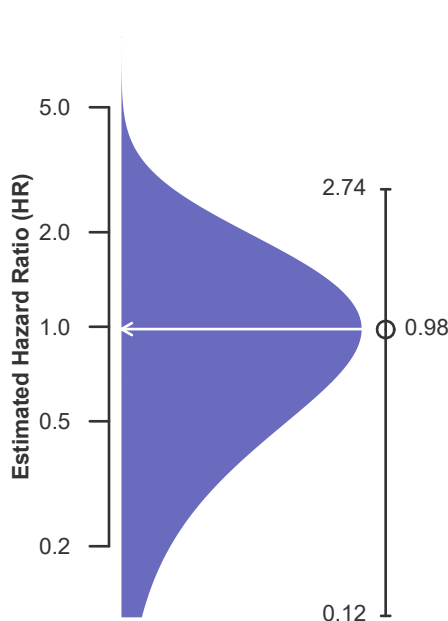
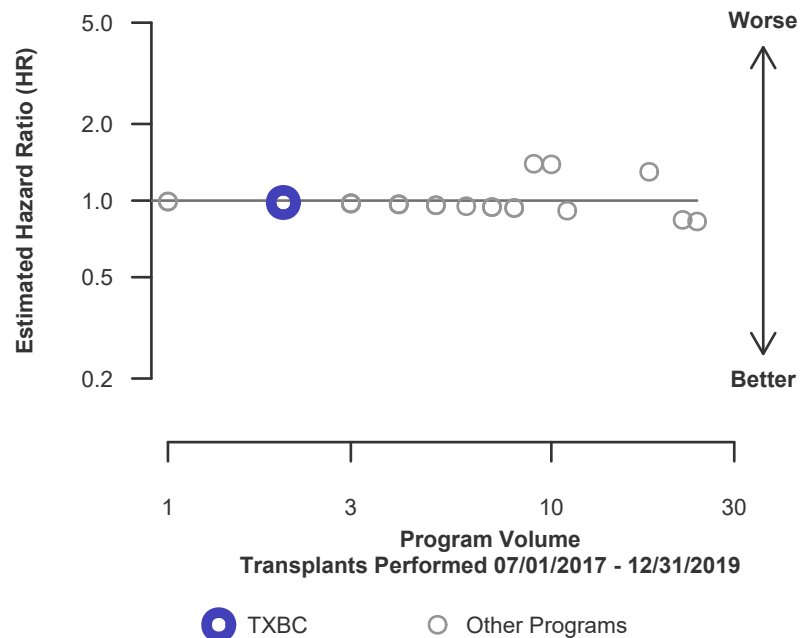


Figure C20L. Pediatric (<18) 1-month patient death HR program comparison (living donor grafts)





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

	TXBC	U.S.
Number of transplants evaluated	8	1,244
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	75.00%	95.76%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	95.04%	--
Number of observed deaths during the first year after transplant	2	51
Number of expected deaths during the first year after transplant	0.34	--
Estimated hazard ratio*	1.71	--
95% credible interval for the hazard ratio**	[0.46, 3.74]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.46, 3.74], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 71% higher risk of patient death compared to an average program, but TXBC's performance could plausibly range from 54% reduced risk up to 274% increased risk.

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

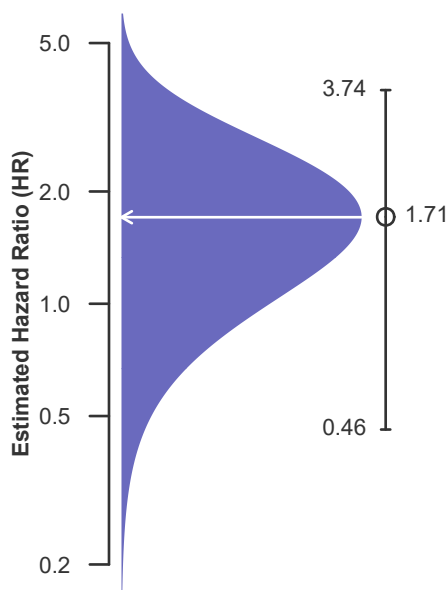
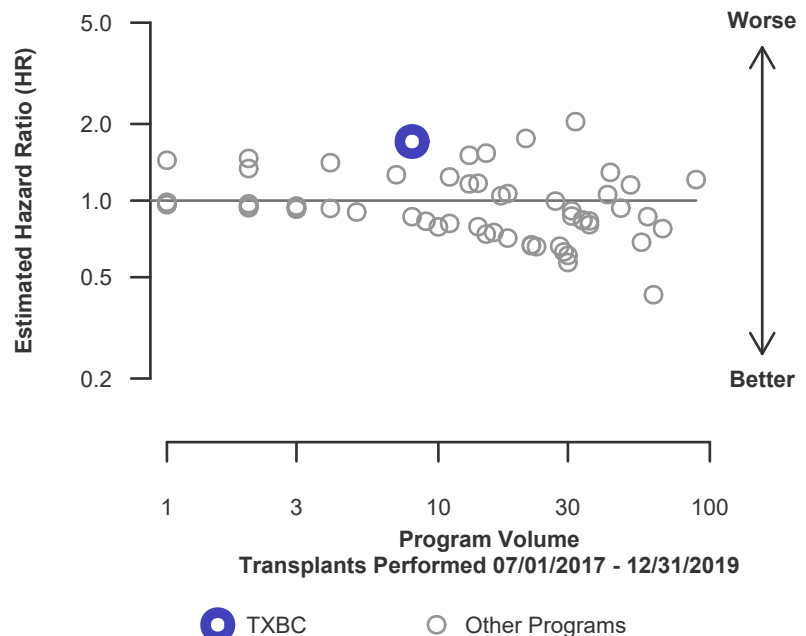


Figure C22. Pediatric (<18) 1-year patient death HR program comparison





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	6	1,070
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	66.67%	95.78%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	94.87%	--
Number of observed deaths during the first year after transplant	2	44
Number of expected deaths during the first year after transplant	0.25	--
Estimated hazard ratio*	1.78	--
95% credible interval for the hazard ratio**	[0.48, 3.89]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.48, 3.89], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 78% higher risk of patient death compared to an average program, but TXBC's performance could plausibly range from 52% reduced risk up to 289% increased risk.

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

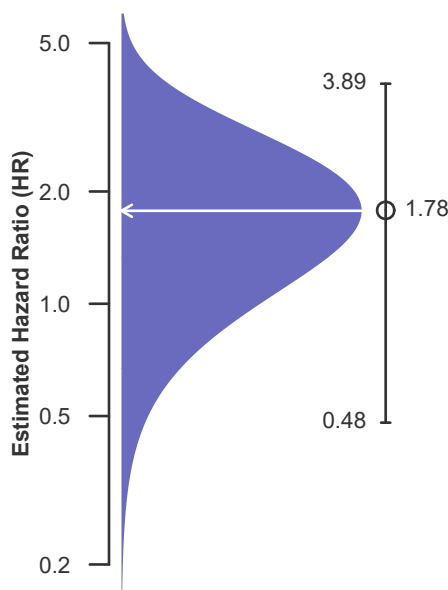
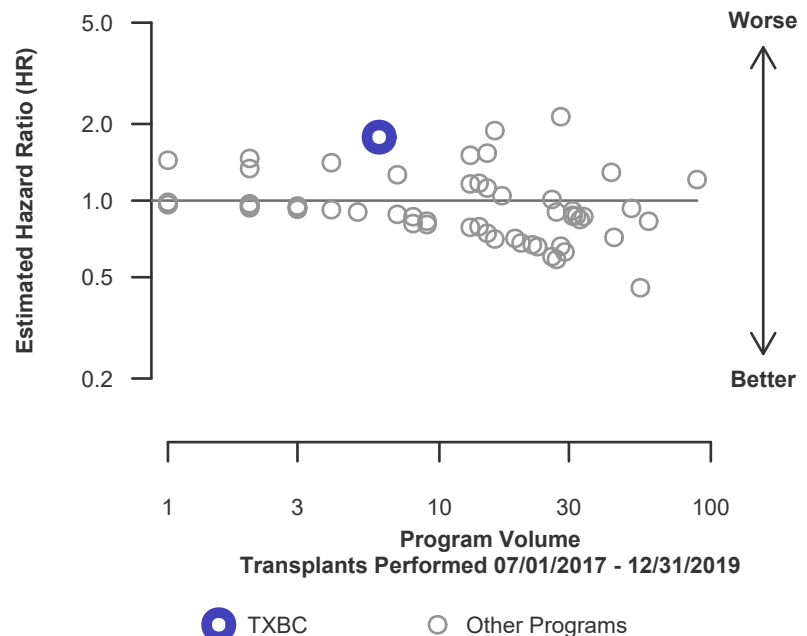


Figure C22D. Pediatric (<18) 1-year patient death HR program comparison (deceased donor grafts)





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	2	174
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	95.52%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	95.54%	--
Number of observed deaths during the first year after transplant	0	7
Number of expected deaths during the first year after transplant	0.09	--
Estimated hazard ratio*	0.96	--
95% credible interval for the hazard ratio**	[0.12, 2.66]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.12, 2.66], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 4% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 88% reduced risk up to 166% increased risk.

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

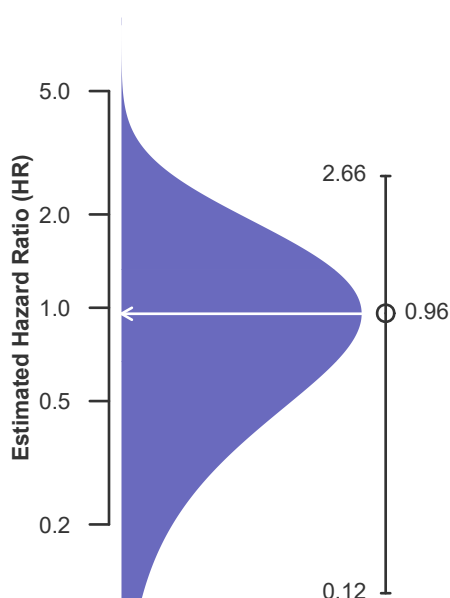
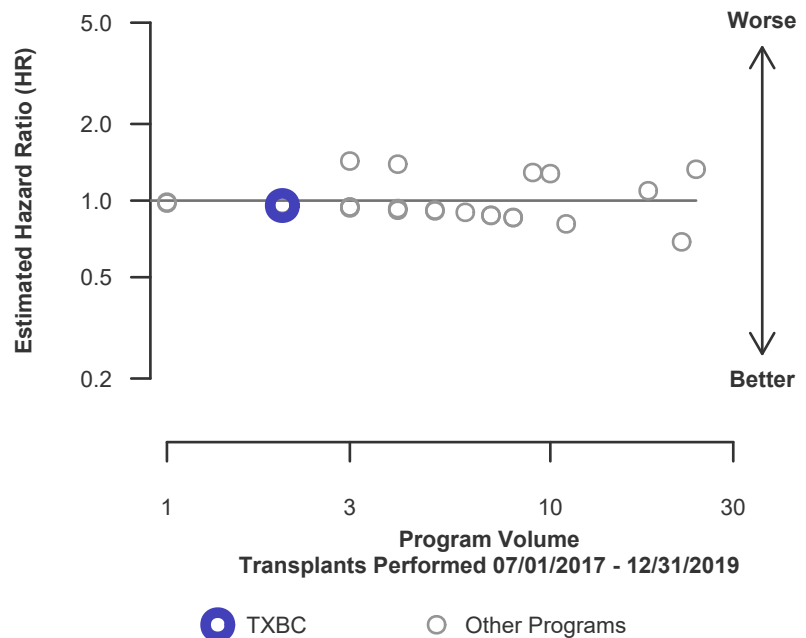


Figure C22L. Pediatric (<18) 1-year patient death HR program comparison (living donor grafts)





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

	TXBC	U.S.
Number of transplants evaluated	8	1,237
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	93.28%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.88%	--
Number of observed deaths during the first 3 years after transplant	0	83
Number of expected deaths during the first 3 years after transplant	0.59	--
Estimated hazard ratio*	0.77	--
95% credible interval for the hazard ratio**	[0.09, 2.15]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.09, 2.15], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 23% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 91% reduced risk up to 115% increased risk.

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

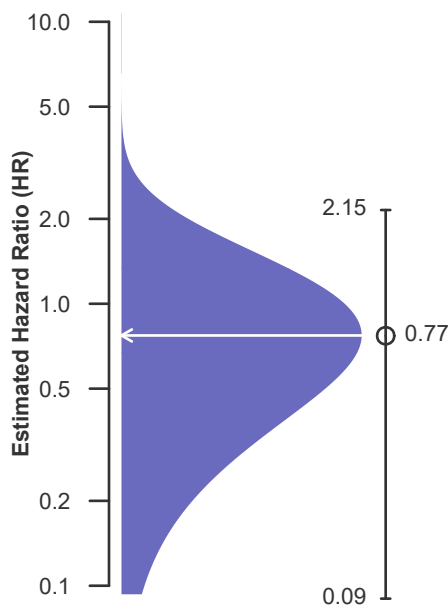
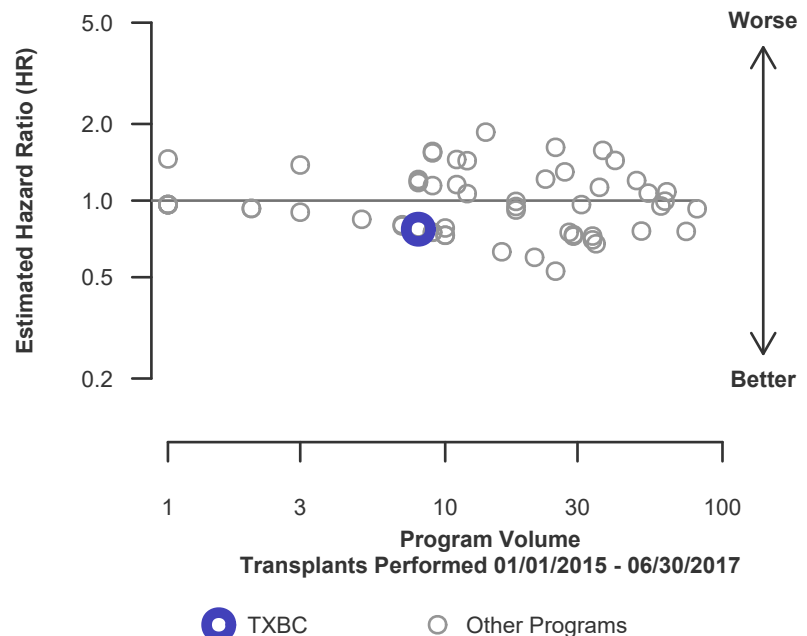


Figure C24. Pediatric (<18) 3-year patient death HR program comparison





C. Transplant Information

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

	TXBC	U.S.
Number of transplants evaluated	8	1,054
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	92.87%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.88%	--
Number of observed deaths during the first 3 years after transplant	0	75
Number of expected deaths during the first 3 years after transplant	0.59	--
Estimated hazard ratio*	0.77	--
95% credible interval for the hazard ratio**	[0.09, 2.15]	--

* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center (TXBC)'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 TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.09, 2.15], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 23% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 91% reduced risk up to 115% increased risk.

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

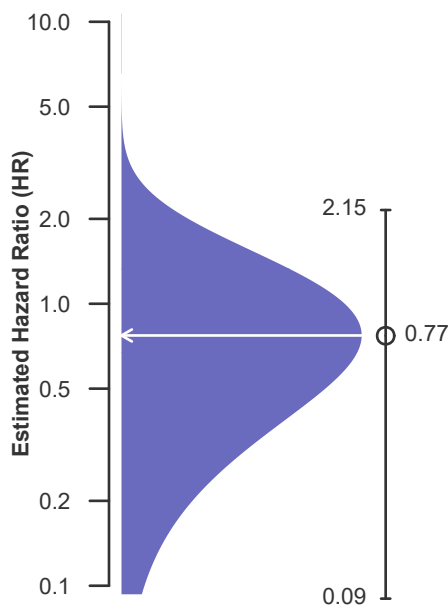
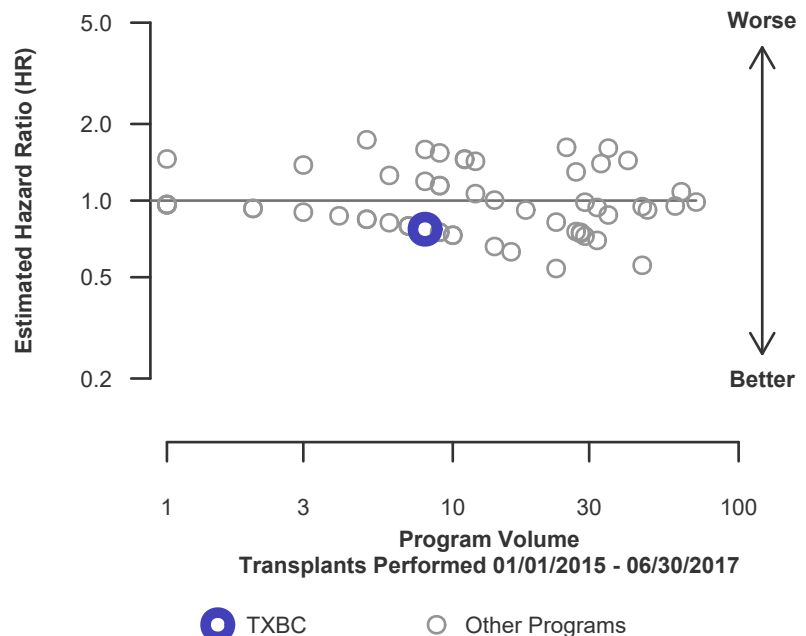


Figure C24D. Pediatric (<18) 3-year patient death HR program comparison (deceased donor grafts)





C. Transplant Information

Table C16L. Pediatric (<18) 3-year patient survival (living donor graft recipients)
Single organ transplants performed between 01/01/2015 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)**

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

**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



C. Transplant Information

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

Adult (18+) Transplants

First-Year Outcomes

Transplant Type	Transplants Performed		Liver Graft Failures		Estimated Liver Graft Survival	
	TXBC-TX1	USA	TXBC-TX1	USA	TXBC-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	
	TXBC-TX1	USA	TXBC-TX1	USA	TXBC-TX1	USA
Kidney-Liver	15	1,692	2	147	86.7%	90.8%

Pediatric (<18) Transplants

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



D. Living Donor Information

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

Living Donor Follow-Up	This Center			United States		
	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	15	37	22	353	466	270
6-Month Follow-Up						
Donors due for follow-up	15	37	22	353	466	270
Timely clinical data	15 100.0%	33 89.2%	16 72.7%	313 88.7%	405 86.9%	202 74.8%
Timely lab data	14 93.3%	33 89.2%	13 59.1%	305 86.4%	405 86.9%	191 70.7%
12-Month Follow-Up						
Donors due for follow-up	15	37		353	466	
Timely clinical data	14 93.3%	31 83.8%		291 82.4%	359 77.0%	
Timely lab data	14 93.3%	31 83.8%		284 80.5%	343 73.6%	
24-Month Follow-Up						
Donors due for follow-up	15			353		
Timely clinical data	13 86.7%			223 63.2%		
Timely lab data	11 73.3%			199 56.4%		

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