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Henry Ford Hospital Center Code: MIHF Transplant Program (Organ): Intestine Release Date: January 6, 2022 Based on Data Available: Oct 31, 2021

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#### **COVID-19 Guide**

Adjustments to Transplant Program and OPO Evaluation Metrics

The Scientific Registry of Transplant Recipients (SRTR), under contract from the Health Resources and Services Administration (HRSA), is charged with evaluating the performance of the nation's transplant system through publication of semi-annual transplant program-specific reports (PSRs) and organ procurement organization (OPO)-specific reports (OSRs). These reports contain performance metrics covering various time periods. For OPOs, these metrics include eligible death conversion rates and deceased donor organ yield. For transplant programs, they include pre-transplant mortality rates (formerly called waitlist mortality rates), transplant rates, organ offer acceptance rates, patient mortality after listing, and 1-month, 1-year, and 3-year posttransplant outcomes including graft survival and patient survival.

In response to the current global pandemic, SRTR modified the evaluation metrics for transplant programs and OPOs for the reports released in January 2021 and July 2021. Theses reports made adjustments to transplant program and OPO performance metrics so that data beyond the declaration of a national public health emergency on March 13, 2020, were not included in the metrics.

Modifications for the January 2022 reporting cycle were considered at the Analytic Methods Subcommittee of the SRTR Review Committee (SRC) at its meeting on March 24, 2021, and the full SRC meeting on April 27, 2021. Both the Analytic Methods Subcommittee and the full SRC recommended an ongoing carve out of the first quarter of the pandemic (March 13, 2020 through June 12, 2020) from adjusted performance metrics, as detailed below. These recommendations were reviewed by HRSA's Division of Transplantation, which oversees SRTR. HRSA approved these recommendations, which SRTR will implement for the January 2022 reporting cycle. These changes will remain in force beyond the January 2022 reporting cycle, unless otherwise amended:

Posttransplant Outcomes (including 1-month, 1-year, and 3-year graft and patient survival): Evaluation cohorts will exclude transplants performed between March 13, 2020 and June 12, 2020, inclusive of March 13 and June 12. Patients given transplants before March 13, 2020 will have follow-up censored on March 12, 2020. Patients given transplants after June 12, 2020 will resume normal follow-up. Follow-up will not resume for patients given transplants before March 13, 2020 who are alive with function on June 12, 2020; however, this may be reconsidered as SRTR continues to explore moving to a period-prevalent methodology:

1-month & 1-year Patient and Graft Survival Evaluations: Transplants 7/1/2018-3/12/2020, follow-up through 3/12/2020. Transplants 6/13/2020-12/31/2020, follow-up through 6/30/2021.

3-year Patient and Graft Survival Evaluations: Transplants 1/1/2016-6/30/2018; follow-up through 3/12/2020.

Pre-Transplant Mortality Rate (formerly called Waitlist Mortality Rate): Evaluation cohorts will exclude March 13, 2020 through June 12, 2020, inclusive of March 13 and June 12:

Days after listing (and before transplant) between 7/1/2019-3/12/2020 and 6/13/2020-6/30/2021.

The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA). See COVID-19 Guide for pandemic-related follow-up limits.



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Transplant Rate: Evaluation cohorts will exclude March 13, 2020 through June 12, 2020, inclusive of March 13 and June 12:

Candidates on the waitlist 7/1/2019-3/12/2020 and 6/13/2020-6/30/2021.

Overall Rate of Mortality After Listing: Evaluation cohorts will exclude March 13, 2020 through June 12, 2020, inclusive of March 13 and June 12:

Evaluation period: 7/1/2019-3/12/2020 and 6/13/2020-6/30/2021.

Offer Acceptance Rate: These evaluations are based on normal reporting cohorts.

Offers received 7/1/2020-6/30/2021.

These decisions will apply to the evaluations released in the SRTR's semi-annual program-specific reports scheduled for release on January 6, 2022. These changes have been communicated to the leadership of the Organ Procurement and Transplantation Network's (OPTN) Membership and Professional Standards Committee (MSPC). These decisions will then be re-evaluated as more information becomes available in preparation for the release scheduled for July 2022.

As with the July 2021 reports, SRTR will continue to report descriptive data beyond March 12, 2020, e.g., waitlist counts, transplant counts, recipient characteristics, donor counts, donor characteristics, etc., but will alter data for performance evaluation metrics as described above.



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#### User Guide

This report contains a wide range of useful information about the intestine transplant program at Henry Ford Hospital. The report has three main sections:

- A. Program Summary
- B. Waiting List Information
- C. Transplant Information

The Program Summary is a one-page summary highlighting characteristics of the program, including the number of candidates on the waiting list, the number of transplants performed at the program, the number of patients being cared for by the program, and patient outcomes, including outcomes while on the waiting list (the transplant rate and the death rate while on the waiting list) and outcomes after transplant (patient and graft survival probabilities). If the program performed transplants in both adults and children, survival probabilities for adults and children (pediatrics) are provided separately. For each of the outcomes measures presented, a comparison is provided showing what would be expected at this program if it were performing as similar programs around the country perform when treating similar patients. More details regarding these outcome measures are provided in Sections B and C of the report.

The Waiting List Information section contains more detailed information on how many candidates are on the waiting list at the program, the types of candidates on the waiting list, how long candidates typically have to wait for a transplant at this program, how frequently candidates successfully receive a transplant, and how often candidates on the waiting list die before receiving a transplant.

Table B1 shows the activity on this program's waiting list during two recent 1-year periods and provides comparisons to all programs within this program's OPTN region (see http://optn.transplant.hrsa.gov/members/regions.asp for information on OPTN regions) and the nation as a whole. Tables B2 and B3 describe the candidates on the waiting list at this program, with comparisons to candidates waiting in the same donor service area (OPO/DSA) the OPTN region, and the nation as a whole.

Table B4 shows how many candidates were removed from the waiting list because they received a transplant. The program's transplant rate is calculated as the number of candidates who received a transplant divided by the person-years observed at the program (person-years is a combination of how many candidates were on the waiting list along with how long each candidate was followed since some candidates are not on the waiting list for the entire year). The transplant rate and comparisons to what would be expected at this program are presented in Figures B1 and B2. Figure B1 shows the transplant rate compared to what was expected at this program. The expected transplant rate is an estimate of what we would expect at this program if it were performing transplants at rates similar to other programs in the US with similar candidates on their waiting lists. The expected rate is only an estimate, and is made with a certain level of uncertainty. This uncertainty is shown in Figure B2. Figure B2 displays the ratio of the observed to the expected transplant rate. A ratio of 1 indicates that the observed transplant rate was equal to the expected transplant rate, while a ratio less than 1 indicates the observed rate was lower than expected rate and a ratio greater than 1 indicates the observed rate was higher than the expected rate. However, the level of uncertainty must be considered when interpreting these numbers. The 95% interval is also shown on Figure B2. This interval provides a range within which the true ratio of observed to expected transplant rates is likely to be. If this



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confidence interval includes (crosses) 1.0, then we cannot say that this program's observed transplant rate is different from what would be expected. The observed deceased donor transplant rate at this program was 135.7 per 100 person-years. Transplant rates are also provided for adult and pediatric patients separately along with comparisons to adult and pediatric rates in the DSA, the OPTN region, and the nation. Please refer to the PSR Technical Methods documentation available at http://www.srtr.org for more detail regarding how expected rates are calculated.

The pre-transplant mortality rate (previously called the waiting list 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 pre-transplant 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 07/01/2015 and 12/31/2020. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this program was 0.2 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 06/30/2021 to calculate a particular percentile of transplant times.

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

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

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

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

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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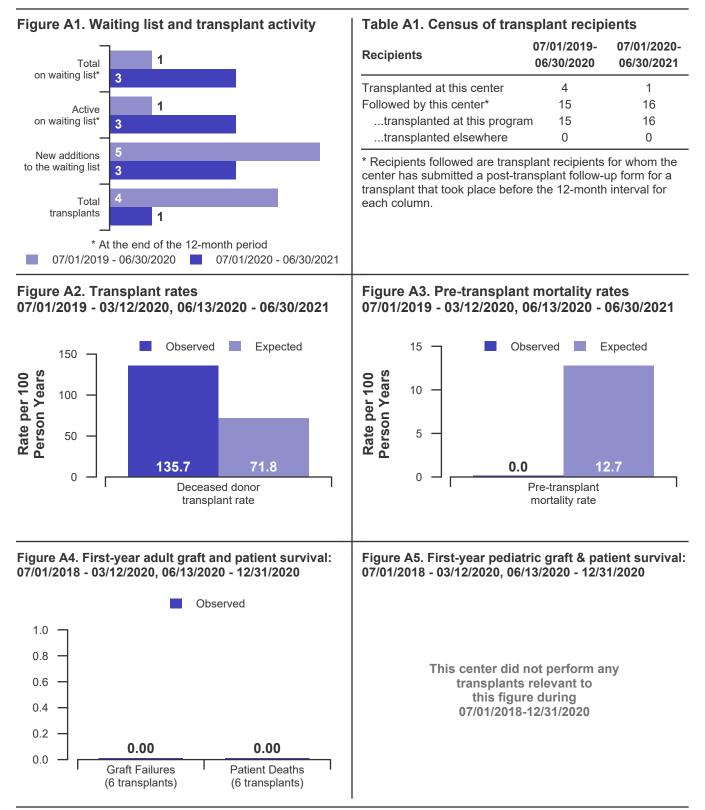
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#### A. Program Summary





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## **B. Waiting List Information**

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#### Table B1. Waiting list activity summary: 07/01/2019 - 06/30/2021

		ts for enter	Activity for 07/01/2020 to 06/30/2021 as percent of registrants on waiting lis on 07/01/2020			
Waiting List Registrations	07/01/2019- 06/30/2020	07/01/2020- 06/30/2021	This Center (%)	OPTN Region (%)	U.S. (%)	
On waiting list at start Additions	1	1	100.0	100.0	100.0	
New listings at this center	5	3	300.0	97.4	55.2	
Removals						
Transferred to another center	0	0	0.0	2.6	0.4	
Received living donor transplant*	0	0	0.0	0.0	0.0	
Received deceased donor transplant*	4	1	100.0	63.2	37.7	
Died	0	0	0.0	2.6	4.8	
Transplanted at another center	0	0	0.0	0.0	0.4	
Deteriorated	1	0	0.0	2.6	3.2	
Recovered	0	0	0.0	2.6	15.1	
Other reasons	0	0	0.0	10.5	7.9	
On waiting list at end of period	1	3	300.0	113.2	85.7	

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



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#### **B. Waiting List Information**

#### Table B2. Demographic characteristics of waiting list candidates Candidates registered on the waiting list between 07/01/2020 and 06/30/2021

Demographic Characteristic		ting List Regi 020 to 06/30/2		All Waiting List Registrations on 06/30/2021 (%)			
	This Center (N=3)	OPTN Region (N=37)	U.S. (N=139)	This Center (N=3)	OPTN Region (N=43)	U.S. (N=216)	
All (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Ethnicity/Race (%)*							
White	66.7	70.3	55.4	100.0	81.4	54.6	
African-American	33.3	21.6	25.2	0.0	14.0	21.3	
Hispanic/Latino	0.0	2.7	14.4	0.0	0.0	17.6	
Asian	0.0	5.4	4.3	0.0	4.7	5.6	
Other	0.0	0.0	0.7	0.0	0.0	0.9	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Age (%)							
<2 years	0.0	5.4	7.9	0.0	4.7	19.4	
2-11 years	0.0	8.1	21.6	0.0	23.3	27.8	
12-17 years	0.0	5.4	6.5	0.0	4.7	7.4	
18-34 years	0.0	21.6	23.0	0.0	25.6	19.4	
35-49 years	33.3	32.4	18.0	33.3	20.9	13.9	
50-64 years	66.7	27.0	18.7	66.7	20.9	10.6	
65-69 years	0.0	0.0	3.6	0.0	0.0	0.9	
70+ years	0.0	0.0	0.7	0.0	0.0	0.5	
Gender (%)							
Male	33.3	32.4	54.0	66.7	41.9	56.9	
Female	66.7	67.6	46.0	33.3	58.1	43.1	

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



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#### **B. Waiting List Information**

#### Table B3. Medical characteristics of waiting list candidates Candidates registered on the waiting list between 07/01/2020 and 06/30/2021

Medical Characteristic		ting List Regis 020 to 06/30/20		All Waiting List Registrations on 06/30/2021 (%)			
	This Center (N=3)	OPTN Region (N=37)	U.S. (N=139)	This Center (N=3)	OPTN Region (N=43)	U.S. (N=216)	
All (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Blood Type (%)							
0	0.0	48.6	42.4	0.0	46.5	46.8	
A	66.7	40.5	39.6	100.0	41.9	37.5	
В	33.3	10.8	14.4	0.0	11.6	12.5	
AB	0.0	0.0	3.6	0.0	0.0	3.2	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Previous Transplant (%)							
Yes	0.0	13.5	18.0	0.0	11.6	15.3	
Νο	100.0	86.5	82.0	100.0	88.4	84.7	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Primary Disease (%)*							
Short Gut Syndrome	0.0	48.6	56.1	0.0	53.5	61.1	
Functional Bowel Problem	0.0	16.2	13.7	0.0	18.6	17.6	
Other	100.0	35.1	28.1	100.0	27.9	20.4	
Missing*	0.0	0.0	2.2	0.0	0.0	0.9	

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



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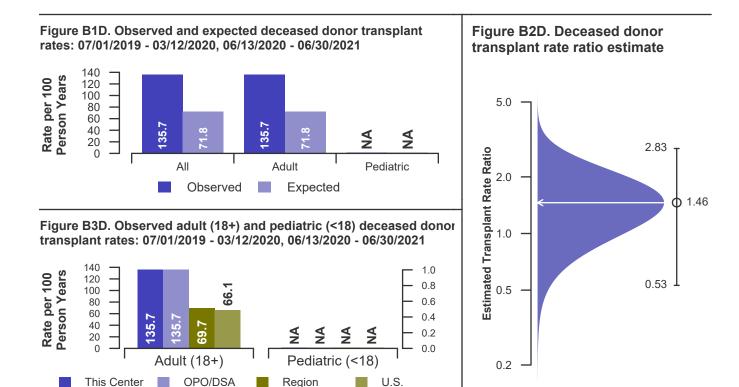
#### **B. Waiting List Information**

Table B4D. Deceased donor tra	ansolant rates: 07/01/2019 .	-03/12/2020 06/13/20	20 - 06/30/2021

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	1	1	29	230
Person Years**	2.9	2.9	65.2	399.1
Removals for Transplant	4	4	38	161
Adult (18+) Candidates				
Count on waiting list at start*	1	1	18	71
Person Years**	2.9	2.9	43.1	146.7
Removals for transpant	4	4	30	97
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Removals for transplant				

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

\*\* Person years are calculated as days (converted to fractional years). The number of days from July 1 or from the date of first wait listing until death, transplant, removal from the waiting list or June 30. Person years excludes time on the waiting list between March 13, 2020 and June 12, 2020.





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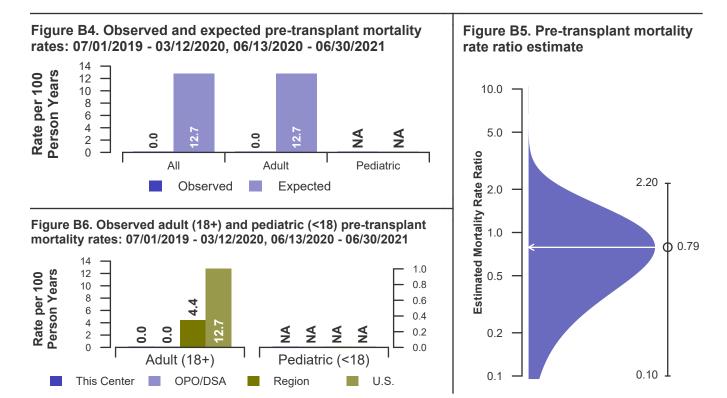
#### **B. Waiting List Information**

#### Table B5. Pre-transplant mortality rates: 07/01/2019 - 03/12/2020, 06/13/2020 - 06/30/2021

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	1	1	29	230
Person Years**	4.2	4.2	68.2	429.2
Number of deaths	0	0	2	26
Adult (18+) Candidates				
Count on waiting list at start*	1	1	18	71
Person Years**	4.2	4.2	45.2	156.9
Number of deaths	0	0	2	20
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Number of deaths				

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

\*\* Person years are calculated as days (converted to fractional years). The number of days from July 1 or from the date of first wait listing until death, transplant, 60 days after recovery, transfer or June 30. Person years excludes time on the waiting list between March 13, 2020 and June 12, 2020.





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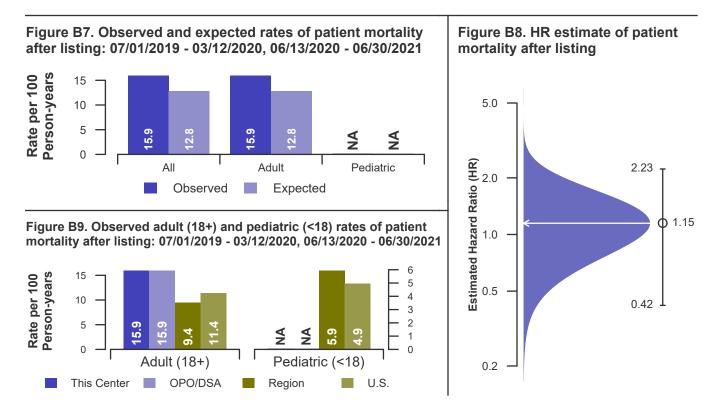
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Table B6. Rates of	natient mortality	after listing.	07/01/2019 -	03/12/2020	06/13/2020 - 0	6/30/2021
	patient mortanty	antor nothing.				

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Patients				
Count at risk during the evaluation period	21	21	194	841
Person-years*	25.2	25.2	209.9	941.6
Number of Deaths	4	4	18	80
Adult (18+) Patients				
Count at risk during the evaluation period	21	21	150	479
Person-years*	25.2	25.2	159.2	517.3
Number of Deaths	4	4	15	59
Pediatric (<18) Patients				
Count at risk during the evaluation period	0	0	44	362
Person-years*	0.0	0.0	50.7	424.3
Number of Deaths	0	0	3	21

\* Person-years are calculated as days (converted to fractional years). The number of days from 07/01/2019, or from the date of first wait listing until death, reaching 5 years after listing or June 30, 2021. Person years excludes time on the waiting list between March 13, 2020 and June 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.





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# Table B7. Waiting list candidate status after listingCandidates registered on waiting list between 01/01/2019 and 12/31/2019

Waiting list status (survival status)		Center (I s Since L	,	U.S. (N=103) Months Since Listing		
	6	12	18	6	12	18
Alive on waiting list (%)	50.0	0.0	0.0	48.5	32.0	24.3
Died on the waiting list without transplant (%)	0.0	0.0	0.0	7.8	8.7	8.7
Removed without transplant (%):						
Condition worsened (status unknown)	25.0	25.0	25.0	1.9	1.9	3.9
Condition improved (status unknown)	0.0	0.0	0.0	1.9	1.9	1.9
Refused transplant (status unknown)	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	1.0	2.9	2.9
Transplant (living or deceased donor) (%):						
Functioning (alive)	25.0	75.0	75.0	31.1	38.8	28.2
Failed-Retransplanted (alive)	0.0	0.0	0.0	1.0	1.0	1.0
Failed-alive not retransplanted	0.0	0.0	0.0	1.0	0.0	0.0
Died	0.0	0.0	0.0	4.9	8.7	11.7
Status Yet Unknown*	0.0	0.0	0.0	1.0	3.9	16.5
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.0	0.0	1.0
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	12.6	17.5	20.4
Total % known died or removed as unstable	25.0	25.0	25.0	14.6	19.4	24.3
Total % removed for transplant	25.0	75.0	75.0	38.8	52.4	57.3
Total % with known functioning transplant (alive)	25.0	75.0	75.0	31.1	38.8	28.2

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



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#### **B. Waiting List Information**

RECIPIENTS

Table B8. Percent of candidates with deceased donor transplants: demographic characteristics Candidates registered on the waiting list between 07/01/2015 and 06/30/2018

Characteristic			ercent t his Cent	-	nted at ti	me pe		nce listii ited Sta	-	
onaracteristic	Ν		1 year		3 years	Ν				3 years
All	13	38.5	100.0	100.0	100.0	545	16.1	57.8	63.5	65.5
Ethnicity/Race*										
White	12	41.7	100.0	100.0	100.0	346	16.5	59.2	65.6	67.1
African-American	1	0.0	100.0	100.0	100.0	97	12.4	59.8	62.9	64.9
Hispanic/Latino	0					80	18.8	52.5	58.8	62.5
Asian	0					16	25.0	50.0	50.0	50.0
Other	0					6	0.0	33.3	50.0	66.7
Unknown	0					0				
Age										
<2 years	0					84	11.9	41.7	46.4	48.8
2-11 years	0					120	10.8	55.8	62.5	62.5
12-17 years	0					27	7.4	44.4	63.0	70.4
18-34 years	2	50.0	100.0	100.0	100.0	112	17.9	62.5	67.9	71.4
35-49 years	5	20.0	100.0	100.0	100.0	105	21.0	67.6	69.5	71.4
50-64 years	5	60.0	100.0	100.0	100.0	89	22.5	62.9	69.7	70.8
65-69 years	1	0.0	100.0	100.0	100.0	8	12.5	50.0	50.0	50.0
70+ years	0					0				
Gender										
Male	5	20.0	100.0	100.0	100.0	292	15.4	60.6	66.1	67.5
Female	8	50.0	100.0	100.0	100.0	253	17.0	54.5	60.5	63.2

\* 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%.



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#### **B. Waiting List Information**

RECIPIENTS

 Table B9. Percent of candidates with deceased donor transplants: medical characteristics

 Candidates registered on the waiting list between 07/01/2015 and 06/30/2018

Characteristic			ercent t nis Cent	-	nted at ti	me pe		nce listii ited Sta	•	
	N 30 day 1 year 2 years 3 years				Ν	-			3 years	
All	13	38.5	100.0	100.0	100.0	545	16.1	57.8	63.5	65.5
Blood Type										
0	2	50.0	100.0	100.0	100.0	259	17.8	57.5	65.6	68.0
A	10	40.0	100.0	100.0	100.0	198	14.1	59.6	62.1	63.6
В	1	0.0	100.0	100.0	100.0	66	12.1	51.5	57.6	60.6
AB	0					22	27.3	63.6	68.2	68.2
Previous Transplant										
Yes	0					90	14.4	64.4	73.3	78.9
No	13	38.5	100.0	100.0	100.0	455	16.5	56.5	61.5	62.9
Primary Disease*										
Short Gut Syndrome	7	57.1	100.0	100.0	100.0	329	16.4	62.0	67.2	69.0
Functional Bowel Problem	0					63	7.9	44.4	57.1	60.3
Other	6	16.7	100.0	100.0	100.0	152	19.1	54.6	58.6	60.5
Missing*	0					1	0.0	0.0	0.0	0.0

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



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#### **B. Waiting List Information**

#### Table B10. Time to transplant for waiting list candidates\* Candidates registered on the waiting list between 07/01/2015 and 12/31/2020

	Months to Transplant**			
Percentile	Center	OPO/DSA	Region	U.S.
5th	0.2	0.2	0.2	0.3
10th	0.3	0.3	0.5	0.5
25th	0.9	0.9	1.5	1.9
50th (median time to transplant)	2.4	2.4	6.5	7.6
75th	7.5	7.5	29.2	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 06/30/2021. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had received a transplant.



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#### **C. Transplant Information**

TRANSPLANT

RECIPIENTS

# Table C1D. Deceased donor transplant recipient demographic characteristics Patients transplanted between 07/01/2020 and 06/30/2021

	Percentage in each category		
Characteristic	Center (N=1)	Region (N=24)	U.S. (N=95)
Ethnicity/Race (%)*			
White	0.0	62.5	55.8
African-American	100.0	20.8	23.2
Hispanic/Latino	0.0	12.5	16.8
Asian	0.0	4.2	2.1
Other	0.0	0.0	2.1
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	0.0	4.2	5.3
2-11 years	0.0	12.5	26.3
12-17	0.0	4.2	9.5
18-34	0.0	25.0	17.9
35-49 years	0.0	29.2	18.9
50-64 years	100.0	20.8	17.9
65-69 years	0.0	4.2	4.2
70+ years	0.0	0.0	0.0
Gender (%)			
Male	0.0	41.7	47.4
Female	100.0	58.3	52.6

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



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#### **C. Transplant Information**

RECIPIENTS

# Table C2D. Deceased donor transplant recipient medical characteristicsPatients transplanted between 07/01/2020 and 06/30/2021

	Percentage in each category		
Characteristic	Center (N=1)	Region (N=24)	U.S. (N=95)
Blood Type (%)			
0	0.0	58.3	49.5
A	0.0	33.3	32.6
В	100.0	8.3	14.7
AB	0.0	0.0	3.2
Previous Transplant (%)			
Yes	0.0	12.5	17.9
No	100.0	87.5	82.1
Body Mass Index (%)			
0-20	0.0	45.8	44.2
21-25	0.0	41.7	42.1
26-30	100.0	12.5	9.5
31-35	0.0	0.0	0.0
36-40	0.0	0.0	0.0
41+	0.0	0.0	0.0
Unknown	0.0	0.0	4.2
Primary Disease (%)*			
Short Gut Syndrome	0.0	75.0	66.3
Functional Bowel Problem	0.0	8.3	12.6
Other	100.0	16.7	18.9
Missing*	0.0	0.0	2.1
Recipient Medical Condition at Transplant (%)			
Not Hospitalized	0.0	66.7	73.7
Hospitalized	0.0	25.0	15.8
ICU	100.0	8.3	6.3
Unknown	0.0	0.0	4.2

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



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#### **C. Transplant Information**

RECIPIENTS

# Table C3D. Deceased donor characteristicsTransplants performed between 07/01/2020 and 06/30/2021

	Percentage in each category		
Donor Characteristic	Center (N=1)	Region (N=24)	U.S. (N=95)
Cause of Death (%)			
Deceased: Stroke	0.0	8.3	12.6
Deceased: MVA	0.0	29.2	14.7
Deceased: Other	100.0	62.5	72.6
Ethnicity/Race (%)*			
White	0.0	66.7	57.9
African-American	100.0	25.0	23.2
Hispanic/Latino	0.0	8.3	16.8
Asian	0.0	0.0	2.1
Other	0.0	0.0	0.0
Not Reported	0.0	0.0	0.0
Age (%)			
<2 years	0.0	12.5	15.8
2-11 years	0.0	12.5	34.7
12-17	0.0	16.7	13.7
18-34	100.0	41.7	28.4
35-49 years	0.0	12.5	6.3
50-64 years	0.0	4.2	1.1
65-69 years	0.0	0.0	0.0
70+ years	0.0	0.0	0.0
Gender (%)			
Male	100.0	54.2	52.6
Female	0.0	45.8	47.4
Blood Type (%)			
0	0.0	62.5	61.1
A	0.0	29.2	28.4
В	100.0	8.3	10.5
AB	0.0	0.0	0.0
Unknown	0.0	0.0	0.0

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



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#### **C. Transplant Information**

RECIPIENTS

# Table C4D. Deceased donor transplant characteristicsTransplants performed between 07/01/2020 and 06/30/2021

	Percentage in each category		
Transplant Characteristic	Center (N=1)	Region (N=24)	U.S. (N=95)
Total Ischemic Time (Hours): Local (%)			
Deceased: 0-5 hr		40.0	58.8
Deceased: 6-10 hr		60.0	41.2
Deceased: 11-15 hr		0.0	0.0
Deceased: 16-20 hr		0.0	0.0
Deceased: 21+ hr		0.0	0.0
Not Reported		0.0	0.0
Total Ischemic Time (Hours): Shared (%)			
Deceased: 0-5 hr	100.0	42.1	32.1
Deceased: 6-10 hr	0.0	57.9	61.5
Deceased: 11-15 hr	0.0	0.0	0.0
Deceased: 16-20 hr	0.0	0.0	0.0
Deceased: 21+ hr	0.0	0.0	0.0
Not Reported	0.0	0.0	6.4
Procedure Type (%)			
Single organ	0.0	25.0	45.3
Multi organ	100.0	75.0	54.7
Donor Location (%)			
Local Donation Service Area (DSA)	0.0	20.8	17.9
Another Donation Service Area (DSA)	100.0	79.2	82.1
Median Time in Hospital After Transplant	224.0 Days	29.0 Days	38.5 Days



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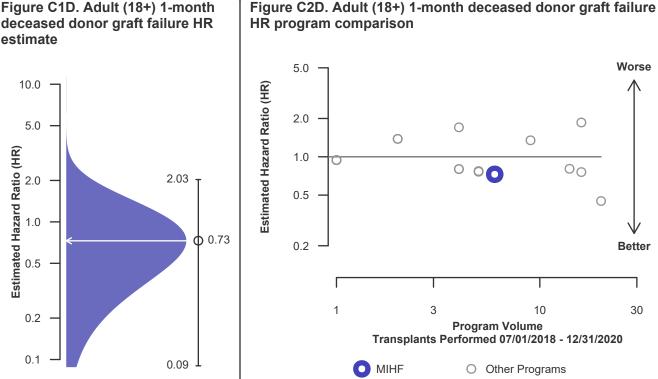
## C. Transplant Information

#### Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only) Transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Deaths and retransplants are considered graft failures Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	MIHF	U.S.
Number of transplants evaluated	6	111
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	88.17%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	88.32%	
Number of observed graft failures (including deaths) during the first month after transplant	0	13
Number of expected graft failures (including deaths) during the first month after transplant	0.74	
Estimated hazard ratio*	0.73	
95% credible interval for the hazard ratio**	[0.09, 2.03]	

\* The hazard ratio provides an estimate of how Henry Ford Hospital'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 MIHF's

of graft failure compared to an average program, but MIHF's performance could plausibly range from 91% reduced risk up to 103% increased risk.



The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA). See COVID-19 Guide for pandemic-related follow-up limits.

## Figure C2D. Adult (18+) 1-month deceased donor graft failure

graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0. \*\* The 95% credible interval, [0.09, 2.03], indicates the location of MIHF's true hazard ratio with 95% probability. The best estimate is 27% lower risk



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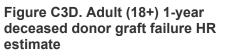
## **C. Transplant Information**

#### Table C6D. Adult (18+) 1-year survival with a functioning deceased donor graft Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only) Transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Deaths and retransplants are considered graft failures Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

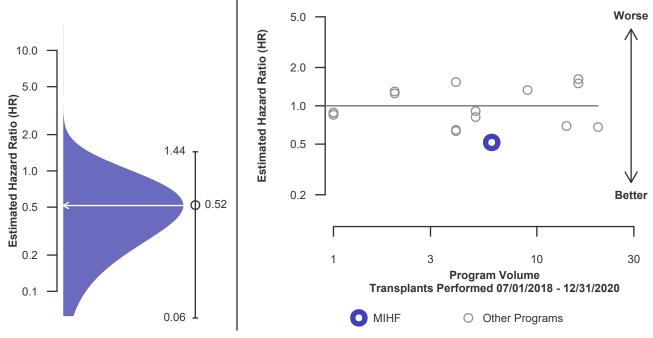
	MIHF	U.S.
Number of transplants evaluated	6	111
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	69.83%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	70.12%	
Number of observed graft failures (including deaths) during the first year after transplant	0	28
Number of expected graft failures (including deaths) during the first year after transplant	1.88	
Estimated hazard ratio*	0.52	
95% credible interval for the hazard ratio**	[0.06, 1.44]	

\* The hazard ratio provides an estimate of how Henry Ford Hospital'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 MIHF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.06, 1.44], indicates the location of MIHF's true hazard ratio with 95% probability. The best estimate is 48% lower risk of graft failure compared to an average program, but MIHF's performance could plausibly range from 94% reduced risk up to 44% increased risk.



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





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## C. Transplant Information

#### Table C7D. Adult (18+) 3-year survival with a functioning deceased donor graft Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only) Transplants performed between 01/01/2016 and 06/30/2018 Deaths and retransplants are considered graft failures Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	MIHF	U.S.
Number of transplants evaluated	14	168
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	57.14%	55.43%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	55.59%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	6	73
Number of expected graft failures (including deaths) during the first 3 years after transplant	6.21	
Estimated hazard ratio*	0.97	
95% credible interval for the hazard ratio**	[0.42, 1.76]	

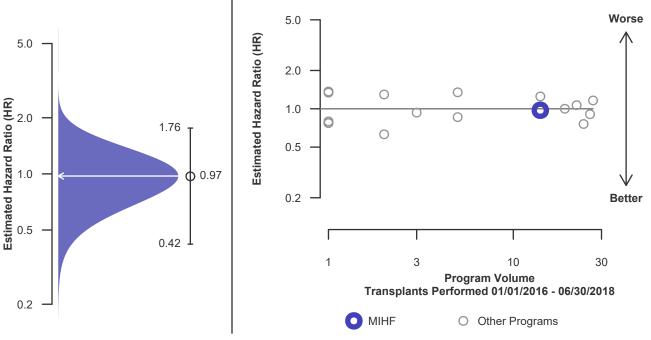
\* The hazard ratio provides an estimate of how Henry Ford Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), 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 MIHF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0. \*\* The 95% credible interval, [0.42, 1.76], indicates the location of MIHF's true hazard ratio with 95% probability. The best estimate is 3% lower risk of

graft failure compared to an average program, but MIHF's performance could plausibly range from 58% reduced risk up to 76% increased risk.

HR program comparison

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

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





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## C. Transplant Information

Table C8D. Pediatric (<18) 1-month survival with a functioning deceased donor graft Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only) Transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Deaths and retransplants are considered graft failures Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

> This center did not perform any transplants relevant to this table during 07/01/2018-12/31/2020

Figure C7D. Pediatric (<18) 1-month deceased donor graft failure HR estimate	Figure C8D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison
This center did not perform any	This center did not perform any
transplants relevant to	transplants relevant to
this figure during	this figure during
07/01/2018-12/31/2020	07/01/2018-12/31/2020



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## **C. Transplant Information**

Table C9D. Pediatric (<18) 1-year survival with a functioning deceased donor graft Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only) Transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Deaths and retransplants are considered graft failures Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

> This center did not perform any transplants relevant to this table during 07/01/2018-12/31/2020

Figure C9D. Pediatric (<18) 1-year deceased donor graft failure HR estimate	Figure C10D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison
This center did not perform any	This center did not perform any
transplants relevant to	transplants relevant to
this figure during	this figure during
07/01/2018-12/31/2020	07/01/2018-12/31/2020



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## C. Transplant Information

Table C10D. Pediatric (<18) 3-year survival with a functioning deceased donor graft Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only) Transplants performed between 01/01/2016 and 06/30/2018 Deaths and retransplants are considered graft failures Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

> This center did not perform any transplants relevant to this table during 01/01/2016-06/30/2018

Figure C11D. Pediatric (<18) 3-year deceased donor graft failure HR estimate	Figure C12D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison
This center did not perform any	This center did not perform any
transplants relevant to	transplants relevant to
this figure during	this figure during
01/01/2016-06/30/2018	01/01/2016-06/30/2018



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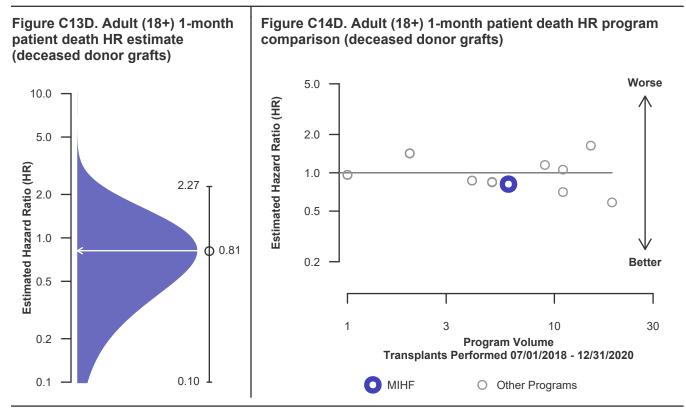
## **C. Transplant Information**

#### Table C11D. Adult (18+) 1-month patient survival (deceased donor graft recipients) Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only) Transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Retransplants excluded Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	MIHF	U.S.
Number of transplants evaluated	6	96
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	92.63%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	92.70%	
Number of observed deaths during the first month after transplant	0	7
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 Henry Ford Hospital'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 MIHF'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 MIHF's true hazard ratio with 95% probability. The best estimate is 19% lower risk of patient death compared to an average program, but MIHF's performance could plausibly range from 90% reduced risk up to 127% increased risk.





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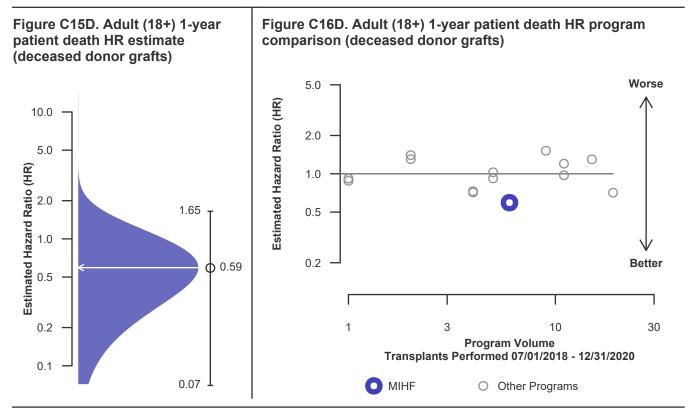
## **C. Transplant Information**

#### Table C12D. Adult (18+) 1-year patient survival (deceased donor graft recipients) Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only) Transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Retransplants excluded Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	MIHF	U.S.
Number of transplants evaluated	6	96
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	75.92%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	76.15%	
Number of observed deaths during the first year after transplant	0	18
Number of expected deaths during the first year after transplant	1.37	
Estimated hazard ratio*	0.59	
95% credible interval for the hazard ratio**	[0.07, 1.65]	

\* The hazard ratio provides an estimate of how Henry Ford Hospital'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 MIHF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.07, 1.65], indicates the location of MIHF's true hazard ratio with 95% probability. The best estimate is 41% lower risk of patient death compared to an average program, but MIHF's performance could plausibly range from 93% reduced risk up to 65% increased risk.





RECISTRY OF TRANSPLANT RECIPIENTS Center Code: MIHF Transplant Program (Organ): Intestine Release Date: January 6, 2022 Based on Data Available: Oct 31, 2021 SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

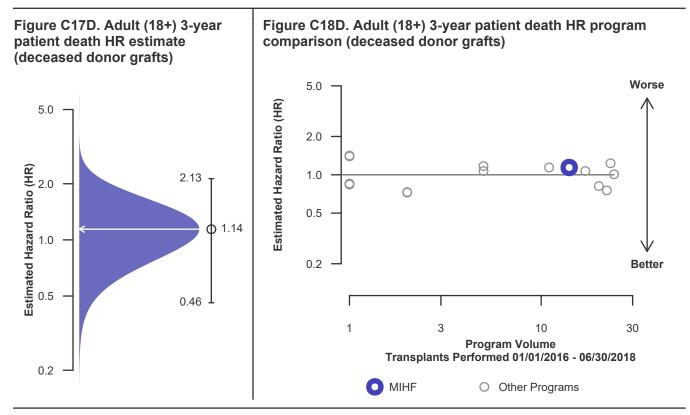
## **C. Transplant Information**

# Table C13D. Adult (18+) 3-year patient survival (deceased donor graft recipients)Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)Transplants performed between 01/01/2016 and 06/30/2018Retransplants excludedFollow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	MIHF	U.S.
Number of transplants evaluated	14	151
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	64.29%	68.25%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	68.37%	
Number of observed deaths during the first 3 years after transplant	5	47
Number of expected deaths during the first 3 years after transplant	4.13	
Estimated hazard ratio*	1.14	
95% credible interval for the hazard ratio**	[0.46, 2.13]	

\* The hazard ratio provides an estimate of how Henry Ford Hospital'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 MIHF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.46, 2.13], indicates the location of MIHF's true hazard ratio with 95% probability. The best estimate is 14% higher risk of patient death compared to an average program, but MIHF's performance could plausibly range from 54% reduced risk up to 113% increased risk.





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## C. Transplant Information

Table C14D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients) Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only) Transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Retransplants excluded Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

> This center did not perform any transplants relevant to this table during 07/01/2018-12/31/2020

Figure C19D. Pediatric (<18) 1-month patient death HR estimate (deceased donor grafts)	Figure C20D. Pediatric (<18) 1-month patient death HR program comparison (deceased donor grafts)
This center did not perform any	This center did not perform any
transplants relevant to	transplants relevant to
this figure during	this figure during
07/01/2018-12/31/2020	07/01/2018-12/31/2020



REGISTRY OFCenter Code: MIHFTRANSPLANTTransplant Program (Organ): Intestine<br/>Release Date: January 6, 2022RECIPIENTSBased on Data Available: Oct 31, 2021

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## C. Transplant Information

Table C15D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients) Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only) Transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Retransplants excluded Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

> This center did not perform any transplants relevant to this table during 07/01/2018-12/31/2020

Figure C21D. Pediatric (<18) 1-year patient death HR estimate (deceased donor grafts)	Figure C22D. Pediatric (<18) 1-year patient death HR program comparison (deceased donor grafts)
This center did not perform any	This center did not perform any
transplants relevant to	transplants relevant to
this figure during	this figure during
07/01/2018-12/31/2020	07/01/2018-12/31/2020



REGISTRY OFCenter Code: MIHFTRANSPLANTTransplant Program (Organ): Intestine<br/>Release Date: January 6, 2022RECIPIENTSBased on Data Available: Oct 31, 2021

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## C. Transplant Information

Table C16D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients)</th>Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)Transplants performed between 01/01/2016 and 06/30/2018Retransplants excludedFollow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

This center did not perform any transplants relevant to this table during 01/01/2016-06/30/2018

Figure C23D. Pediatric (<18) 3-year patient death HR estimate (deceased donor grafts)	Figure C24D. Pediatric (<18) 3-year patient death HR program comparison (deceased donor grafts)
This center did not perform any	This center did not perform any
transplants relevant to	transplants relevant to
this figure during	this figure during
01/01/2016-06/30/2018	01/01/2016-06/30/2018



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#### **C. Transplant Information**

#### Table C17. Multi-organ transplant graft survival: 07/01/2018 - 12/31/2020

Adult (18+) Transplants	First-Year Outcomes						
Transplant Type				Intestine Graft Failures MIHF-TX1 USA		Estimated Intestine Graft Survival MIHF-TX1 USA	
Pancreas-Liver-Intestine	4	42	0	17	100.0%	58.4%	

#### Pediatric (<18) Transplants

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

#### Table C18. Multi-organ transplant patient survival: 07/01/2018 - 12/31/2020

Adult (18+) Transplants	First-Year Outcomes					
Transplant Type	Transp Perfor MIHF-TX1	med	Patient I MIHF-TX1	Deaths USA	Estima Patient S MIHF-TX1	Survival
Pancreas-Liver-Intestine	4	42	0	16	100.0%	60.8%

#### Pediatric (<18) Transplants

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