



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. These 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.



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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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This report contains a wide range of useful information about the liver transplant program at Duke University 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 transplant rate at this program was 244.4 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 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 0.1 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.

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



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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

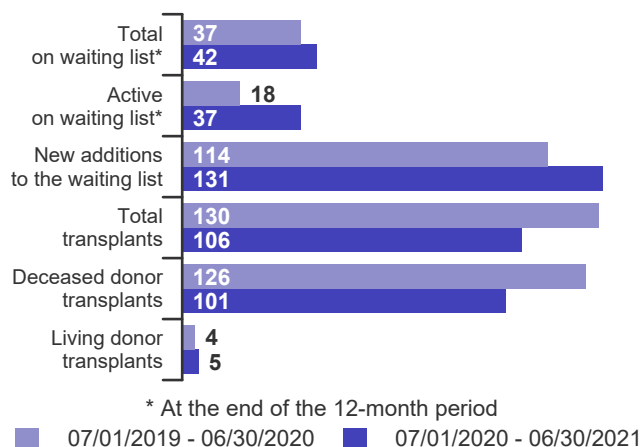


Table A1. Census of transplant recipients

Recipients	07/01/2019-06/30/2020	07/01/2020-06/30/2021
Transplanted at this center	130	106
Followed by this center*	764	820
...transplanted at this program	701	752
...transplanted elsewhere	63	68

* 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
07/01/2019 - 03/12/2020, 06/13/2020 - 06/30/2021

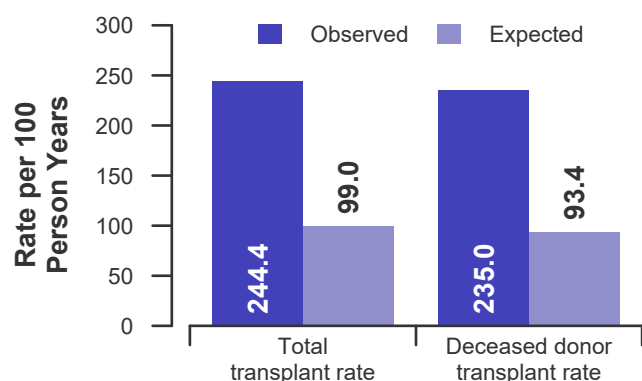


Figure A3. Pre-transplant mortality rates
07/01/2019 - 03/12/2020, 06/13/2020 - 06/30/2021

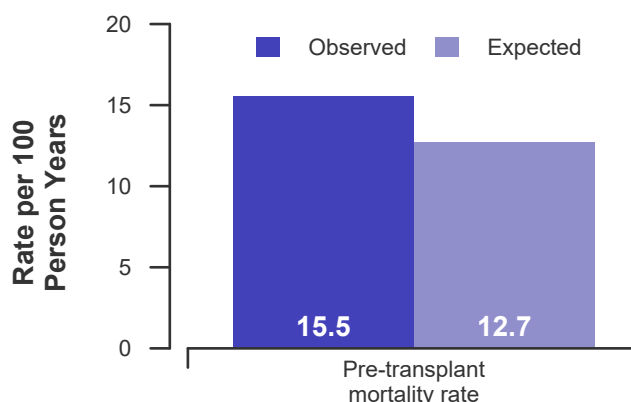


Figure A4. First-year adult graft and patient survival:
07/01/2018 - 03/12/2020, 06/13/2020 - 12/31/2020

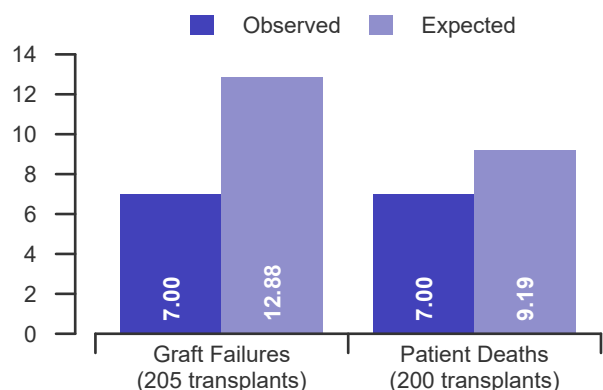
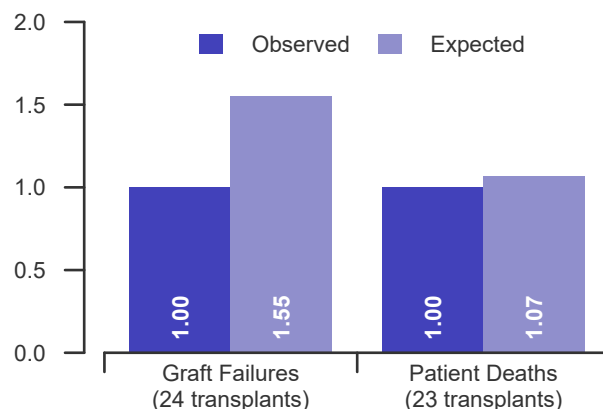


Figure A5. First-year pediatric graft & patient survival:
07/01/2018 - 03/12/2020, 06/13/2020 - 12/31/2020





B. Waiting List Information

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

Waiting List Registrations	Counts for this center		Activity for 07/01/2020 to 06/30/2021 as percent of registrants on waiting list on 07/01/2020		
	07/01/2019-06/30/2020	07/01/2020-06/30/2021	This Center (%)	OPTN Region (%)	U.S. (%)
On waiting list at start	76	37	100.0	100.0	100.0
Additions					
New listings at this center	114	131	354.1	158.5	110.4
Removals					
Transferred to another center	1	0	0.0	0.5	1.1
Received living donor transplant*	4	5	13.5	6.1	4.3
Received deceased donor transplant*	126	101	273.0	103.2	69.8
Died	3	3	8.1	14.1	8.8
Transplanted at another center	2	2	5.4	2.7	2.4
Deteriorated	5	6	16.2	10.3	9.9
Recovered	12	8	21.6	9.8	8.3
Other reasons	0	1	2.7	7.7	9.6
On waiting list at end of period	37	42	113.5	104.0	96.0

* 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 07/01/2020 and 06/30/2021**

Demographic Characteristic	New Waiting List Registrations 07/01/2020 to 06/30/2021 (%)			All Waiting List Registrations on 06/30/2021 (%)		
	This Center (N=131)	OPTN Region (N=1,228)	U.S. (N=13,827)	This Center (N=42)	OPTN Region (N=806)	U.S. (N=12,026)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	75.6	82.9	68.3	76.2	82.6	66.8
African-American	13.0	9.8	7.8	11.9	9.6	7.5
Hispanic/Latino	4.6	4.2	17.6	4.8	4.3	19.0
Asian	3.1	2.0	4.5	4.8	2.5	5.3
Other	3.8	1.1	1.7	2.4	1.0	1.5
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Age (%)						
<2 years	6.1	1.5	2.1	0.0	0.7	1.1
2-11 years	0.0	0.7	1.4	0.0	0.9	1.2
12-17 years	0.0	1.2	1.2	2.4	1.1	0.9
18-34 years	7.6	6.3	7.1	2.4	6.0	6.3
35-49 years	18.3	22.0	20.9	21.4	19.7	19.6
50-64 years	39.7	47.3	45.9	35.7	50.1	50.9
65-69 years	19.8	16.6	16.0	28.6	18.6	15.7
70+ years	8.4	4.3	5.4	9.5	2.9	4.2
Gender (%)						
Male	57.3	63.6	61.3	57.1	66.4	60.5
Female	42.7	36.4	38.7	42.9	33.6	39.5

* 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 07/01/2020 and 06/30/2021

Medical Characteristic	New Waiting List Registrations 07/01/2020 to 06/30/2021 (%)			All Waiting List Registrations on 06/30/2021 (%)		
	This Center (N=131)	OPTN Region (N=1,228)	U.S. (N=13,827)	This Center (N=42)	OPTN Region (N=806)	U.S. (N=12,026)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Blood Type (%)						
O	42.7	46.0	46.5	47.6	46.9	49.0
A	39.7	38.4	37.2	38.1	41.9	38.7
B	16.0	11.8	12.3	14.3	9.4	10.3
AB	1.5	3.8	4.1	0.0	1.7	2.1
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Previous Transplant (%)						
Yes	3.8	4.5	4.6	7.1	2.6	3.5
No	96.2	95.5	95.4	92.9	97.4	96.5
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Primary Disease (%)						
Acute Hepatic Necrosis	8.4	4.1	5.8	0.0	0.7	1.9
Non-Cholestatic Cirrhosis	49.6	75.9	66.6	42.9	75.6	69.3
Cholestatic Liver Disease/Cirrhosis	9.2	5.5	7.0	9.5	6.8	8.1
Biliary Atresia	3.1	1.5	1.8	0.0	1.9	1.6
Metabolic Diseases	2.3	2.6	1.9	0.0	1.5	1.5
Malignant Neoplasms	19.8	6.9	11.8	35.7	9.8	11.7
Other	7.6	3.5	5.1	11.9	3.7	5.8
Missing	0.0	0.0	0.1	0.0	0.0	0.0
Medical Urgency Status/MELD/PELD at Listing (%)*						
Status 1A	5.3	2.8	2.9	2.4	0.1	0.2
Status 1B	0.0	0.1	0.3	0.0	0.0	0.0
Status 2A	0.0	0.0	0.0	0.0	0.0	0.0
Status 2B	0.0	0.0	0.0	0.0	0.1	0.0
Status 3	0.0	0.0	0.0	0.0	0.0	0.3
MELD 6-10	17.6	11.5	15.9	38.1	17.2	29.5
MELD 11-14	4.6	12.1	12.0	7.1	22.1	22.4
MELD 15-20	19.8	21.7	20.2	28.6	34.5	25.8
MELD 21-30	32.8	30.0	24.1	23.8	21.0	13.6
MELD 31-40	13.0	12.8	13.6	0.0	0.6	0.8
PELD less than or equal to 10	1.5	1.0	1.5	0.0	1.0	1.6
PELD 11-14	0.0	0.1	0.3	0.0	0.1	0.2
PELD 15-20	1.5	0.6	0.4	0.0	0.2	0.2
PELD 21-30	0.0	0.1	0.3	0.0	0.1	0.1
PELD 31 or greater	0.8	0.1	0.1	0.0	0.0	0.0
Temporarily Inactive	0.8	2.4	4.3	0.0	2.6	5.2

* 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: 07/01/2019 - 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*	76	116	823	13,260
Person Years**	84.7	140.4	1,396.8	22,013.6
Removals for Transplant	207	266	1,471	16,038
Adult (18+) Candidates				
Count on waiting list at start*	69	108	793	12,791
Person Years**	77.8	133.0	1,358.9	21,264.9
Removals for transplant	189	247	1,403	15,086
Pediatric (<18) Candidates				
Count on waiting list at start*	7	8	30	469
Person Years**	6.9	7.4	37.9	748.7
Removals for transplant	18	19	68	952

* 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.

Figure B1. Observed and expected transplant rates: 07/01/2019 - 03/12/2020, 06/13/2020 - 06/30/2021

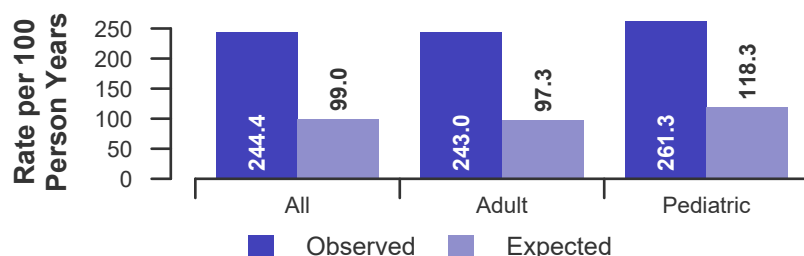


Figure B2. Transplant rate ratio estimate

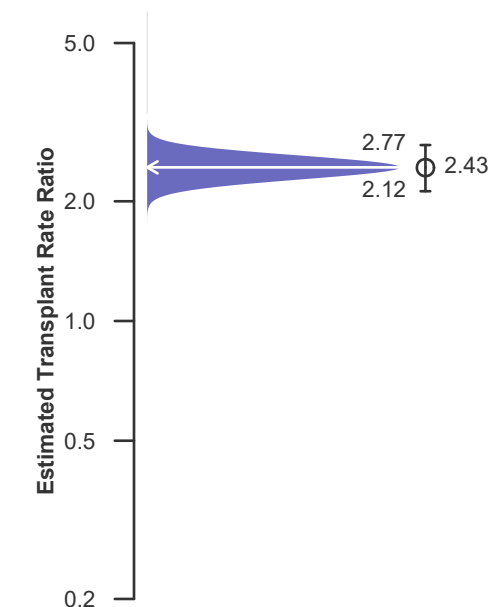
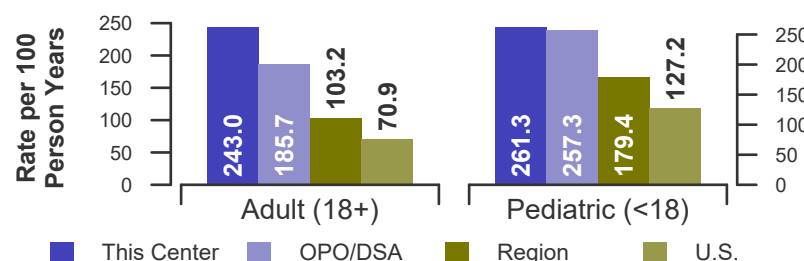


Figure B3. Observed adult (18+) and pediatric (<18) transplant rates: 07/01/2019 - 03/12/2020, 06/13/2020 - 06/30/2021





B. Waiting List Information

Table B4D. Deceased donor transplant 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*	76	116	823	13,260
Person Years**	84.7	140.4	1,396.8	22,013.6
Removals for Transplant	199	258	1,407	15,082
Adult (18+) Candidates				
Count on waiting list at start*	69	108	793	12,791
Person Years**	77.8	133.0	1,358.9	21,264.9
Removals for transplant	183	241	1,341	14,265
Pediatric (<18) Candidates				
Count on waiting list at start*	7	8	30	469
Person Years**	6.9	7.4	37.9	748.7
Removals for transplant	16	17	66	817

* 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.

Figure B1D. Observed and expected deceased donor transplant rates: 07/01/2019 - 03/12/2020, 06/13/2020 - 06/30/2021

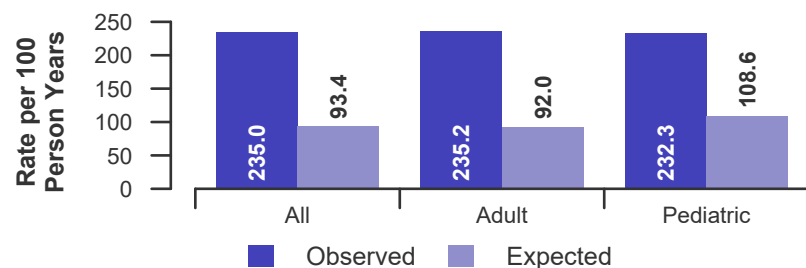


Figure B2D. Deceased donor transplant rate ratio estimate

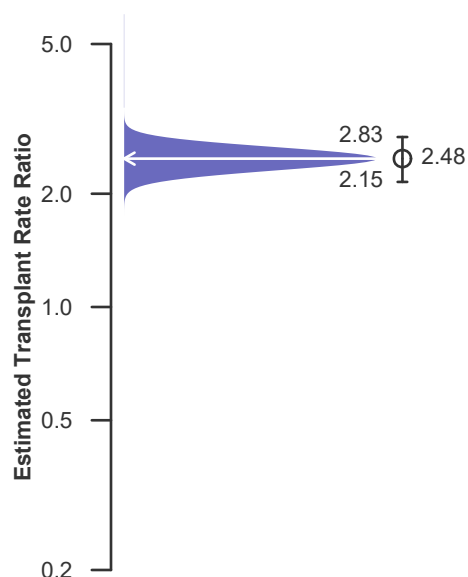
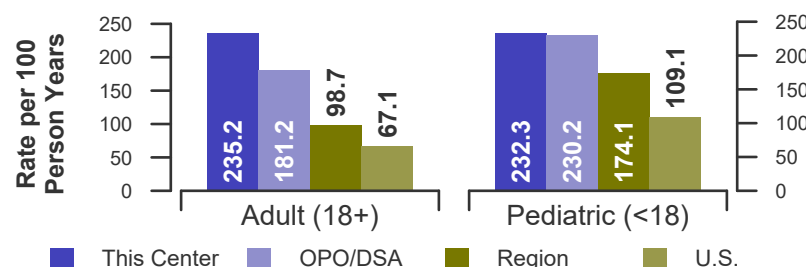


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 07/01/2019 - 03/12/2020, 06/13/2020 - 06/30/2021





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*	76	116	823	13,260
Person Years**	90.1	156.5	1,577.4	25,646.7
Number of deaths	14	29	274	3,030
Adult (18+) Candidates				
Count on waiting list at start*	69	108	793	12,791
Person Years**	82.9	148.8	1,535.2	24,826.8
Number of deaths	12	27	272	2,988
Pediatric (<18) Candidates				
Count on waiting list at start*	7	8	30	469
Person Years**	7.2	7.7	42.2	819.9
Number of deaths	2	2	2	42

* 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.

Figure B4. Observed and expected pre-transplant mortality rates: 07/01/2019 - 03/12/2020, 06/13/2020 - 06/30/2021

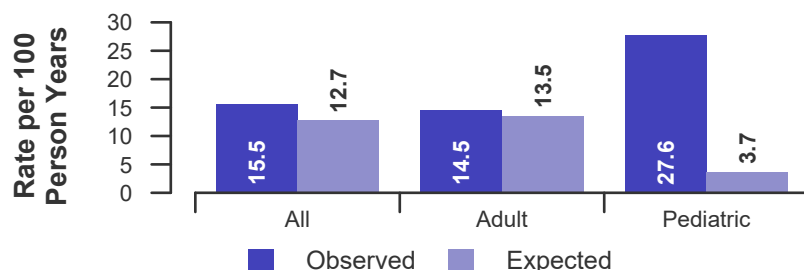


Figure B6. Observed adult (18+) and pediatric (<18) pre-transplant mortality rates: 07/01/2019 - 03/12/2020, 06/13/2020 - 06/30/2021

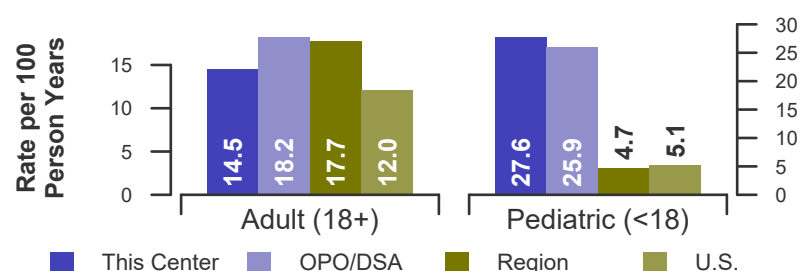
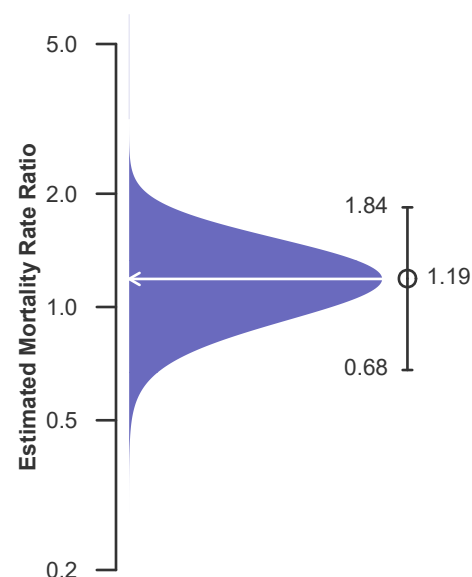


Figure B5. Pre-transplant mortality rate ratio estimate





B. Waiting List Information

Table B6. Rates of patient mortality after listing: 07/01/2019 - 03/12/2020, 06/13/2020 - 06/30/2021

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Patients				
Count at risk during the evaluation period	779	1,107	6,579	75,013
Person-years*	964.7	1,370.4	7,804.8	88,733.8
Number of Deaths	46	77	538	6,078
Adult (18+) Patients				
Count at risk during the evaluation period	678	995	6,262	70,657
Person-years*	831.0	1,221.6	7,384.1	83,332.5
Number of Deaths	43	73	530	5,962
Pediatric (<18) Patients				
Count at risk during the evaluation period	101	112	317	4,356
Person-years*	133.7	148.8	420.7	5,401.3
Number of Deaths	3	4	8	116

* 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.

Figure B7. Observed and expected rates of patient mortality after listing: 07/01/2019 - 03/12/2020, 06/13/2020 - 06/30/2021

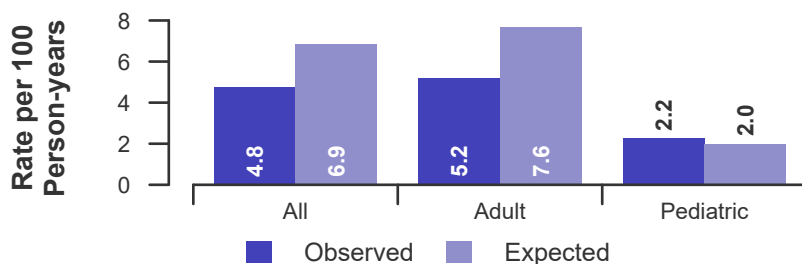


Figure B8. HR estimate of patient mortality after listing

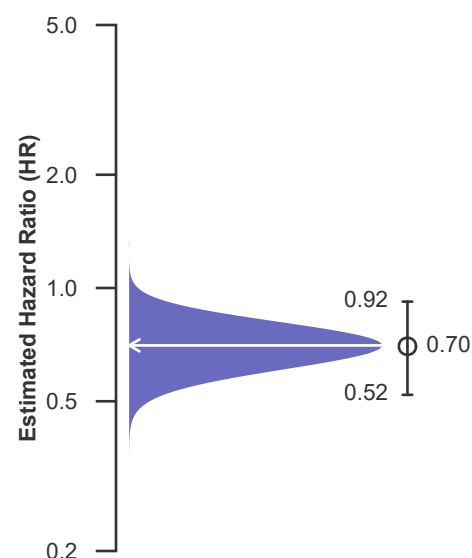
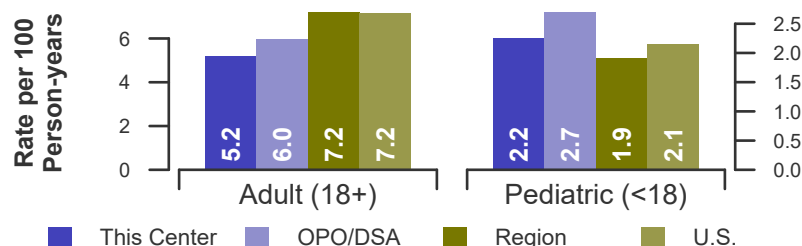


Figure B9. Observed adult (18+) and pediatric (<18) rates of patient mortality after listing: 07/01/2019 - 03/12/2020, 06/13/2020 - 06/30/2021





B. Waiting List Information

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

Waiting list status (survival status)	This Center (N=139)			U.S. (N=13,462)		
	Months Since Listing			Months Since Listing		
	6	12	18	6	12	18
Alive on waiting list (%)	31.7	7.2	2.9	43.8	26.1	17.9
Died on the waiting list without transplant (%)	2.2	2.2	2.2	4.7	6.0	6.7
Removed without transplant (%):						
Condition worsened (status unknown)	2.9	3.6	3.6	3.8	5.6	6.7
Condition improved (status unknown)	1.4	4.3	4.3	1.3	2.1	3.1
Refused transplant (status unknown)	0.0	0.0	0.0	0.2	0.4	0.6
Other	0.0	0.0	0.0	1.9	3.3	4.3
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	1.4	1.4	1.4	2.5	3.0	2.1
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.1	0.1
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.0	0.0	0.0	0.0	0.1	0.1
Status Yet Unknown**	0.0	0.0	0.0	0.0	0.1	1.2
Transplant (deceased donor) (%):						
Functioning (alive)	55.4	66.9	48.9	37.4	44.3	35.0
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.4	0.6	0.7
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	1.4	4.3	7.2	1.6	2.9	4.0
Status Yet Unknown*	3.6	9.4	28.8	2.1	4.9	16.9
Lost or Transferred (status unknown) (%)	0.0	0.7	0.7	0.3	0.6	0.7
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	3.6	6.5	9.4	6.3	8.9	10.8
Total % known died or removed as unstable	6.5	10.1	12.9	10.1	14.5	17.5
Total % removed for transplant	61.9	82.0	86.3	44.1	55.9	60.1
Total % with known functioning transplant (alive)	56.8	68.3	50.4	39.9	47.3	37.1

* 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 01/01/2019 and 12/31/2019

Waiting list status (survival status)	This Center (N=3)			U.S. (N=443)		
	Months Since listing			Months Since listing		
	6	12	18	6	12	18
Alive on waiting list (%)	0.0	0.0	0.0	3.6	2.5	0.9
Died on the waiting list without transplant (%)	0.0	0.0	0.0	8.1	8.4	8.4
Removed without transplant (%):						
Condition worsened (status unknown)	0.0	0.0	0.0	5.2	5.2	5.2
Condition improved (status unknown)	0.0	0.0	0.0	18.5	19.2	20.5
Refused transplant (status unknown)	0.0	0.0	0.0	0.2	0.5	0.5
Other	0.0	0.0	0.0	1.1	1.1	1.1
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	0.0	0.0	0.0	1.1	0.9	0.5
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.0	0.0	0.0	0.0	0.0	0.0
Status Yet Unknown**	0.0	0.0	0.0	0.0	0.2	0.7
Transplant (deceased donor) (%):						
Functioning (alive)	100.0	100.0	33.3	55.1	50.6	35.4
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.7	0.7	0.9
Failed-alive not retransplanted	0.0	0.0	0.0	0.5	0.2	0.0
Died	0.0	0.0	0.0	4.7	5.6	6.3
Status Yet Unknown*	0.0	0.0	66.7	0.9	4.7	19.4
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.2	0.2	0.2
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	12.9	14.0	14.7
Total % known died or removed as unstable	0.0	0.0	0.0	18.1	19.2	19.9
Total % removed for transplant	100.0	100.0	100.0	63.0	63.0	63.2
Total % with known functioning transplant (alive)	100.0	100.0	33.3	56.2	51.5	35.9

* 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 07/01/2015 and 06/30/2018

Characteristic	Percent transplanted at time periods since listing									
	This Center					United States				
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	377	28.6	71.4	75.6	76.4	37,864	19.7	49.3	56.7	58.4
Ethnicity/Race*										
White	277	26.0	70.0	75.5	76.2	25,974	19.8	50.5	57.4	59.0
African-American	53	37.7	75.5	77.4	79.2	3,348	22.8	53.2	60.5	62.1
Hispanic/Latino	21	33.3	81.0	81.0	81.0	6,109	18.2	44.2	52.5	54.8
Asian	7	42.9	71.4	71.4	71.4	1,820	17.3	42.2	53.4	55.3
Other	19	31.6	68.4	68.4	68.4	613	20.1	48.9	56.6	57.6
Unknown	0	--	--	--	--	0	--	--	--	--
Age										
<2 years	27	33.3	81.5	85.2	85.2	895	23.5	69.8	73.6	74.9
2-11 years	14	50.0	100.0	100.0	100.0	733	27.7	70.3	75.4	77.6
12-17 years	14	28.6	71.4	78.6	78.6	467	22.7	55.5	65.1	67.7
18-34 years	20	30.0	55.0	55.0	60.0	2,189	27.7	50.1	56.4	58.7
35-49 years	59	33.9	69.5	76.3	76.3	6,204	27.7	51.8	57.3	59.1
50-64 years	168	28.0	72.6	77.4	78.0	19,983	18.0	48.0	55.9	57.7
65-69 years	60	25.0	63.3	66.7	68.3	6,029	13.9	46.1	54.5	56.0
70+ years	15	0.0	73.3	73.3	73.3	1,364	13.3	43.3	51.1	51.8
Gender										
Male	233	27.9	76.0	80.7	81.1	23,845	19.4	50.4	58.2	59.9
Female	144	29.9	63.9	67.4	68.8	14,019	20.2	47.5	54.0	55.8

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



B. Waiting List Information

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	Percent transplanted at time periods since listing									
	This Center					United States				
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	377	28.6	71.4	75.6	76.4	37,864	19.7	49.3	56.7	58.4
Blood Type										
O	185	29.2	73.0	75.7	76.2	17,654	19.1	47.1	54.9	56.8
A	134	21.6	59.7	67.2	68.7	13,973	18.6	48.0	55.3	57.0
B	44	40.9	95.5	97.7	97.7	4,726	22.0	55.7	62.4	64.0
AB	14	50.0	85.7	85.7	85.7	1,511	30.4	67.5	71.3	72.5
Previous Transplant										
Yes	26	30.8	61.5	61.5	65.4	1,931	28.2	52.0	57.9	59.4
No	351	28.5	72.1	76.6	77.2	35,933	19.2	49.2	56.6	58.3
Primary Disease										
Acute Hepatic Necrosis	15	73.3	73.3	73.3	80.0	1,573	48.6	57.5	60.3	61.2
Non-Cholestatic Cirrhosis	251	27.5	69.7	75.3	75.3	25,191	20.4	48.1	54.6	56.2
Cholestatic Liver Disease/Cirrhosis	37	27.0	62.2	62.2	67.6	2,672	16.7	48.7	56.4	59.3
Biliary Atresia	23	30.4	87.0	91.3	91.3	778	16.6	64.9	72.1	74.3
Metabolic Diseases	9	11.1	77.8	88.9	88.9	918	23.1	64.2	70.0	71.9
Malignant Neoplasms	21	19.0	76.2	76.2	76.2	4,761	7.8	47.9	61.2	62.7
Other	21	28.6	81.0	81.0	81.0	1,960	20.3	49.2	57.9	59.7
Missing	0	--	--	--	--	11	9.1	27.3	36.4	36.4
Medical Urgency Status/MELD/PELD at Listing*										
Status 1	0	--	--	--	--	0	--	--	--	--
Status 1A	15	60.0	60.0	60.0	60.0	1,114	60.2	61.3	61.3	61.3
Status 1B	1	100.0	100.0	100.0	100.0	155	45.2	83.2	83.2	83.2
Status 2A	0	--	--	--	--	0	--	--	--	--
Status 2B	0	--	--	--	--	0	--	--	--	--
Status 3	0	--	--	--	--	0	--	--	--	--
MELD 6-10	62	6.5	72.6	77.4	79.0	7,599	2.4	37.5	50.8	53.1
MELD 11-14	55	3.6	52.7	60.0	63.6	5,320	2.3	32.0	43.1	45.9
MELD 15-20	76	13.2	56.6	65.8	65.8	8,069	8.4	42.4	51.3	53.7
MELD 21-30	90	47.8	85.6	86.7	86.7	8,266	25.4	58.9	62.2	63.3
MELD 31-40	28	85.7	92.9	92.9	92.9	3,829	67.2	76.2	76.6	76.8
PELD less than or equal to 10	17	23.5	94.1	100.0	100.0	738	11.5	67.2	74.0	77.0
PELD 11-14	3	33.3	100.0	100.0	100.0	104	18.3	76.0	82.7	84.6
PELD 15-20	8	50.0	87.5	87.5	87.5	164	14.0	73.8	79.3	79.9
PELD 21-30	3	33.3	100.0	100.0	100.0	159	34.6	76.1	78.6	78.6
PELD 31 or greater	1	100.0	100.0	100.0	100.0	52	61.5	78.8	78.8	78.8
Temporarily Inactive	18	22.2	50.0	50.0	50.0	2,295	37.0	54.3	58.9	59.4

* 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 07/01/2015 and 12/31/2020

Percentile	Center	Months to Transplant**		U.S.
		OPO/DSA	Region	
5th	0.1	0.1	0.1	0.1
10th	0.2	0.2	0.2	0.2
25th	0.7	1.0	1.0	1.3
50th (median time to transplant)	3.0	4.6	5.7	8.7
75th	8.4	20.7	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 06/30/2021. 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: 07/01/2020 - 06/30/2021

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
Overall				
Number of Offers	1,129	2,171	25,569	287,435
Number of Acceptances	93	117	740	7,738
Expected Acceptances	46.1	84.4	821.2	7,728.1
Offer Acceptance Ratio*	1.98	1.38	0.90	1.00
95% Credible Interval**	[1.60, 2.39]	--	--	--
PHS increased infectious risk				
Number of Offers	209	422	5,796	57,798
Number of Acceptances	31	38	210	1,934
Expected Acceptances	11.1	22.4	230.2	1,931.5
Offer Acceptance Ratio*	2.52	1.64	0.91	1.00
95% Credible Interval**	[1.74, 3.45]	--	--	--
DCD donor				
Number of Offers	29	81	6,056	69,977
Number of Acceptances	7	7	53	780
Expected Acceptances	1.5	4.0	80.4	782.7
Offer Acceptance Ratio*	2.58	1.50	0.67	1.00
95% Credible Interval**	[1.18, 4.52]	--	--	--
HCV+ donor				
Number of Offers	42	127	1,437	11,186
Number of Acceptances	7	10	60	443
Expected Acceptances	2.7	7.6	64.6	442.9
Offer Acceptance Ratio*	1.92	1.25	0.93	1.00
95% Credible Interval**	[0.88, 3.36]	--	--	--
Hard-to-Place Livers (Over 50 Offers)				
Number of Offers	518	1,069	15,055	180,094
Number of Acceptances	16	16	65	946
Expected Acceptances	3.6	6.5	101.7	953.4
Offer Acceptance Ratio*	3.22	2.11	0.65	0.99
95% Credible Interval**	[1.91, 4.86]	--	--	--
Donor more than 500 miles away				
Number of Offers	210	414	7,275	94,132
Number of Acceptances	6	11	89	924
Expected Acceptances	7.0	10.9	97.0	889.6
Offer Acceptance Ratio*	0.89	1.00	0.92	1.04
95% Credible Interval**	[0.38, 1.60]	--	--	--

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

** As an example, the 95% Credible Interval for the overall offer acceptance ratio, [1.60, 2.39], indicates the location of NCDU's true offer acceptance ratio with 95% probability. The best estimate is 98% more likely to accept an offer compared to national acceptance behavior, but NCDU's performance could plausibly range from 60% higher acceptance up to 139% higher acceptance.



B. Waiting List Information

Figure B10. Offer acceptance: Overall

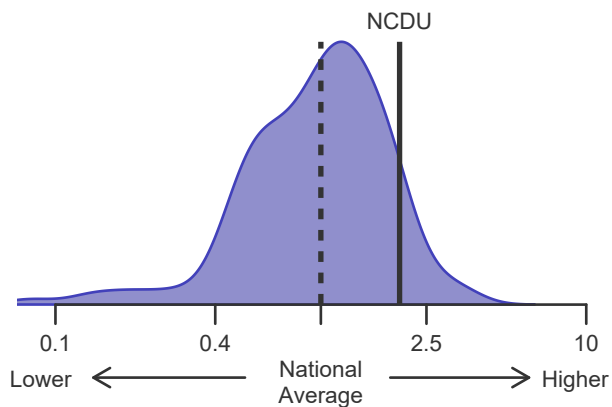


Figure B11. Offer acceptance:
PHS increased infectious risk

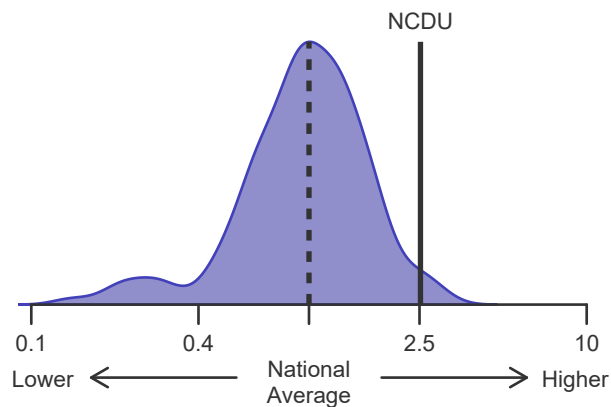


Figure B12. Offer acceptance: DCD Donor

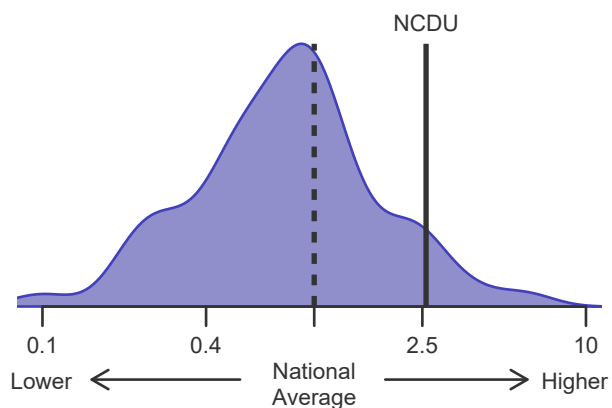


Figure B13. Offer acceptance: HCV+ Donor

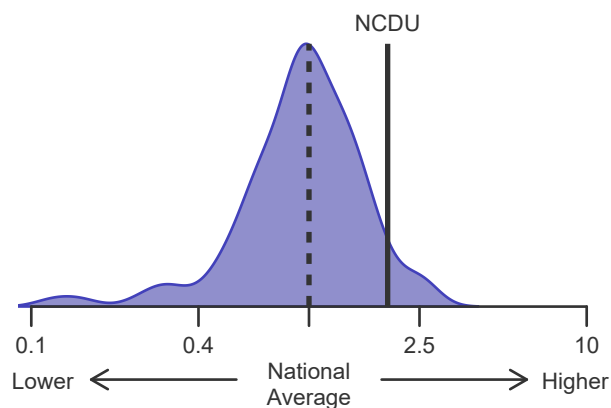


Figure B14. Offer acceptance: Offer number > 50

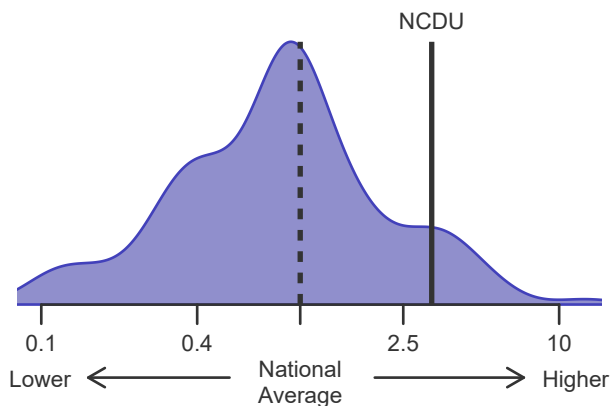
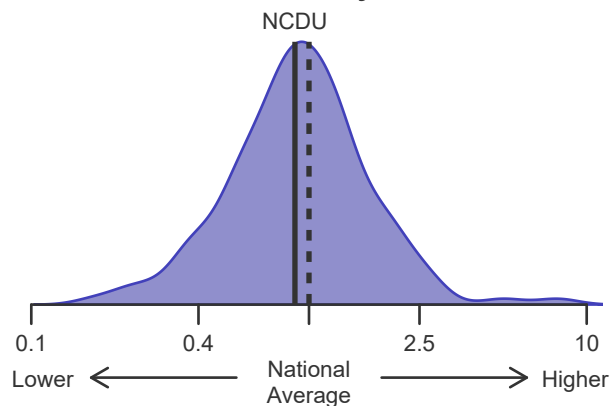


Figure B15. Offer acceptance:
Donor more than 500 miles away





C. Transplant Information

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

Characteristic	Percentage in each category		
	Center (N=101)	Region (N=800)	U.S. (N=8,751)
Ethnicity/Race (%)*			
White	72.3	81.8	68.7
African-American	12.9	10.1	7.8
Hispanic/Latino	5.0	3.9	16.9
Asian	4.0	2.4	4.8
Other	5.9	1.9	1.8
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	6.9	1.9	2.0
2-11 years	0.0	0.6	1.7
12-17	0.0	1.1	1.4
18-34	6.9	5.8	6.8
35-49 years	15.8	21.2	21.1
50-64 years	48.5	48.4	45.3
65-69 years	16.8	16.1	15.9
70+ years	5.0	4.9	5.6
Gender (%)			
Male	60.4	63.6	62.6
Female	39.6	36.4	37.4

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



C. Transplant Information

Table C1L. Living donor transplant recipient demographic characteristics**Patients transplanted between 07/01/2020 and 06/30/2021**

Characteristic	Percentage in each category		
	Center (N=5)	Region (N=47)	U.S. (N=542)
Ethnicity/Race (%)*			
White	80.0	85.1	76.6
African-American	0.0	12.8	4.4
Hispanic/Latino	20.0	2.1	14.4
Asian	0.0	0.0	3.1
Other	0.0	0.0	1.5
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	0.0	0.0	7.4
2-11 years	0.0	0.0	3.9
12-17	0.0	0.0	0.6
18-34	20.0	10.6	11.1
35-49 years	20.0	23.4	20.1
50-64 years	60.0	48.9	37.3
65-69 years	0.0	12.8	14.0
70+ years	0.0	4.3	5.7
Gender (%)			
Male	20.0	40.4	47.6
Female	80.0	59.6	52.4

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



C. Transplant Information

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

Characteristic	Percentage in each category		
	Center (N=101)	Region (N=800)	U.S. (N=8,751)
Blood Type (%)			
O	41.6	45.6	45.7
A	39.6	36.1	35.8
B	14.9	13.1	13.6
AB	4.0	5.1	5.0
Previous Transplant (%)			
Yes	4.0	4.5	4.8
No	96.0	95.5	95.2
Body Mass Index (%)			
0-20	10.9	8.6	10.8
21-25	16.8	19.1	26.1
26-30	31.7	31.5	29.6
31-35	22.8	20.6	17.7
36-40	14.9	13.0	9.2
41+	3.0	5.6	4.2
Unknown	0.0	1.5	2.4
Primary Disease (%)			
Acute Hepatic Necrosis	5.0	3.9	6.1
Non-Cholestatic Cirrhosis	60.4	77.4	67.1
Cholestatic Liver Disease/Cirrhosis	5.9	4.8	6.5
Biliary Atresia	3.0	1.1	2.0
Metabolic Diseases	4.0	3.1	2.4
Malignant Neoplasms	16.8	7.6	12.5
Other	5.0	2.1	3.3
Missing	0.0	0.0	0.1
Medical Urgency Statust/MELD/PELD at Transplant (%)*			
Status 1A	4.0	3.4	3.3
Status 1B	2.0	0.6	0.9
MELD 6-10	12.9	9.0	10.3
MELD 11-14	5.9	5.6	6.8
MELD 15-20	13.9	11.0	14.1
MELD 21-30	36.6	37.0	30.3
MELD 31-40	17.8	23.8	24.5
PELD less than or equal to 10	1.0	0.6	1.2
PELD 11-14	0.0	0.1	0.3
PELD 15-20	0.0	0.6	0.5
PELD 21-30	2.0	0.2	0.4
PELD 31 or greater	0.0	0.1	0.2
Temporarily Inactive	0.0	0.0	0.0
Recipient Medical Condition at Transplant (%)			
Not Hospitalized	58.4	57.1	57.7
Hospitalized	23.8	26.2	25.7
ICU	17.8	15.8	16.5
Unknown	0.0	0.9	0.1

* 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 07/01/2020 and 06/30/2021

Characteristic	Percentage in each category		
	Center (N=5)	Region (N=47)	U.S. (N=542)
Blood Type (%)			
O	0.0	29.8	45.0
A	100.0	66.0	45.6
B	0.0	2.1	6.8
AB	0.0	2.1	2.6
Previous Transplant (%)			
Yes	0.0	2.1	2.0
No	100.0	97.9	98.0
Body Mass Index (%)			
0-20	0.0	4.3	19.4
21-25	20.0	36.2	29.7
26-30	80.0	36.2	29.5
31-35	0.0	12.8	12.4
36-40	0.0	6.4	6.1
41+	0.0	4.3	1.5
Unknown	0.0	0.0	1.5
Primary Disease (%)			
Acute Hepatic Necrosis	0.0	0.0	1.8
Non-Cholestatic Cirrhosis	20.0	70.2	49.1
Cholestatic Liver Disease/Cirrhosis	60.0	19.1	20.8
Biliary Atresia	0.0	0.0	8.5
Metabolic Diseases	0.0	0.0	2.8
Malignant Neoplasms	20.0	4.3	12.2
Other	0.0	6.4	4.8
Missing	0.0	0.0	0.0
Medical Urgency Statust/MELD/PELD at Transplant (%)*			
Status 1A	0.0	0.0	1.1
Status 1B	0.0	0.0	1.1
MELD 6-10	0.0	21.3	25.1
MELD 11-14	20.0	27.7	21.0
MELD 15-20	40.0	36.2	28.0
MELD 21-30	40.0	14.9	12.4
MELD 31-40	0.0	0.0	0.7
PELD less than or equal to 10	0.0	0.0	3.9
PELD 11-14	0.0	0.0	1.3
PELD 15-20	0.0	0.0	1.1
PELD 21-30	0.0	0.0	1.7
PELD 31 or greater	0.0	0.0	0.6
Temporarily Inactive	0.0	0.0	1.8
Recipient Medical Condition at Transplant (%)			
Not Hospitalized	100.0	91.5	88.7
Hospitalized	0.0	8.5	8.1
ICU	0.0	0.0	3.1
Unknown	0.0	0.0	0.0

* 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 07/01/2020 and 06/30/2021

Donor Characteristic	Percentage in each category		
	Center (N=101)	Region (N=800)	U.S. (N=8,751)
Cause of Death (%)			
Deceased: Stroke	26.7	24.2	25.9
Deceased: MVA	5.9	13.0	12.3
Deceased: Other	67.3	62.8	61.8
Ethnicity/Race (%)*			
White	79.2	69.1	62.8
African-American	13.9	22.6	18.3
Hispanic/Latino	4.0	6.4	14.9
Asian	3.0	1.2	3.0
Other	0.0	0.6	1.0
Not Reported	0.0	0.0	0.0
Age (%)			
<2 years	4.0	0.5	0.9
2-11 years	0.0	1.4	2.3
12-17	0.0	2.9	4.4
18-34	27.7	37.9	32.8
35-49 years	35.6	30.9	28.3
50-64 years	27.7	21.9	23.9
65-69 years	5.0	4.0	4.3
70+ years	0.0	0.6	3.2
Gender (%)			
Male	61.4	63.6	61.2
Female	38.6	36.4	38.8
Blood Type (%)			
O	48.5	49.9	49.9
A	37.6	36.2	36.3
B	9.9	10.2	11.0
AB	4.0	3.6	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 07/01/2020 and 06/30/2021**

Donor Characteristic	Percentage in each category		
	Center (N=5)	Region (N=47)	U.S. (N=542)
Ethnicity/Race (%)*			
White	100.0	87.2	81.5
African-American	0.0	6.4	3.0
Hispanic/Latino	0.0	0.0	11.3
Asian	0.0	2.1	2.4
Other	0.0	4.3	1.8
Not Reported	0.0	0.0	0.0
Age (%)			
0-11 years	0.0	0.0	0.0
12-17	0.0	2.1	0.2
18-34	20.0	44.7	43.2
35-49 years	20.0	36.2	41.5
50-64 years	60.0	17.0	14.8
65-69 years	0.0	0.0	0.4
70+ years	0.0	0.0	0.0
Gender (%)			
Male	20.0	42.6	41.3
Female	80.0	57.4	58.7
Blood Type (%)			
O	60.0	48.9	63.1
A	40.0	51.1	31.5
B	0.0	0.0	4.8
AB	0.0	0.0	0.6
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 07/01/2020 and 06/30/2021

Transplant Characteristic	Percentage in each category		
	Center (N=101)	Region (N=800)	U.S. (N=8,751)
Cold Ischemic Time (Hours): Local (%)			
Deceased: 0-5 hr	85.2	70.1	67.1
Deceased: 6-10 hr	14.8	26.5	31.0
Deceased: 11-15 hr	0.0	0.9	1.0
Deceased: 16-20 hr	0.0	0.5	0.2
Deceased: 21+ hr	0.0	0.0	0.1
Not Reported	0.0	1.9	0.8
Cold Ischemic Time (Hours): Shared (%)			
Deceased: 0-5 hr	41.9	41.4	45.0
Deceased: 6-10 hr	55.4	56.7	51.8
Deceased: 11-15 hr	2.7	0.7	1.7
Deceased: 16-20 hr	0.0	0.0	0.1
Deceased: 21+ hr	0.0	0.3	0.1
Not Reported	0.0	0.8	1.2
Procedure Type (%)			
Single organ	91.1	92.5	89.5
Multi organ	8.9	7.5	10.5
Donor Location (%)			
Local Donation Service Area (DSA)	26.7	26.4	34.7
Another Donation Service Area (DSA)	73.3	73.6	65.3
Median Time in Hospital After Transplant	12.0 Days	10.0 Days	11.0 Days



C. Transplant Information

Table C4L. Living donor transplant characteristics
Transplants performed between 07/01/2020 and 06/30/2021

Transplant Characteristic	Percentage in each category		
	Center (N=5)	Region (N=47)	U.S. (N=542)
Relation with Donor (%)			
Related	60.0	59.6	56.1
Unrelated	40.0	40.4	43.7
Not Reported	0.0	0.0	0.2
Procedure Type (%)			
Single organ	100.0	100.0	100.0
Multi organ	0.0	0.0	0.0
Median Time in Hospital After Transplant	10.0 Days	10.0 Days	10.0 Days



C. Transplant Information

Table C5. Adult (18+) 1-month survival with a functioning graft

Single organ 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

	NCDU	U.S.
Number of transplants evaluated	205	16,846
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	99.02%	96.75%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.04%	--
Number of observed graft failures (including deaths) during the first month after transplant	2	540
Number of expected graft failures (including deaths) during the first month after transplant	6.08	--
Estimated hazard ratio*	0.49	--
95% credible interval for the hazard ratio**	[0.13, 1.08]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.13, 1.08], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 51% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 87% reduced risk up to 8% increased risk.

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

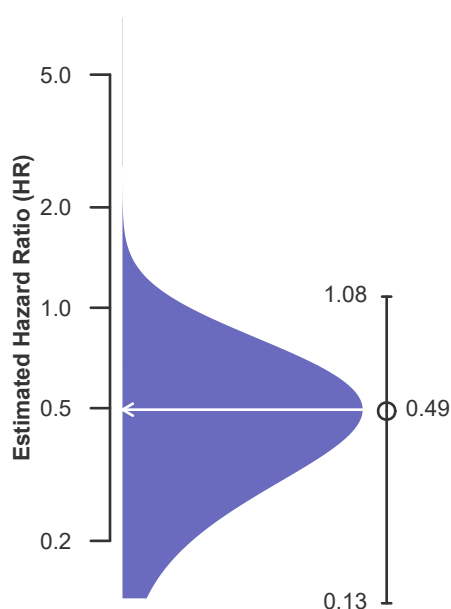
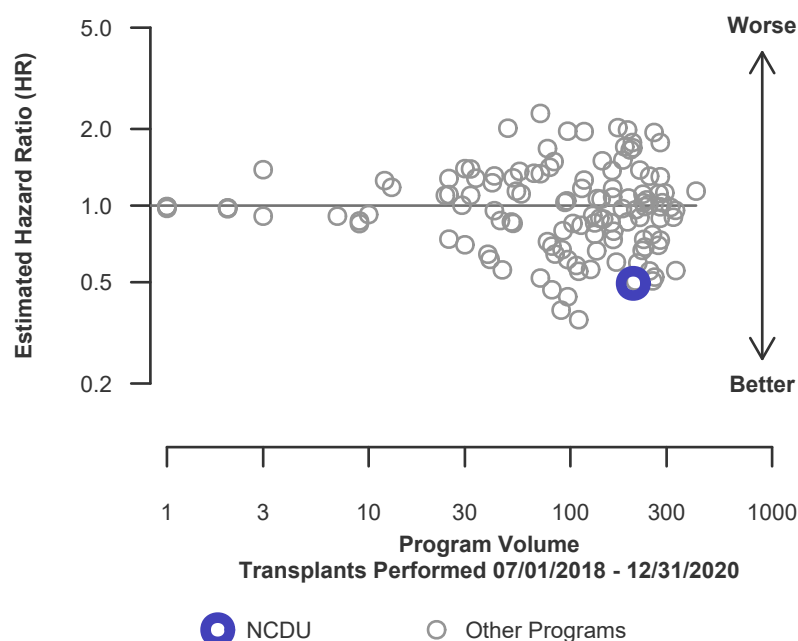


Figure C2. Adult (18+) 1-month graft failure HR program comparison





C. Transplant Information

Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	202	15,864
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	99.00%	96.71%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.04%	--
Number of observed graft failures (including deaths) during the first month after transplant	2	515
Number of expected graft failures (including deaths) during the first month after transplant	6.01	--
Estimated hazard ratio*	0.50	--
95% credible interval for the hazard ratio**	[0.14, 1.10]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.14, 1.10], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 50% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 86% reduced risk up to 10% increased risk.

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

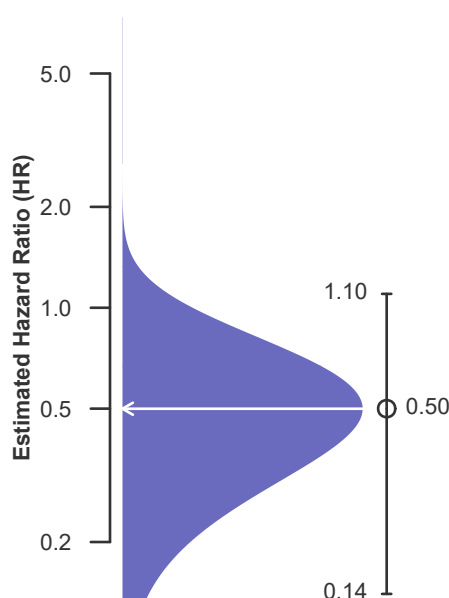
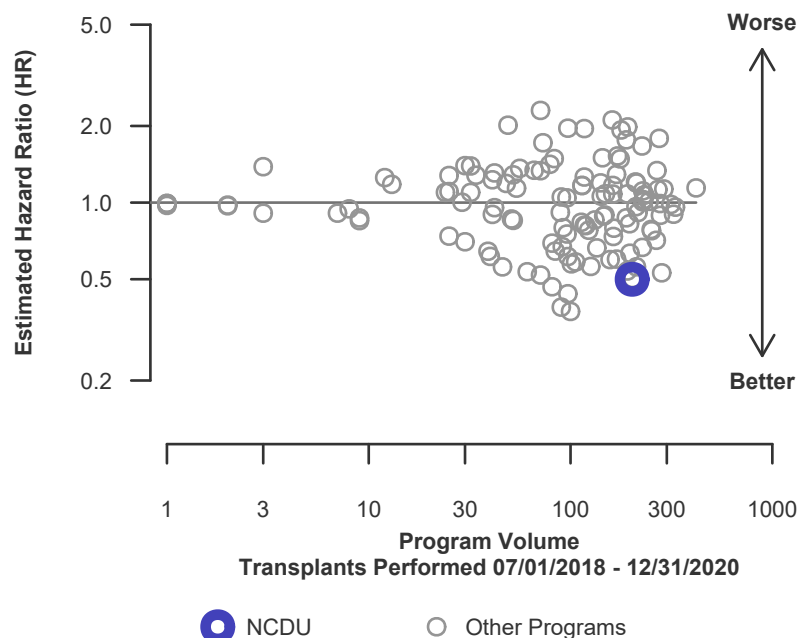


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison





C. Transplant Information

Table C5L. Adult (18+) 1-month survival with a functioning living donor graft

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	3	982
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	97.42%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.42%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	25
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 Duke University 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 NCDU'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 NCDU's true hazard ratio with 95% probability. The best estimate is 4% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 88% reduced risk up to 168% increased risk.

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

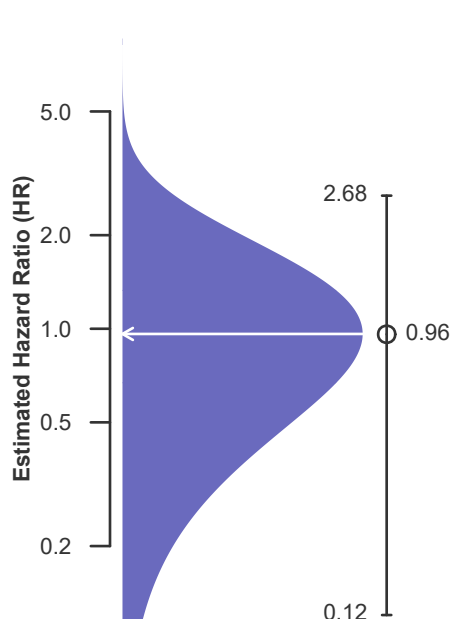
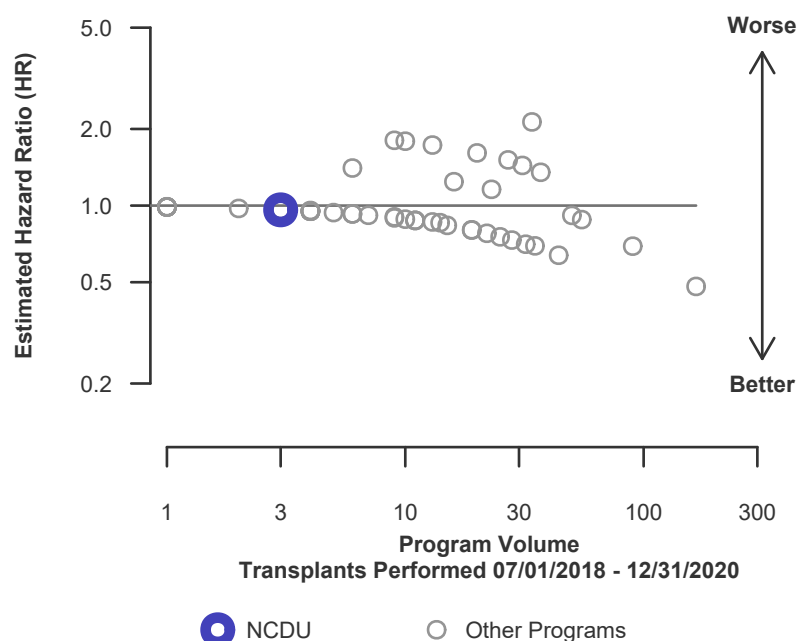


Figure C2L. Adult (18+) 1-month living donor graft failure HR program comparison





C. Transplant Information

Table C6. Adult (18+) 1-year survival with a functioning graft

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	205	16,846
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	94.90%	91.90%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.27%	--
Number of observed graft failures (including deaths) during the first year after transplant	7	1,109
Number of expected graft failures (including deaths) during the first year after transplant	12.88	--
Estimated hazard ratio*	0.60	--
95% credible interval for the hazard ratio**	[0.28, 1.06]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.28, 1.06], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 40% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 72% reduced risk up to 6% increased risk.

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

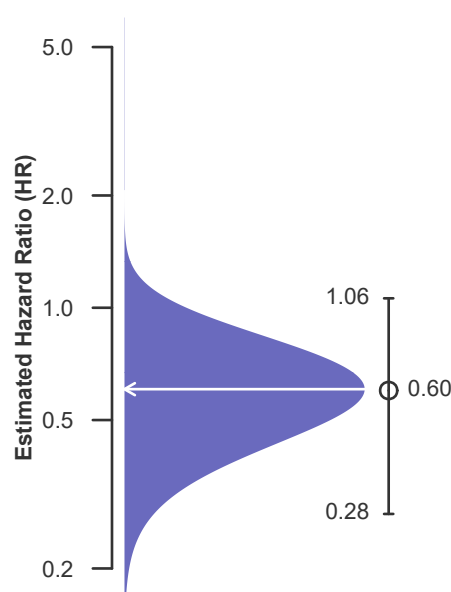
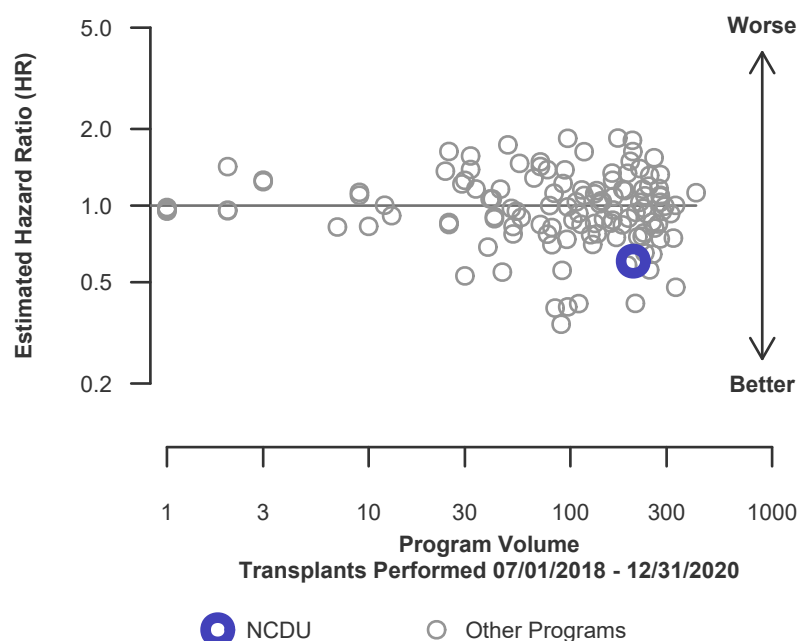


Figure C4. Adult (18+) 1-year graft failure HR program comparison





C. Transplant Information

Table C6D. Adult (18+) 1-year survival with a functioning deceased donor graft

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	202	15,864
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	94.86%	91.87%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.27%	--
Number of observed graft failures (including deaths) during the first year after transplant	7	1,052
Number of expected graft failures (including deaths) during the first year after transplant	12.72	--
Estimated hazard ratio*	0.61	--
95% credible interval for the hazard ratio**	[0.28, 1.07]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.28, 1.07], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 39% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 72% reduced risk up to 7% increased risk.

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

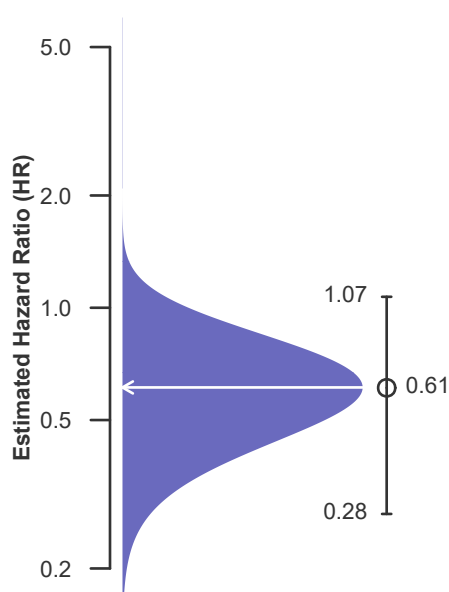
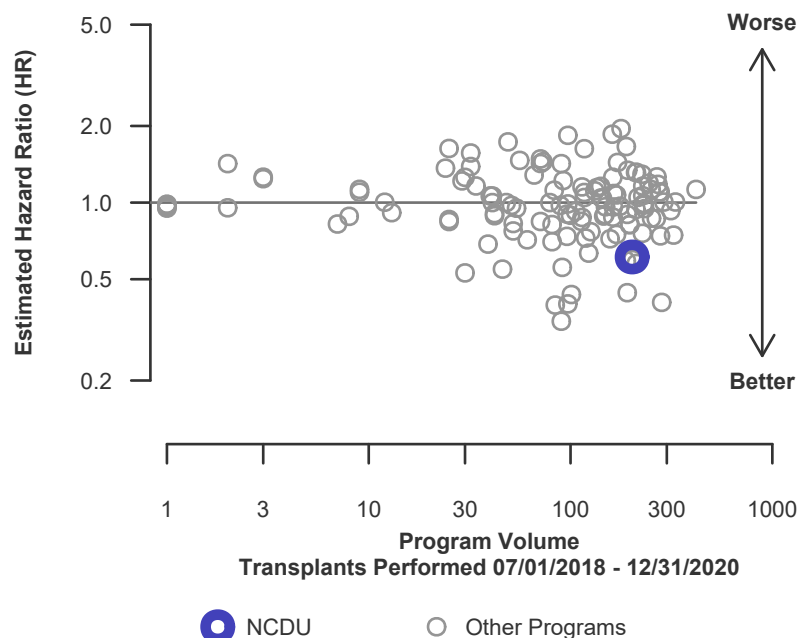


Figure C4D. Adult (18+) 1-year deceased donor graft failure HR program comparison





C. Transplant Information

Table C6L. Adult (18+) 1-year survival with a functioning living donor graft

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	3	982
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	92.38%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.39%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	57
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, 2.58]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.11, 2.58], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 7% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 89% reduced risk up to 158% increased risk.

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

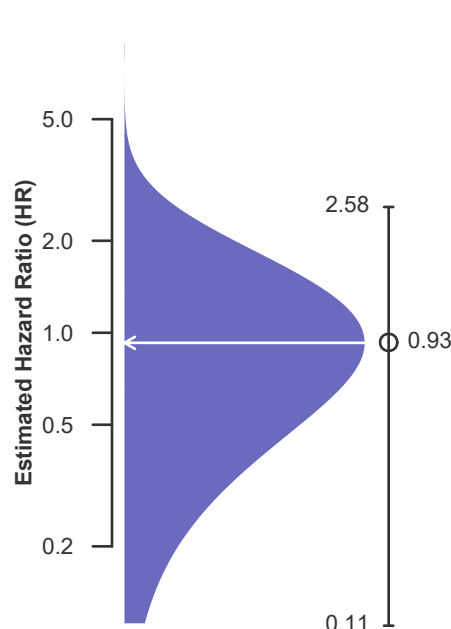
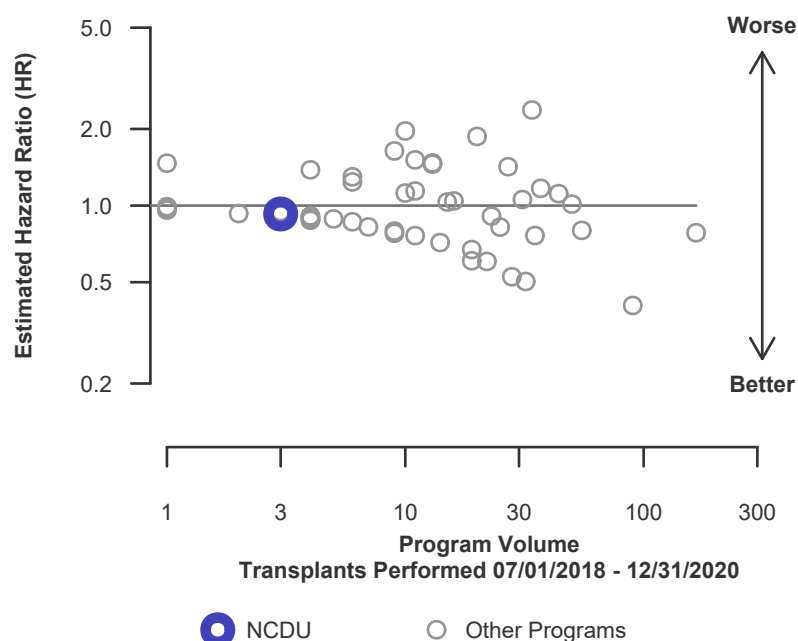


Figure C4L. Adult (18+) 1-year living donor graft failure HR program comparison





C. Transplant Information

Table C7. Adult (18+) 3-year survival with a functioning graft

Single organ transplants performed between 01/01/2016 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

	NCDU	U.S.
Number of transplants evaluated	183	16,600
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	90.05%	85.83%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	86.76%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	16	2,213
Number of expected graft failures (including deaths) during the first 3 years after transplant	23.61	--
Estimated hazard ratio*	0.70	--
95% credible interval for the hazard ratio**	[0.42, 1.06]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.42, 1.06], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 30% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 58% reduced risk up to 6% increased risk.

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

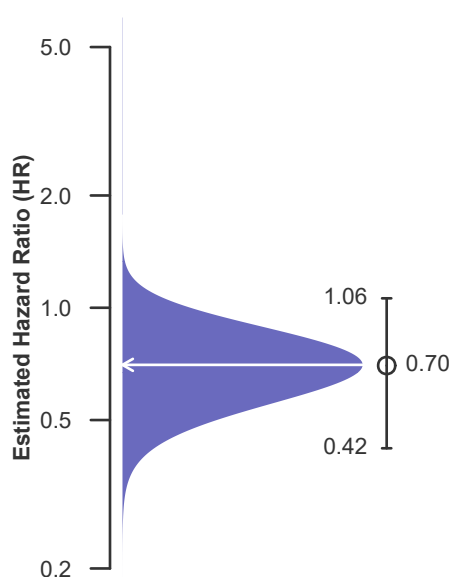
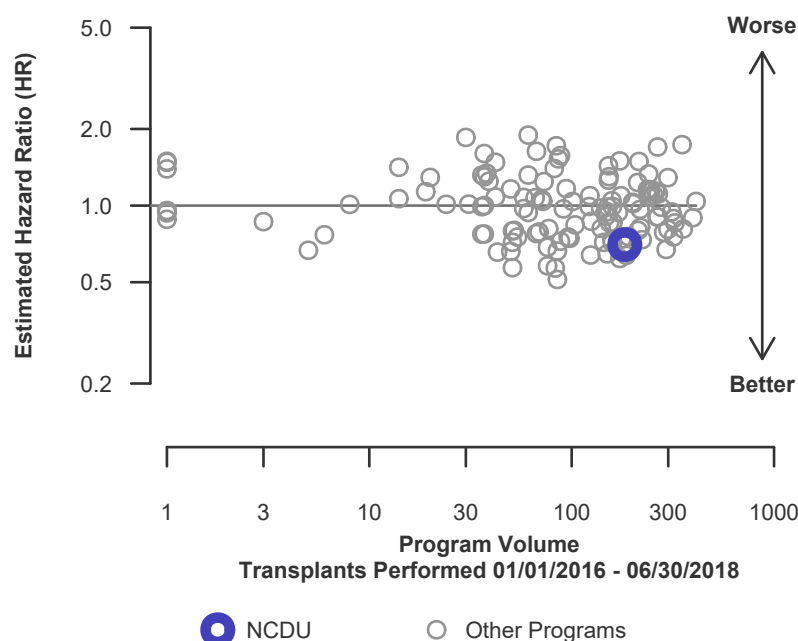


Figure C6. Adult (18+) 3-year graft failure HR program comparison





C. Transplant Information

Table C7D. Adult (18+) 3-year survival with a functioning deceased donor graft

Single organ transplants performed between 01/01/2016 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

	NCDU	U.S.
Number of transplants evaluated	182	15,876
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	90.54%	85.77%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	86.76%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	15	2,124
Number of expected graft failures (including deaths) during the first 3 years after transplant	23.56	--
Estimated hazard ratio*	0.67	--
95% credible interval for the hazard ratio**	[0.39, 1.02]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.39, 1.02], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 33% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 61% reduced risk up to 2% increased risk.

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

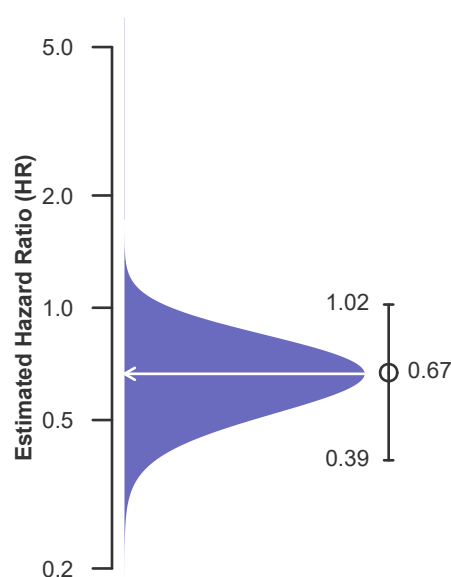
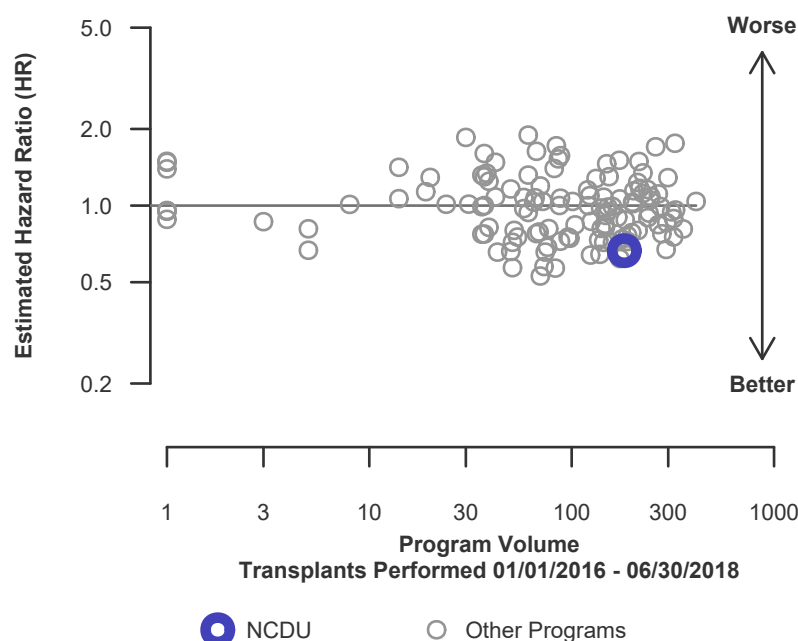


Figure C6D. Adult (18+) 3-year deceased donor graft failure HR program comparison





C. Transplant Information

Table C7L. Adult (18+) 3-year survival with a functioning living donor graft

Single organ transplants performed between 01/01/2016 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

	NCDU	U.S.
Number of transplants evaluated	1	724
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	0.00%	87.15%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	87.17%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	1	89
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.05	--
Estimated hazard ratio*	1.47	--
95% credible interval for the hazard ratio**	[0.30, 3.53]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.30, 3.53], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 47% higher risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 70% reduced risk up to 253% increased risk.

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

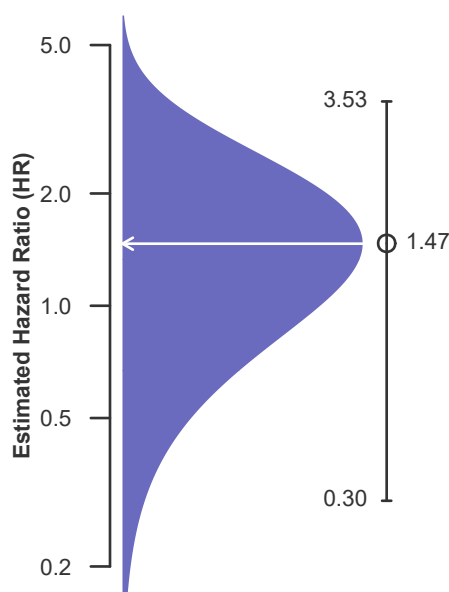
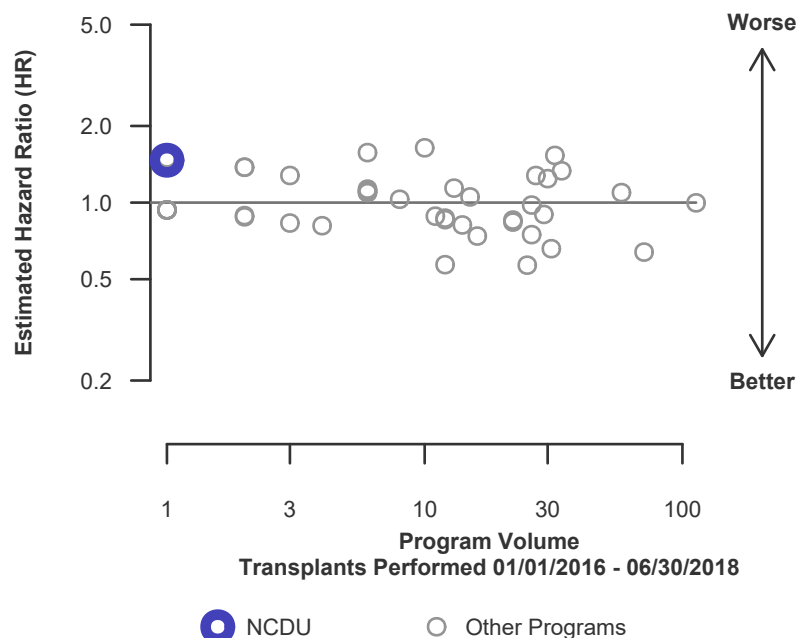


Figure C6L. Adult (18+) 3-year living donor graft failure HR program comparison





C. Transplant Information

Table C8. Pediatric (<18) 1-month survival with a functioning graft

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	24	1,142
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	95.24%	95.58%
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	1	50
Number of expected graft failures (including deaths) during the first month 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 Duke University 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 NCDU'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 NCDU's true hazard ratio with 95% probability. The best estimate is 1% higher risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 79% reduced risk up to 144% increased risk.

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

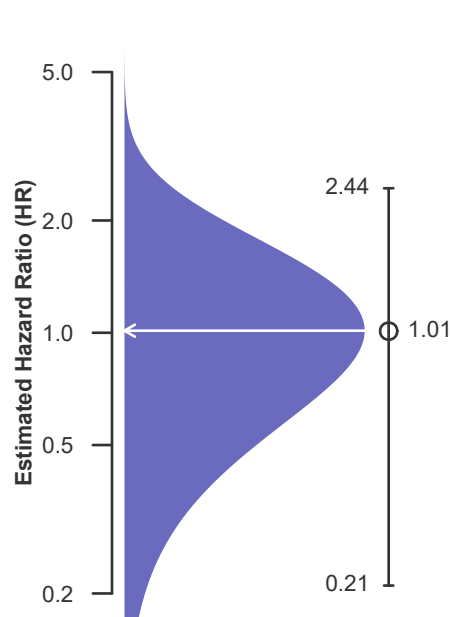
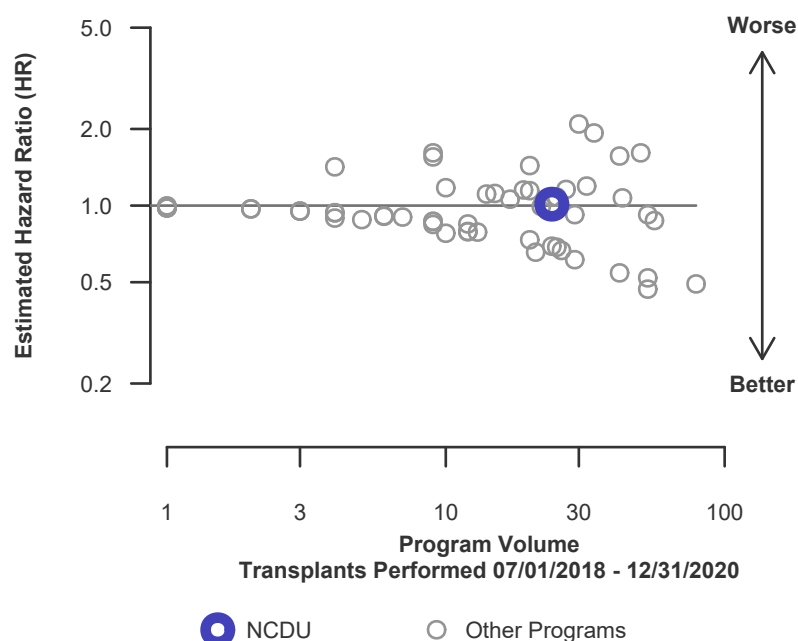


Figure C8. Pediatric (<18) 1-month graft failure HR program comparison





C. Transplant Information

Table C8D. Pediatric (<18) 1-month survival with a functioning deceased donor graft

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	22	970
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	95.00%	95.32%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	95.94%	--
Number of observed graft failures (including deaths) during the first month after transplant	1	45
Number of expected graft failures (including deaths) during the first month after transplant	0.91	--
Estimated hazard ratio*	1.03	--
95% credible interval for the hazard ratio**	[0.21, 2.48]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.21, 2.48], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 3% higher risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 79% reduced risk up to 148% increased risk.

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

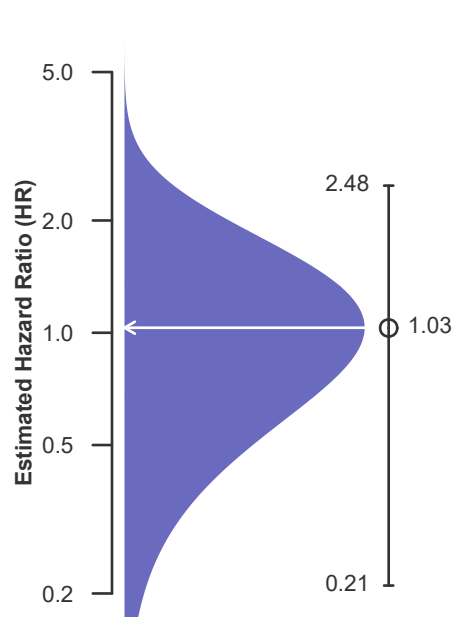
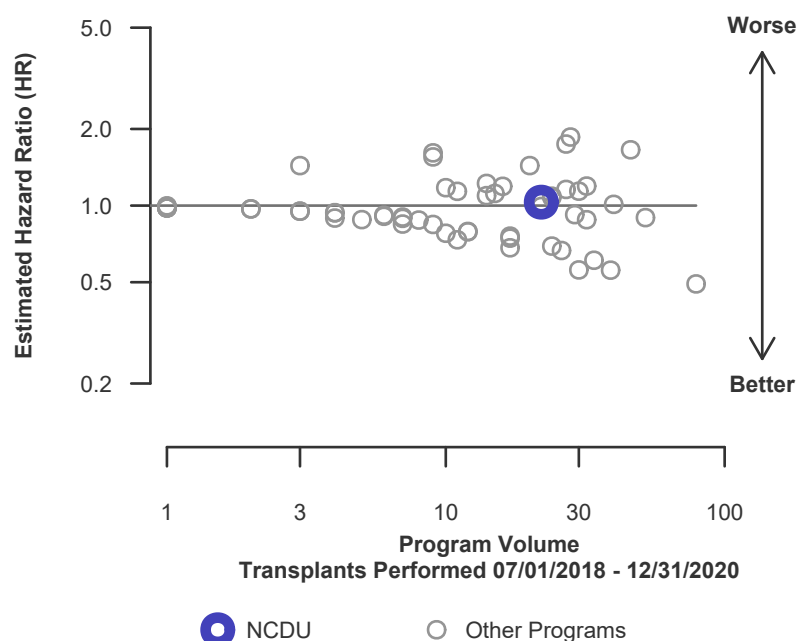


Figure C8D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison





C. Transplant Information

Table C8L. Pediatric (<18) 1-month survival with a functioning living donor graft

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	2	172
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	97.05%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.06%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	5
Number of expected graft failures (including deaths) during the first month after transplant	0.05	--
Estimated hazard ratio*	0.97	--
95% credible interval for the hazard ratio**	[0.12, 2.71]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.12, 2.71], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 3% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 88% reduced risk up to 171% increased risk.

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

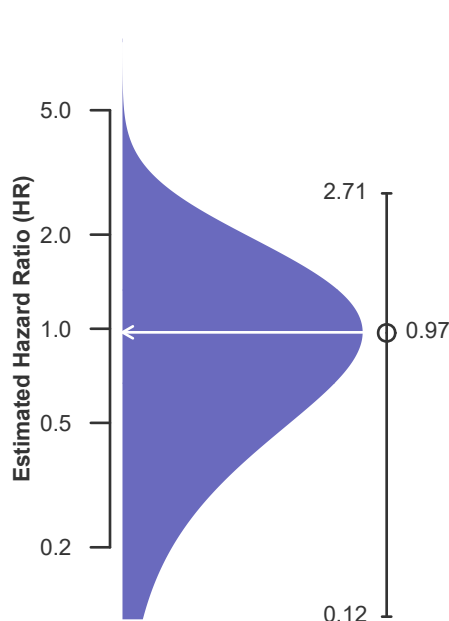
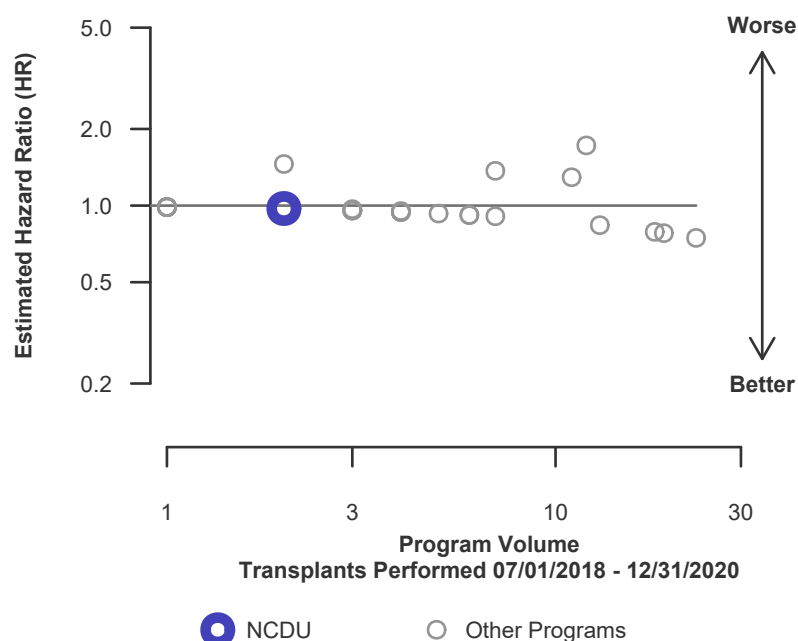


Figure C8L. Pediatric (<18) 1-month living donor graft failure HR program comparison





C. Transplant Information

Table C9. Pediatric (<18) 1-year survival with a functioning graft

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	24	1,142
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	95.24%	92.01%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.17%	--
Number of observed graft failures (including deaths) during the first year after transplant	1	79
Number of expected graft failures (including deaths) during the first year after transplant	1.55	--
Estimated hazard ratio*	0.84	--
95% credible interval for the hazard ratio**	[0.17, 2.03]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.17, 2.03], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 16% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 83% reduced risk up to 103% increased risk.

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

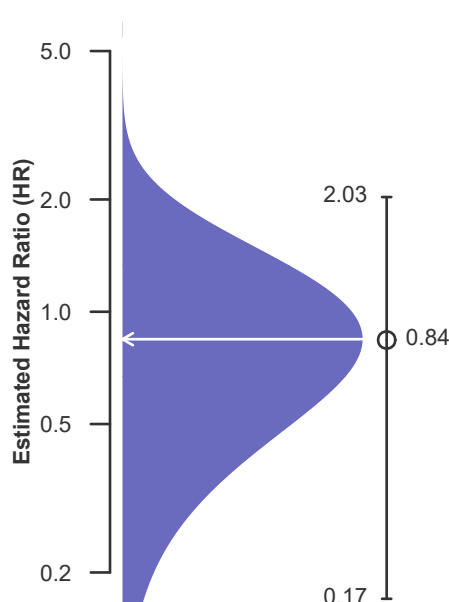
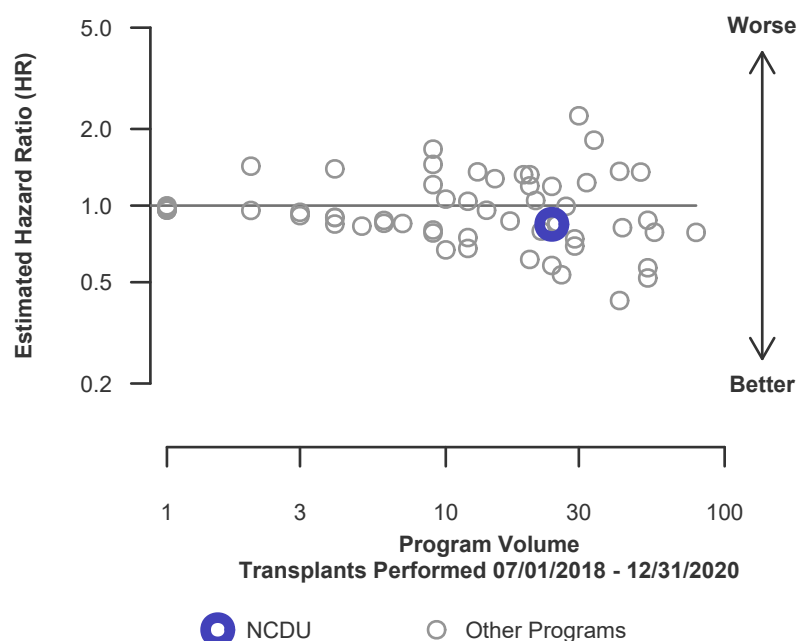


Figure C10. Pediatric (<18) 1-year graft failure HR program comparison





C. Transplant Information

Table C9D. Pediatric (<18) 1-year survival with a functioning deceased donor graft

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	22	970
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	95.00%	91.95%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.18%	--
Number of observed graft failures (including deaths) during the first year after transplant	1	70
Number of expected graft failures (including deaths) during the first year after transplant	1.49	--
Estimated hazard ratio*	0.86	--
95% credible interval for the hazard ratio**	[0.18, 2.07]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.18, 2.07], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 14% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 82% reduced risk up to 107% increased risk.

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

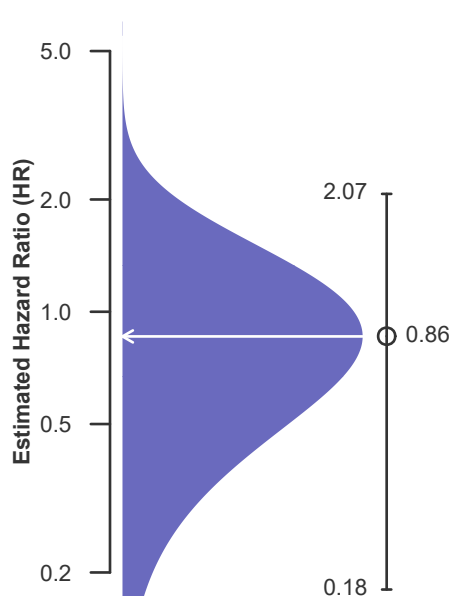
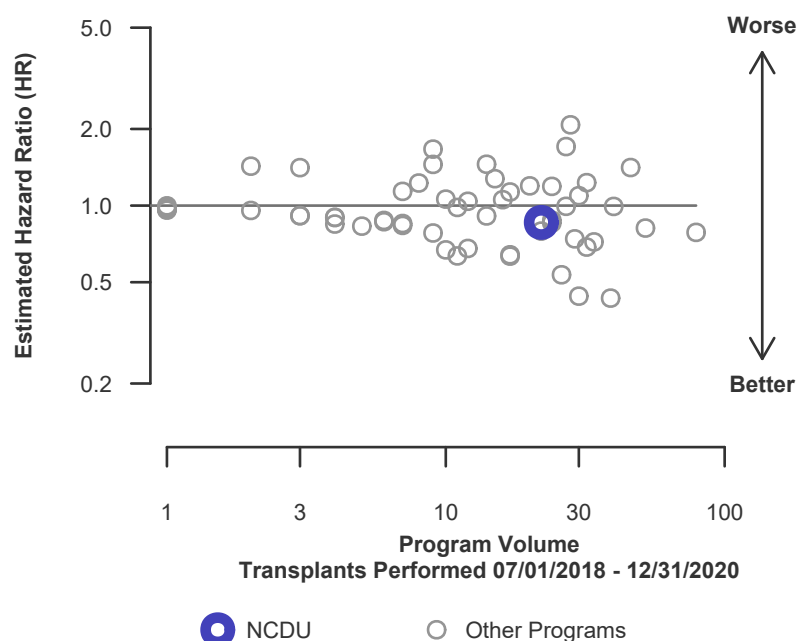


Figure C10D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison





C. Transplant Information

Table C9L. Pediatric (<18) 1-year survival with a functioning living donor graft

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	2	172
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	92.05%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.10%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	9
Number of expected graft failures (including deaths) during the first year after transplant	0.06	--
Estimated hazard ratio*	0.97	--
95% credible interval for the hazard ratio**	[0.12, 2.70]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

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

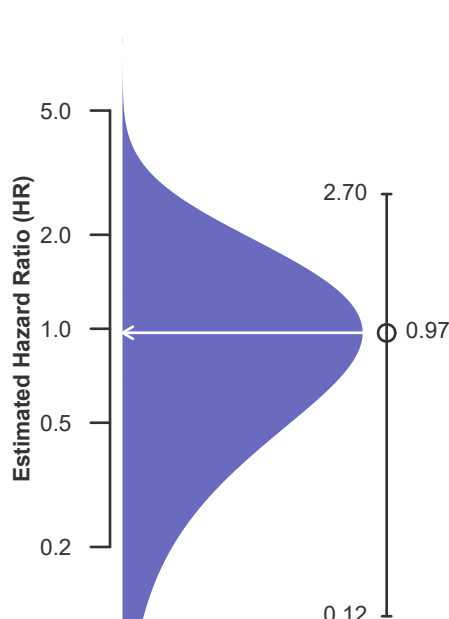
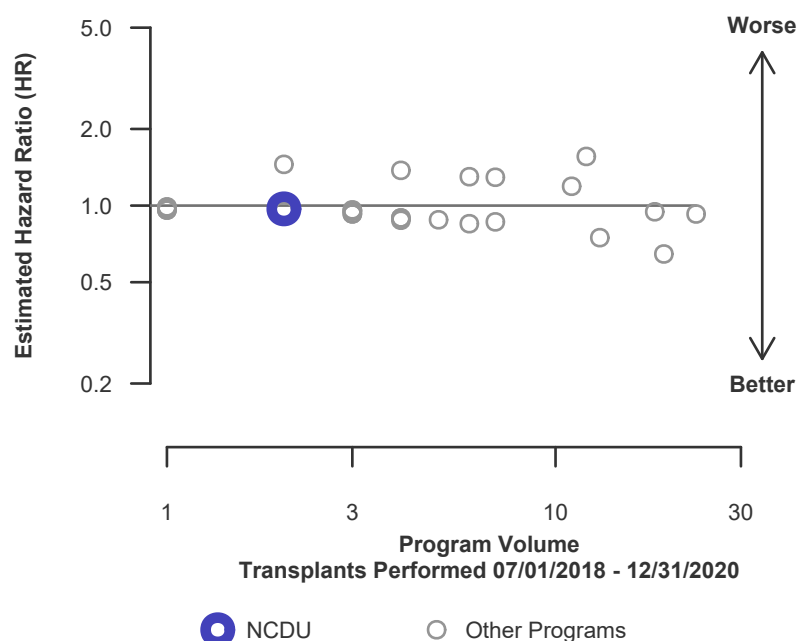


Figure C10L. Pediatric (<18) 1-year living donor graft failure HR program comparison





C. Transplant Information

Table C10. Pediatric (<18) 3-year survival with a functioning graft

Single organ transplants performed between 01/01/2016 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

	NCDU	U.S.
Number of transplants evaluated	38	1,378
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	97.30%	89.27%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	88.85%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	1	142
Number of expected graft failures (including deaths) during the first 3 years after transplant	4.25	--
Estimated hazard ratio*	0.48	--
95% credible interval for the hazard ratio**	[0.10, 1.16]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.10, 1.16], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 52% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 90% reduced risk up to 16% increased risk.

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

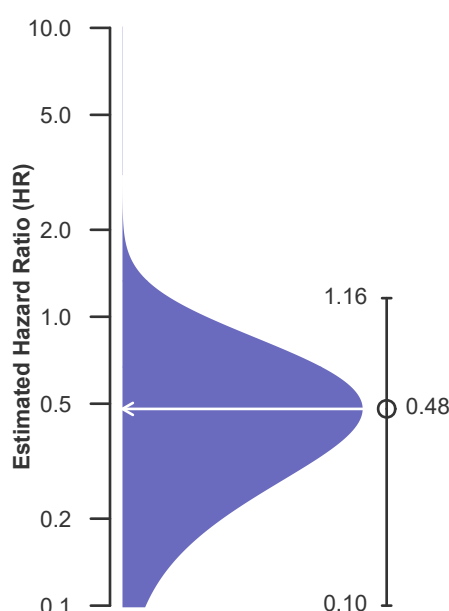
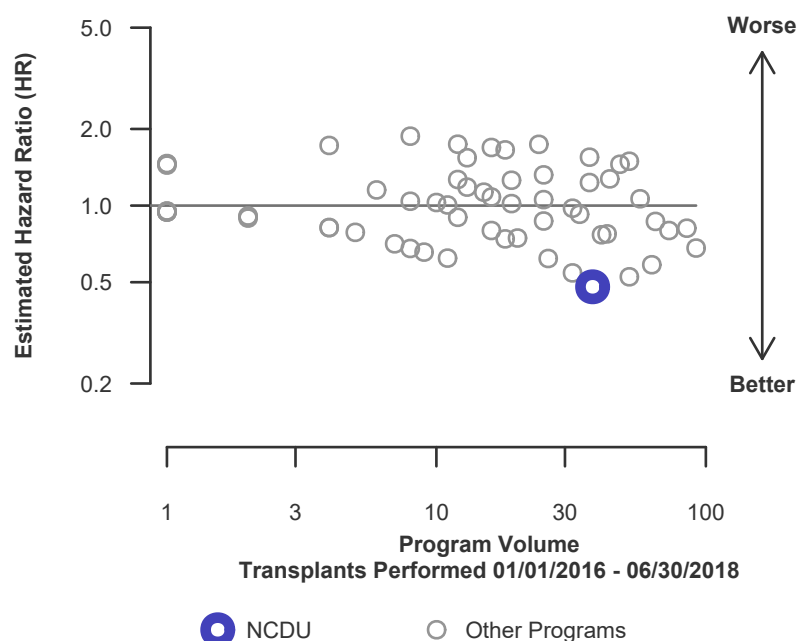


Figure C12. Pediatric (<18) 3-year graft failure HR program comparison





C. Transplant Information

Table C10D. Pediatric (<18) 3-year survival with a functioning deceased donor graft

Single organ transplants performed between 01/01/2016 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

	NCDU	U.S.
Number of transplants evaluated	37	1,214
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	97.22%	88.72%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	88.73%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	1	131
Number of expected graft failures (including deaths) during the first 3 years after transplant	4.19	--
Estimated hazard ratio*	0.49	--
95% credible interval for the hazard ratio**	[0.10, 1.17]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.10, 1.17], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 51% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 90% reduced risk up to 17% increased risk.

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

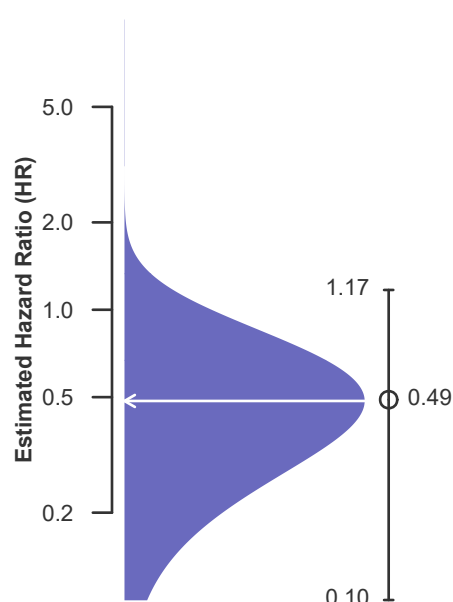
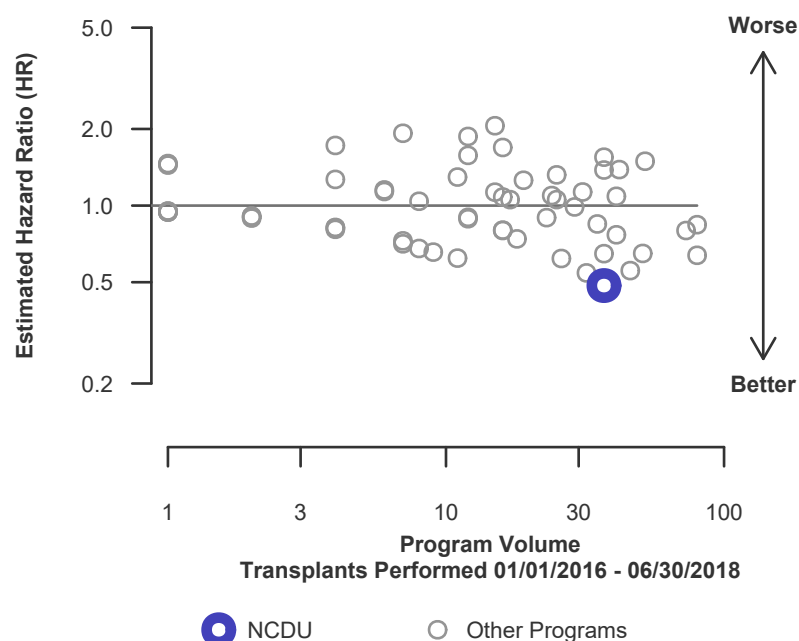


Figure C12D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison





C. Transplant Information

Table C10L. Pediatric (<18) 3-year survival with a functioning living donor graft

Single organ transplants performed between 01/01/2016 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

	NCDU	U.S.
Number of transplants evaluated	1	164
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	100.00%	93.29%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	93.32%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	11
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.07	--
Estimated hazard ratio*	0.97	--
95% credible interval for the hazard ratio**	[0.12, 2.69]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.12, 2.69], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 3% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 88% reduced risk up to 169% increased risk.

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

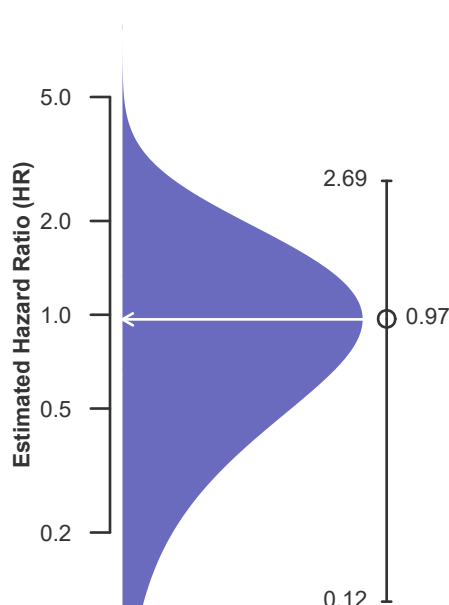
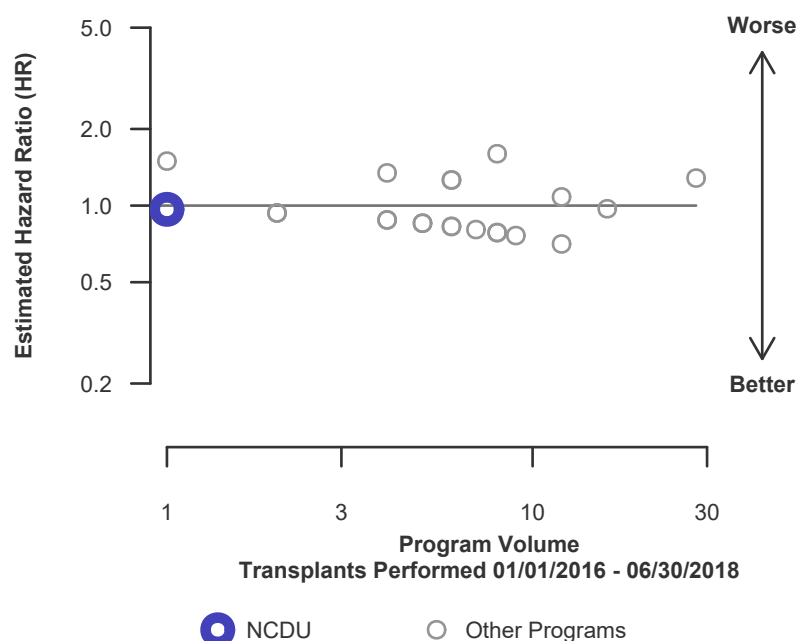


Figure C12L. Pediatric (<18) 3-year living donor graft failure HR program comparison





C. Transplant Information

Table C11. Adult (18+) 1-month patient survival

Single organ 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

	NCDU	U.S.
Number of transplants evaluated	200	16,229
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	98.99%	98.03%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.15%	--
Number of observed deaths during the first month after transplant	2	315
Number of expected deaths during the first month after transplant	3.67	--
Estimated hazard ratio*	0.71	--
95% credible interval for the hazard ratio**	[0.19, 1.55]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.19, 1.55], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 29% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 81% reduced risk up to 55% increased risk.

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

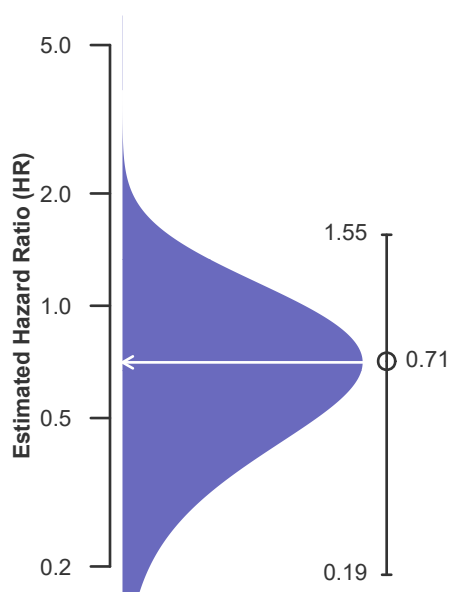
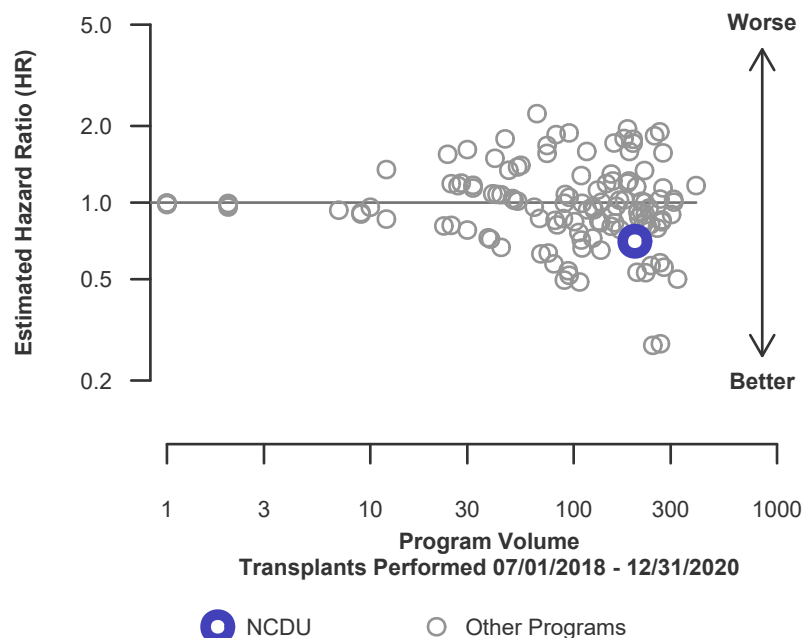


Figure C14. Adult (18+) 1-month patient death HR program comparison





C. Transplant Information

Table C11D. Adult (18+) 1-month patient survival (deceased donor graft recipients)

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	197	15,255
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	98.98%	97.95%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.14%	--
Number of observed deaths during the first month after transplant	2	309
Number of expected deaths during the first month after transplant	3.65	--
Estimated hazard ratio*	0.71	--
95% credible interval for the hazard ratio**	[0.19, 1.55]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.19, 1.55], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 29% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 81% reduced risk up to 55% increased risk.

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

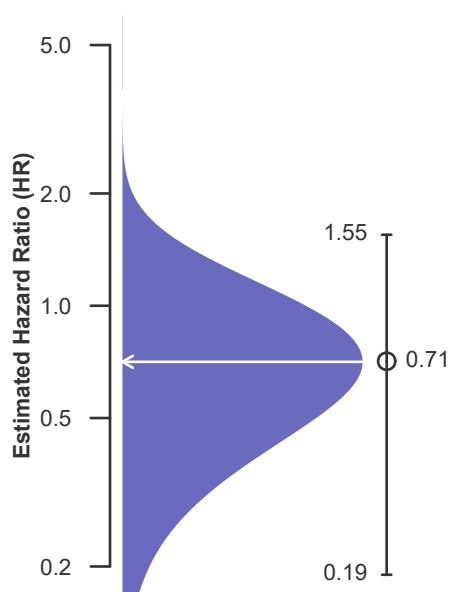
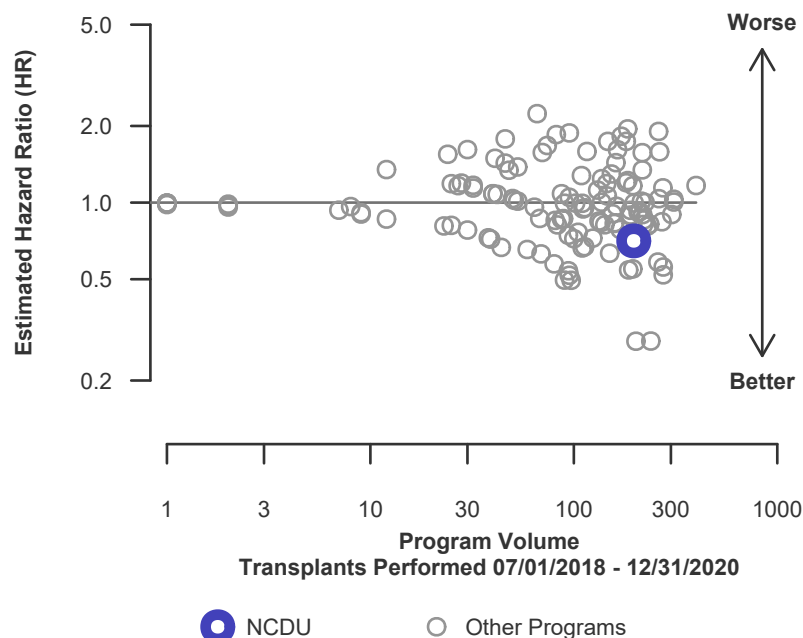


Figure C14D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)





C. Transplant Information

Table C11L. Adult (18+) 1-month patient survival (living donor graft recipients)

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	3	974
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.38%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.38%	--
Number of observed deaths during the first month after transplant	0	6
Number of expected deaths during the first month after transplant	0.02	--
Estimated hazard ratio*	0.99	--
95% credible interval for the hazard ratio**	[0.12, 2.76]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.12, 2.76], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 1% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 88% reduced risk up to 176% increased risk.

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

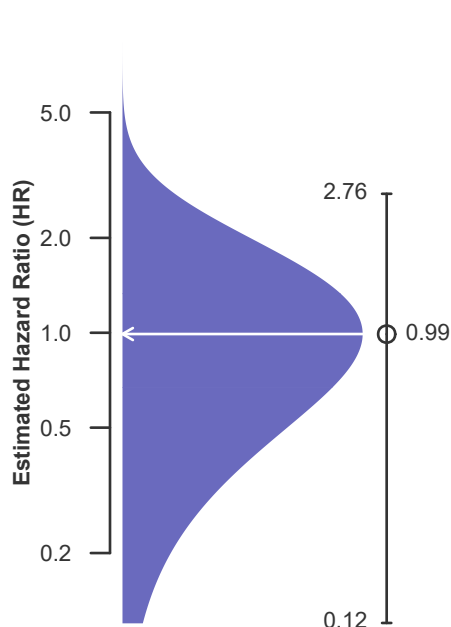
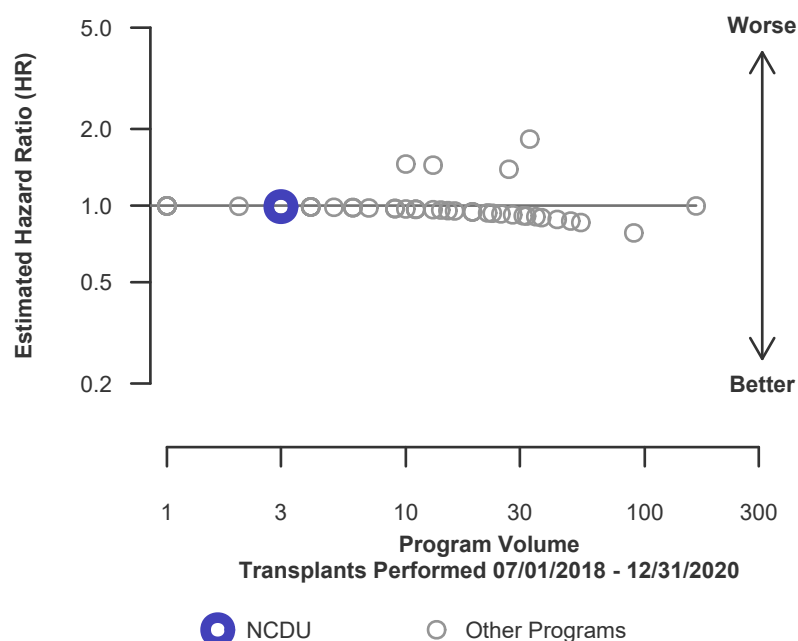


Figure C14L. Adult (18+) 1-month patient death HR program comparison (living donor grafts)





C. Transplant Information

Table C12. Adult (18+) 1-year patient survival

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	200	16,229
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	94.76%	93.82%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	94.00%	--
Number of observed deaths during the first year after transplant	7	784
Number of expected deaths during the first year after transplant	9.19	--
Estimated hazard ratio*	0.80	--
95% credible interval for the hazard ratio**	[0.37, 1.41]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.37, 1.41], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 20% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 63% reduced risk up to 41% increased risk.

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

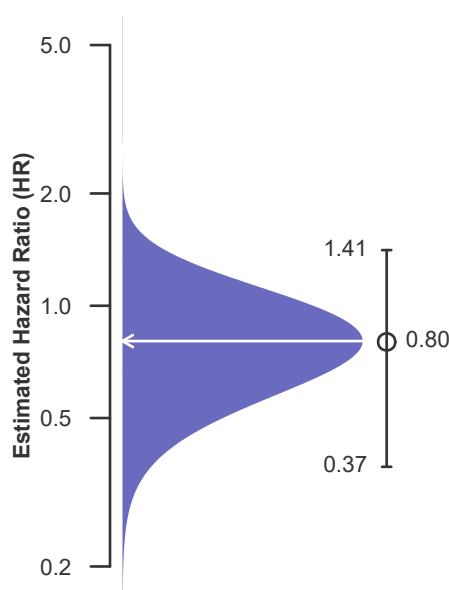
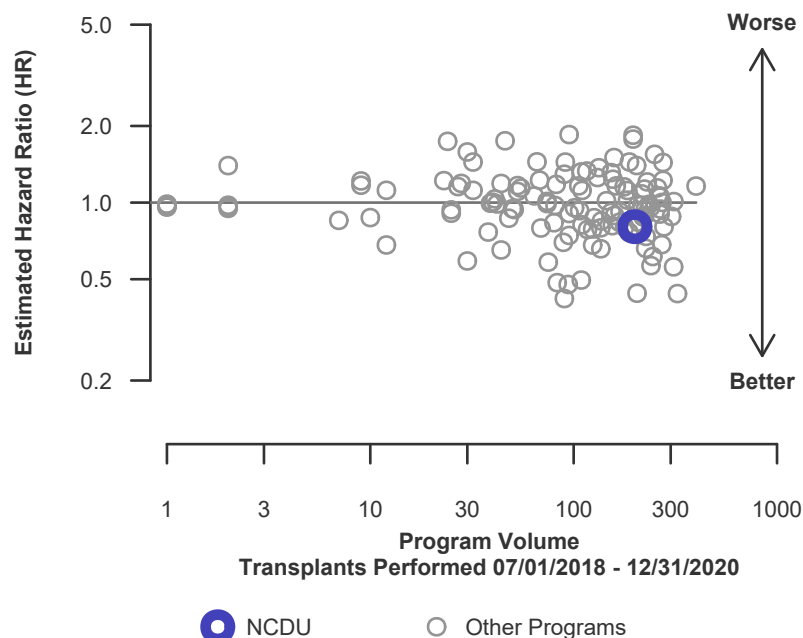


Figure C16. Adult (18+) 1-year patient death HR program comparison





C. Transplant Information

Table C12D. Adult (18+) 1-year patient survival (deceased donor graft recipients)

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	197	15,255
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	94.72%	93.73%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	93.98%	--
Number of observed deaths during the first year after transplant	7	752
Number of expected deaths during the first year after transplant	9.11	--
Estimated hazard ratio*	0.81	--
95% credible interval for the hazard ratio**	[0.37, 1.42]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.37, 1.42], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 19% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 63% reduced risk up to 42% increased risk.

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

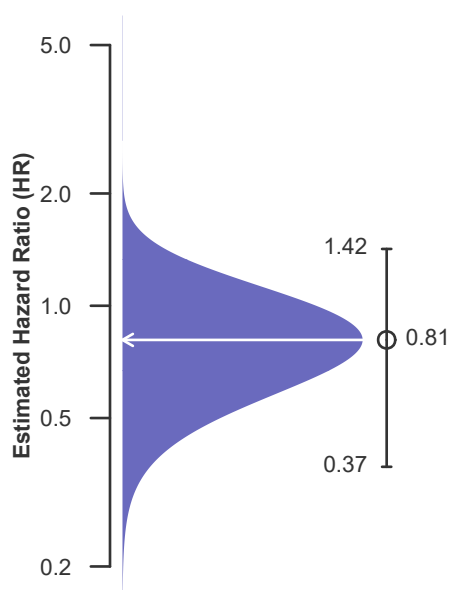
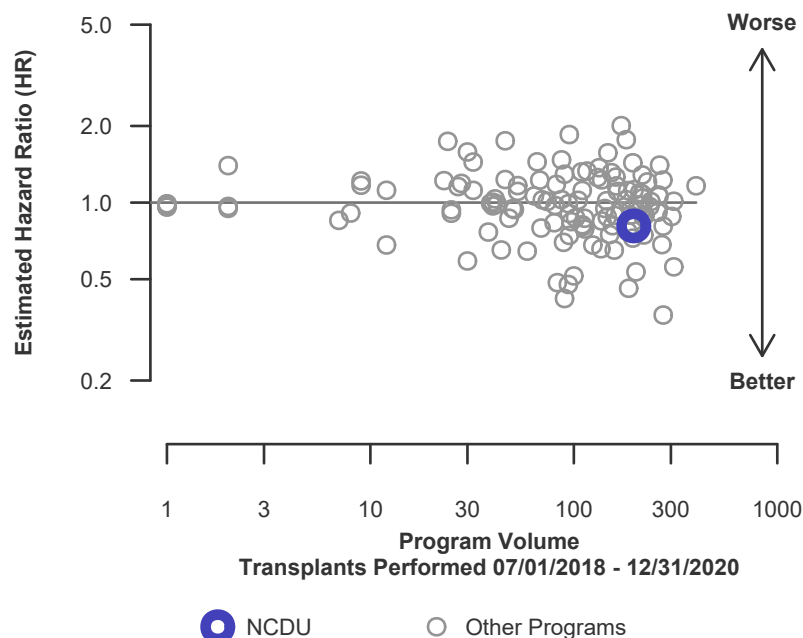


Figure C16D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)





C. Transplant Information

Table C12L. Adult (18+) 1-year patient survival (living donor graft recipients)

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	3	974
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	95.17%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	95.17%	--
Number of observed deaths during the first year after transplant	0	32
Number of expected deaths during the first year after transplant	0.08	--
Estimated hazard ratio*	0.96	--
95% credible interval for the hazard ratio**	[0.12, 2.68]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

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

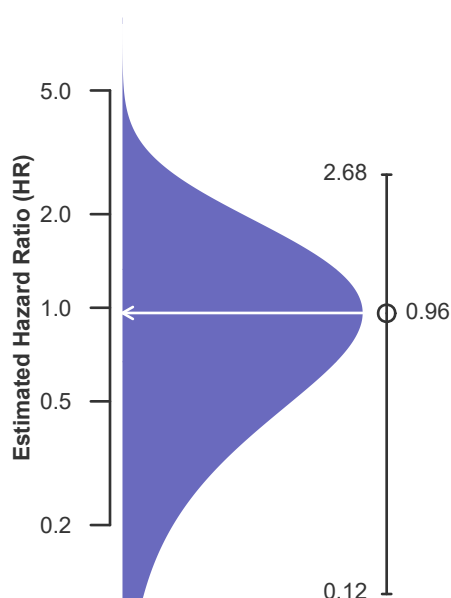
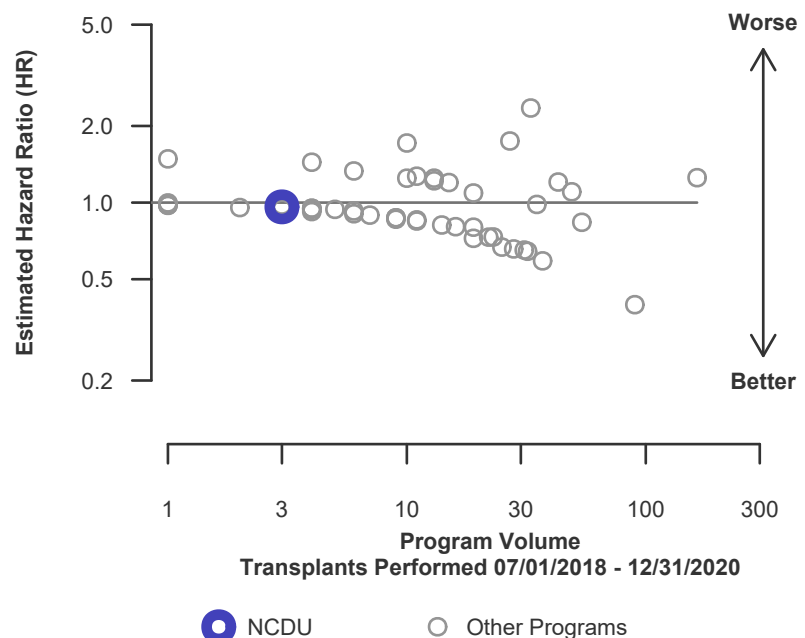


Figure C16L. Adult (18+) 1-year patient death HR program comparison (living donor grafts)





C. Transplant Information

Table C13. Adult (18+) 3-year patient survival

Single organ transplants performed between 01/01/2016 and 06/30/2018

Retransplants excluded

Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NCDU	U.S.
Number of transplants evaluated	178	15,949
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	91.45%	88.09%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	88.61%	--
Number of observed deaths during the first 3 years after transplant	13	1,771
Number of expected deaths during the first 3 years after transplant	19.62	--
Estimated hazard ratio*	0.69	--
95% credible interval for the hazard ratio**	[0.39, 1.09]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.39, 1.09], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 31% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 61% reduced risk up to 9% increased risk.

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

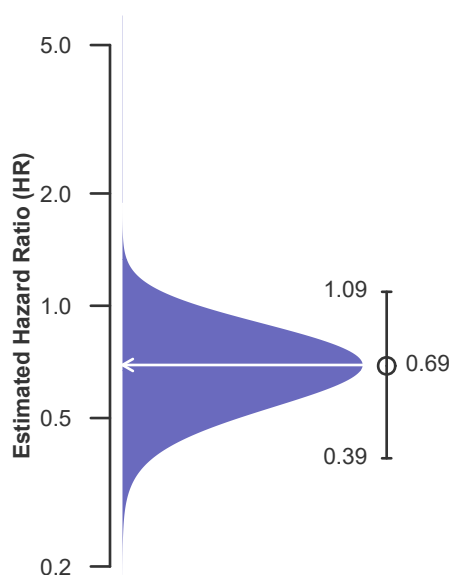
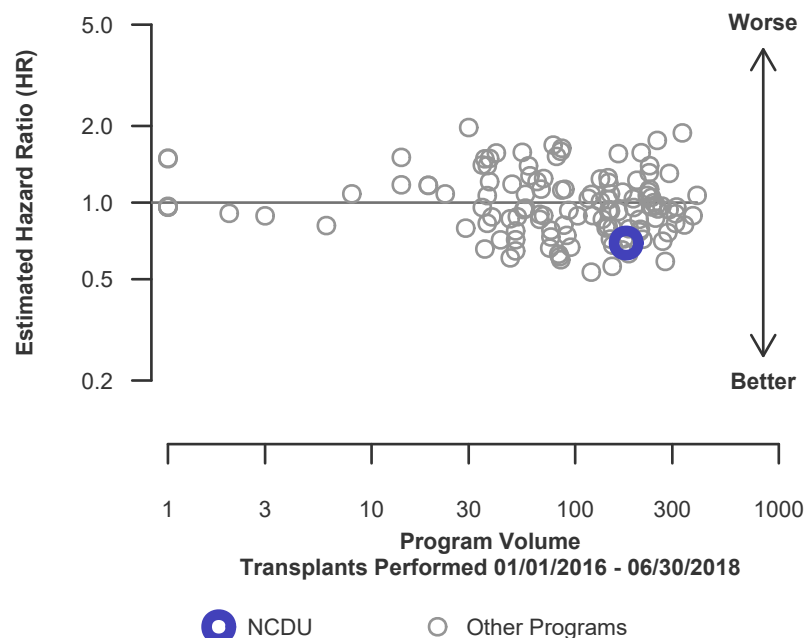


Figure C18. Adult (18+) 3-year patient death HR program comparison





C. Transplant Information

Table C13D. Adult (18+) 3-year patient survival (deceased donor graft recipients)

Single organ transplants performed between 01/01/2016 and 06/30/2018

Retransplants excluded

Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NCDU	U.S.
Number of transplants evaluated	177	15,232
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	91.39%	87.92%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	88.60%	--
Number of observed deaths during the first 3 years after transplant	13	1,715
Number of expected deaths during the first 3 years after transplant	19.54	--
Estimated hazard ratio*	0.70	--
95% credible interval for the hazard ratio**	[0.39, 1.09]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.39, 1.09], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 30% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 61% reduced risk up to 9% increased risk.

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

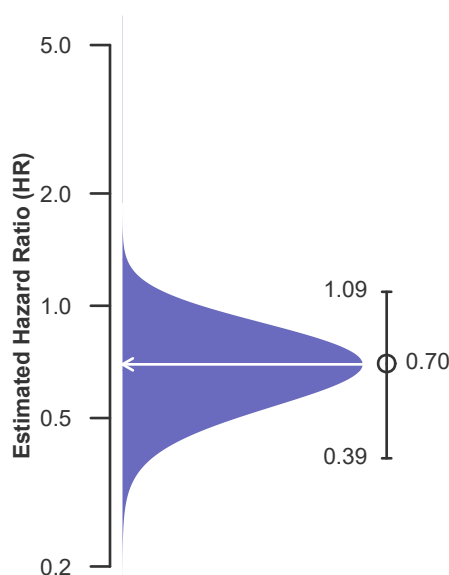
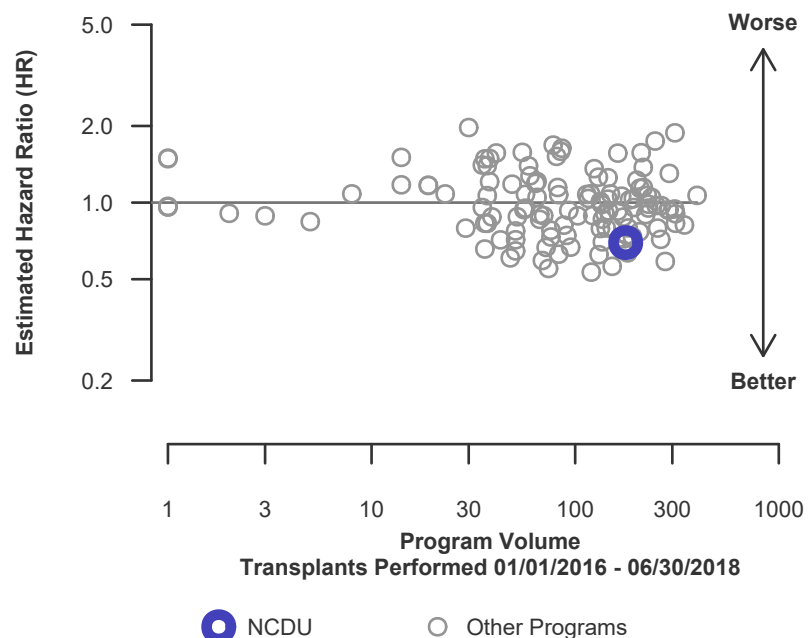


Figure C18D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)





C. Transplant Information

Table C13L. Adult (18+) 3-year patient survival (living donor graft recipients)

Single organ transplants performed between 01/01/2016 and 06/30/2018

Retransplants excluded

Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NCDU	U.S.
Number of transplants evaluated	1	717
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	91.73%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	91.73%	--
Number of observed deaths during the first 3 years after transplant	0	56
Number of expected deaths during the first 3 years after transplant	0.09	--
Estimated hazard ratio*	0.96	--
95% credible interval for the hazard ratio**	[0.12, 2.67]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.12, 2.67], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 4% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 88% reduced risk up to 167% increased risk.

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

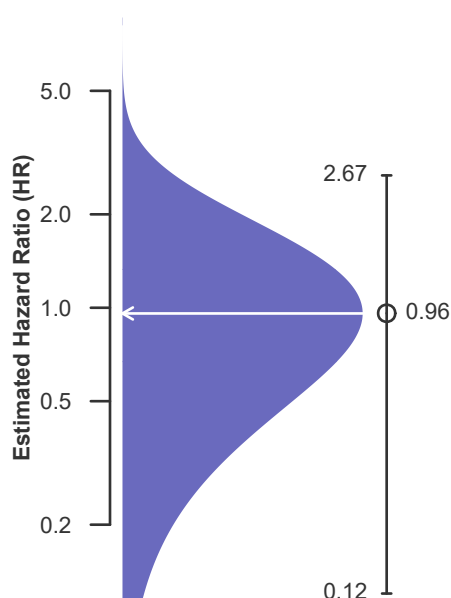
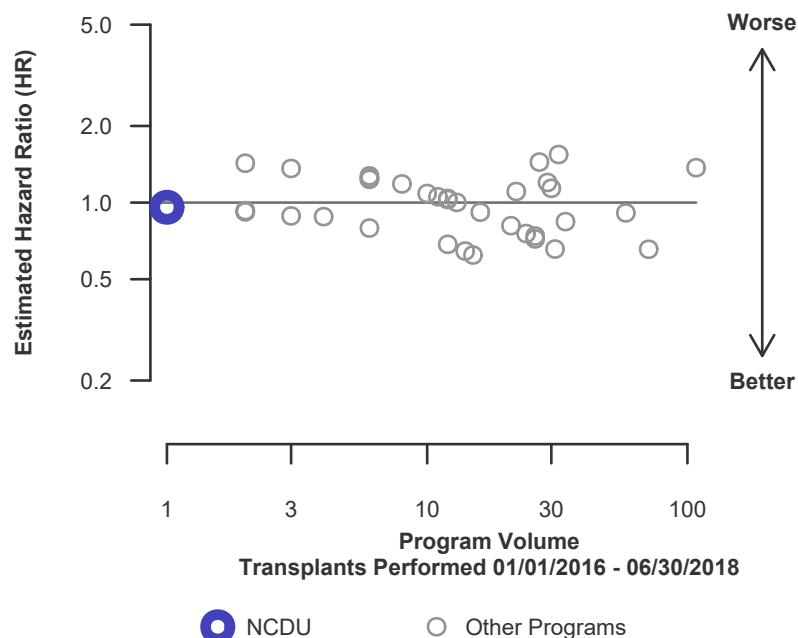


Figure C18L. Adult (18+) 3-year patient death HR program comparison (living donor grafts)





C. Transplant Information

Table C14. Pediatric (<18) 1-month patient survival

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	23	1,066
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	95.00%	98.20%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	97.91%	--
Number of observed deaths during the first month after transplant	1	19
Number of expected deaths during the first month after transplant	0.48	--
Estimated hazard ratio*	1.21	--
95% credible interval for the hazard ratio**	[0.25, 2.91]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.25, 2.91], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 21% higher risk of patient death compared to an average program, but NCDU's performance could plausibly range from 75% reduced risk up to 191% increased risk.

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

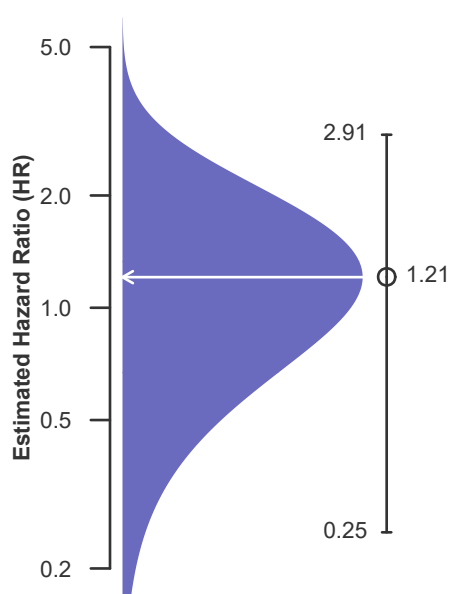
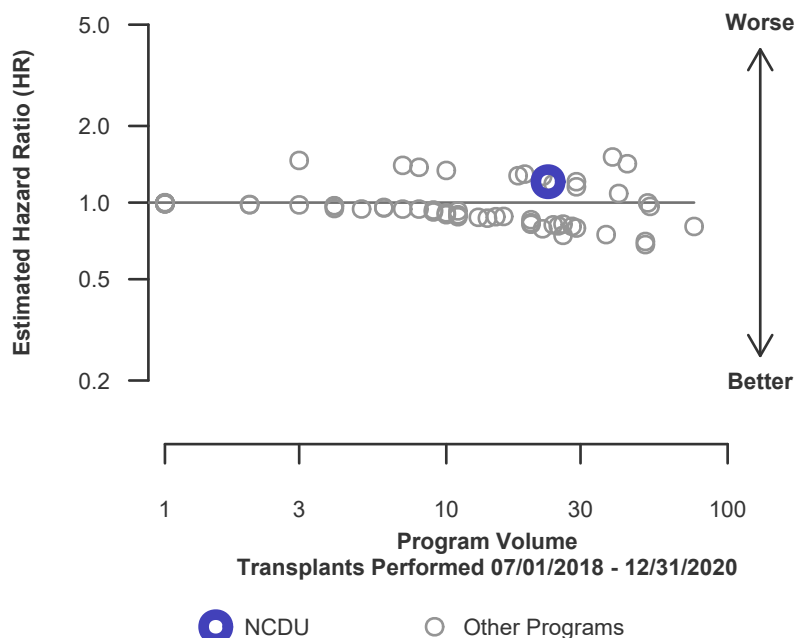


Figure C20. Pediatric (<18) 1-month patient death HR program comparison





C. Transplant Information

Table C14D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients)

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	21	896
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	94.74%	98.09%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	97.82%	--
Number of observed deaths during the first month after transplant	1	17
Number of expected deaths during the first month after transplant	0.46	--
Estimated hazard ratio*	1.22	--
95% credible interval for the hazard ratio**	[0.25, 2.94]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.25, 2.94], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 22% higher risk of patient death compared to an average program, but NCDU's performance could plausibly range from 75% reduced risk up to 194% increased risk.

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

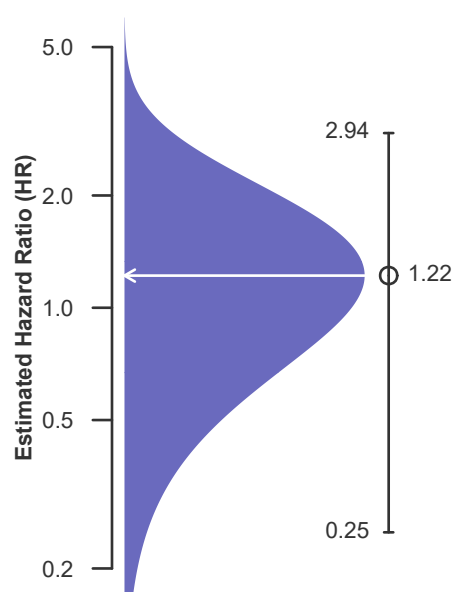
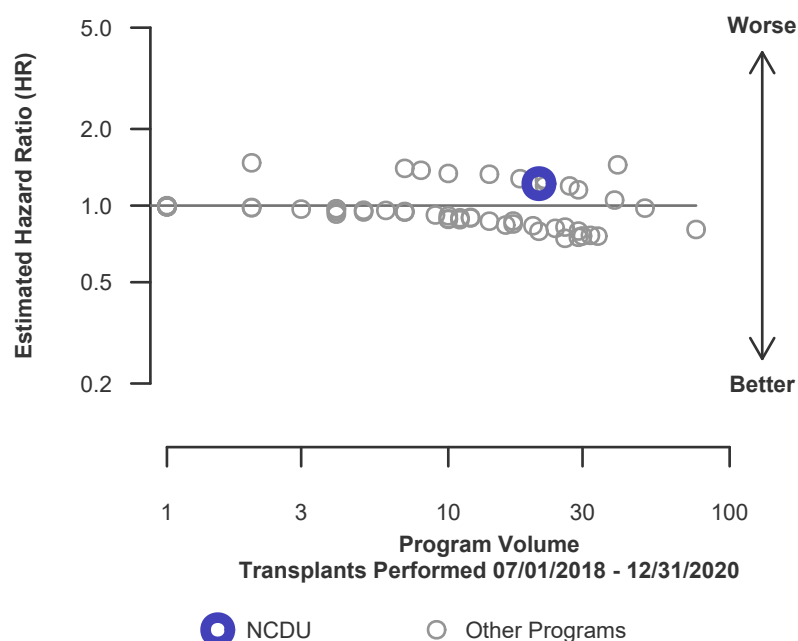


Figure C20D. Pediatric (<18) 1-month patient death HR program comparison (deceased donor grafts)





C. Transplant Information

Table C14L. Pediatric (<18) 1-month patient survival (living donor graft recipients)

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	2	170
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.82%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.82%	--
Number of observed deaths during the first month after transplant	0	2
Number of expected deaths during the first month after transplant	0.02	--
Estimated hazard ratio*	0.99	--
95% credible interval for the hazard ratio**	[0.12, 2.75]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

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

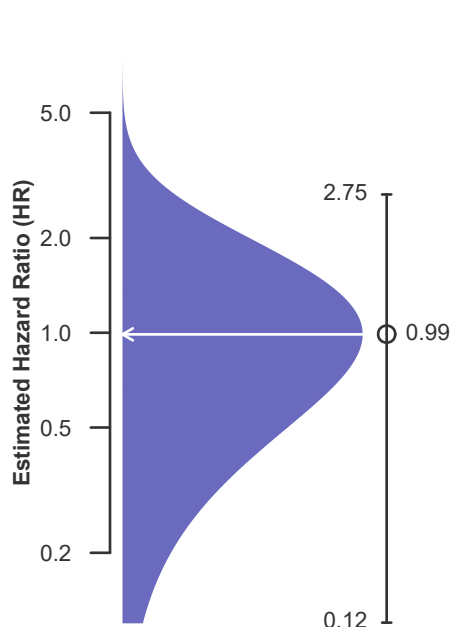
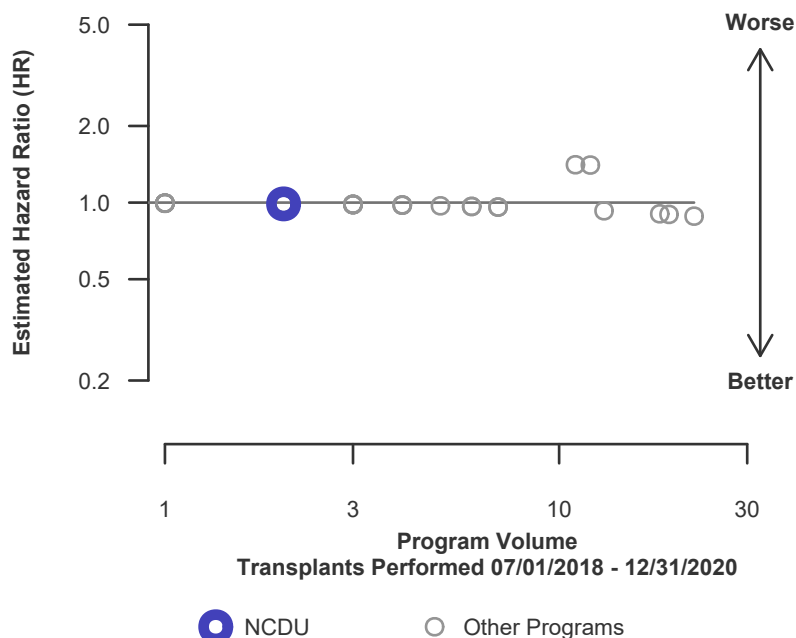


Figure C20L. Pediatric (<18) 1-month patient death HR program comparison (living donor grafts)





C. Transplant Information

Table C15. Pediatric (<18) 1-year patient survival

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	23	1,066
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	95.00%	94.99%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	93.79%	--
Number of observed deaths during the first year after transplant	1	44
Number of expected deaths during the first year after transplant	1.07	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.20, 2.35]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.20, 2.35], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 2% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 80% reduced risk up to 135% increased risk.

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

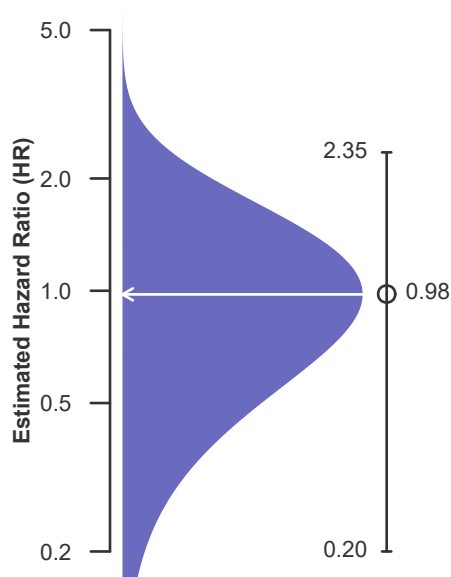
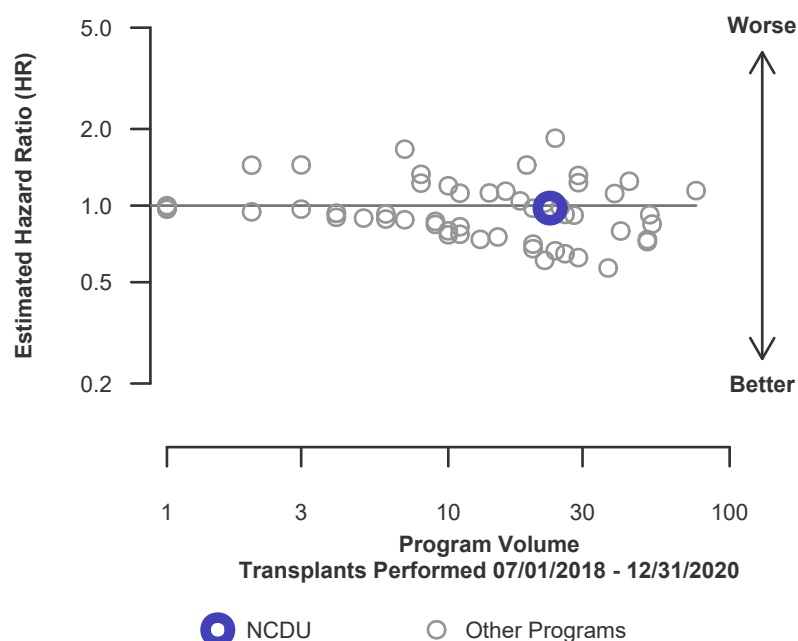


Figure C22. Pediatric (<18) 1-year patient death HR program comparison





C. Transplant Information

Table C15D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients)

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	21	896
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	94.74%	94.90%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	93.65%	--
Number of observed deaths during the first year after transplant	1	39
Number of expected deaths during the first year after transplant	1.04	--
Estimated hazard ratio*	0.99	--
95% credible interval for the hazard ratio**	[0.20, 2.38]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.20, 2.38], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 1% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 80% reduced risk up to 138% increased risk.

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

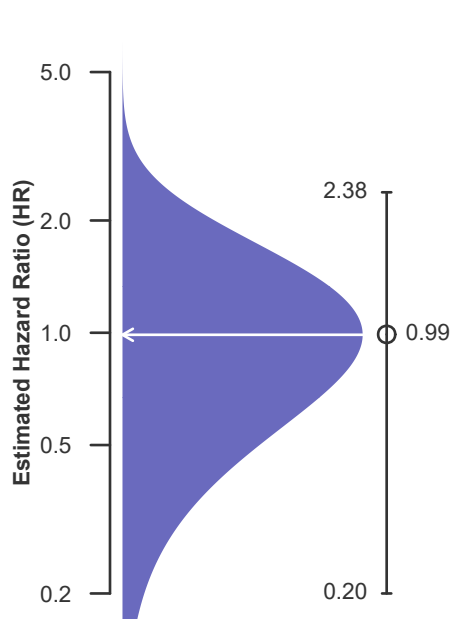
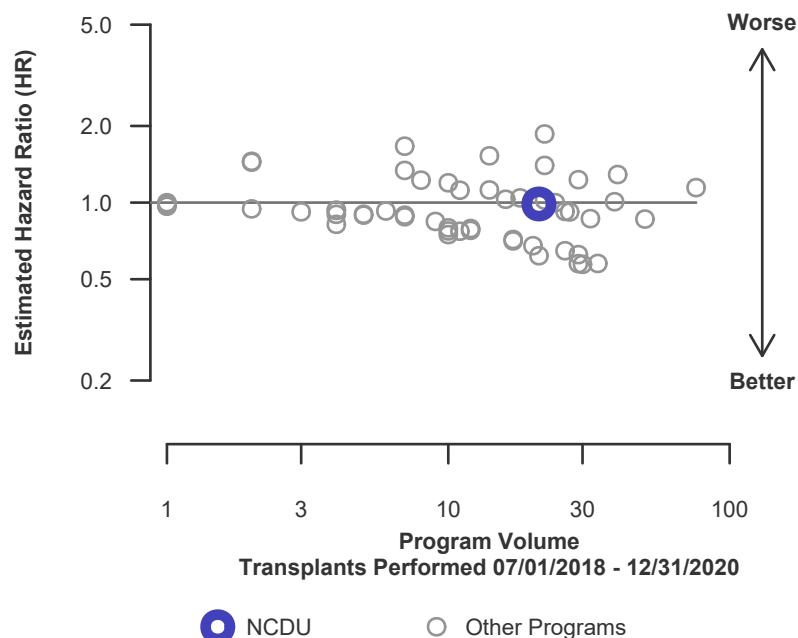


Figure C22D. Pediatric (<18) 1-year patient death HR program comparison (deceased donor grafts)





C. Transplant Information

Table C15L. Pediatric (<18) 1-year patient survival (living donor graft recipients)

Single organ transplants performed between 07/01/2018 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

	NCDU	U.S.
Number of transplants evaluated	2	170
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	95.28%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	95.31%	--
Number of observed deaths during the first year after transplant	0	5
Number of expected deaths during the first year after transplant	0.03	--
Estimated hazard ratio*	0.99	--
95% credible interval for the hazard ratio**	[0.12, 2.74]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU'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 NCDU's true hazard ratio with 95% probability. The best estimate is 1% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 88% reduced risk up to 174% increased risk.

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

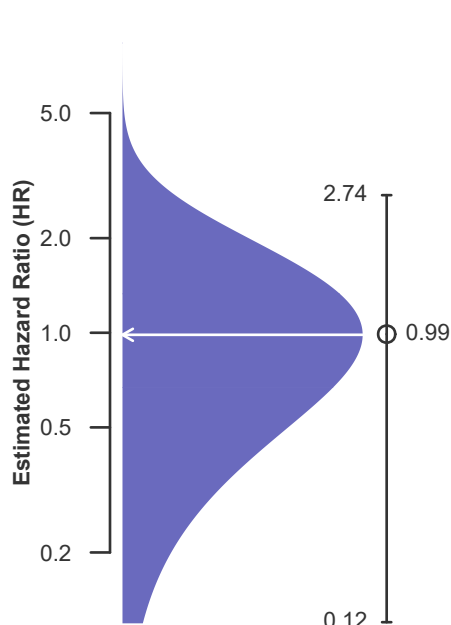
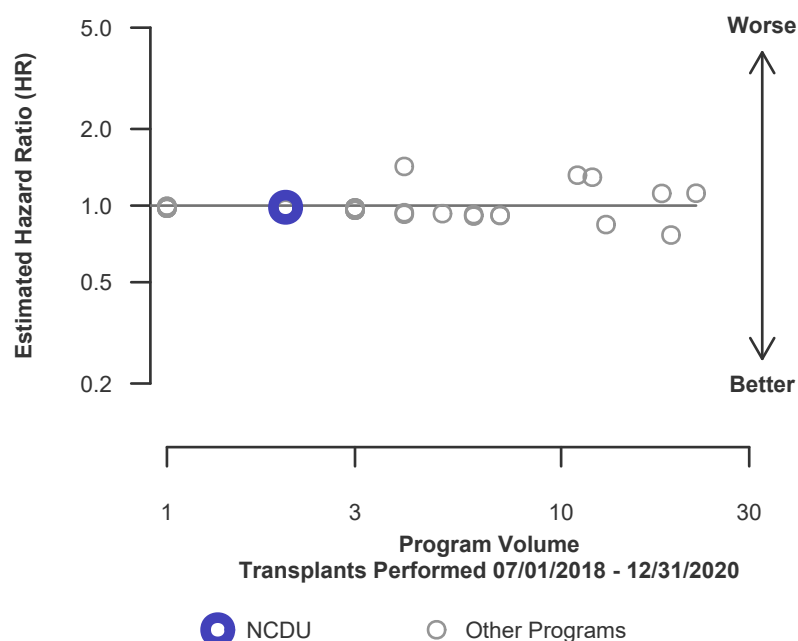


Figure C22L. Pediatric (<18) 1-year patient death HR program comparison (living donor grafts)





C. Transplant Information

Table C16. Pediatric (<18) 3-year patient survival

Single organ transplants performed between 01/01/2016 and 06/30/2018

Retransplants excluded

Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NCDU	U.S.
Number of transplants evaluated	35	1,294
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	97.06%	92.91%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.59%	--
Number of observed deaths during the first 3 years after transplant	1	87
Number of expected deaths during the first 3 years after transplant	2.51	--
Estimated hazard ratio*	0.67	--
95% credible interval for the hazard ratio**	[0.14, 1.60]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.14, 1.60], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 33% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 86% reduced risk up to 60% increased risk.

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

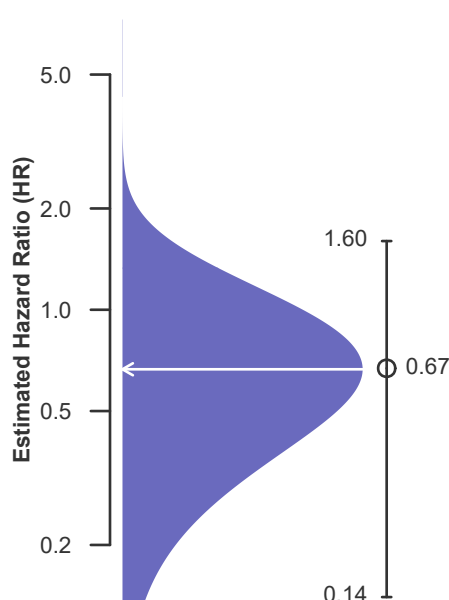
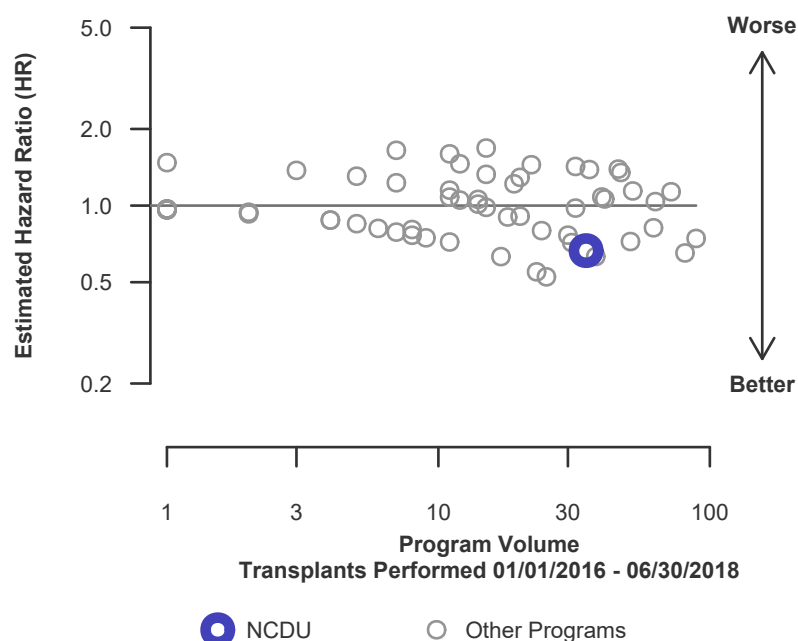


Figure C24. Pediatric (<18) 3-year patient death HR program comparison





C. Transplant Information

Table C16D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients)

Single organ transplants performed between 01/01/2016 and 06/30/2018

Retransplants excluded

Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NCDU	U.S.
Number of transplants evaluated	34	1,131
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	96.97%	92.50%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.50%	--
Number of observed deaths during the first 3 years after transplant	1	80
Number of expected deaths during the first 3 years after transplant	2.46	--
Estimated hazard ratio*	0.67	--
95% credible interval for the hazard ratio**	[0.14, 1.62]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.14, 1.62], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 33% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 86% reduced risk up to 62% increased risk.

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

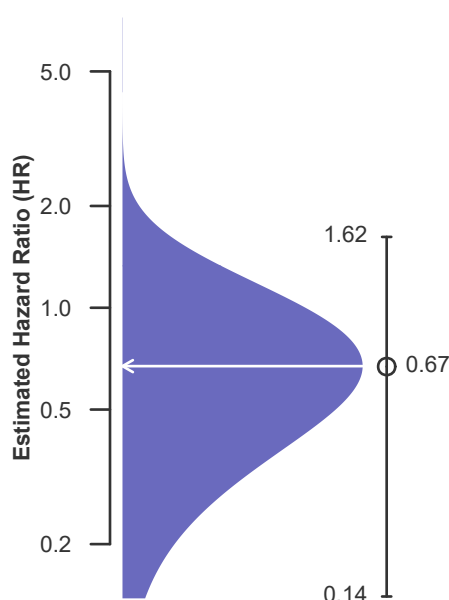
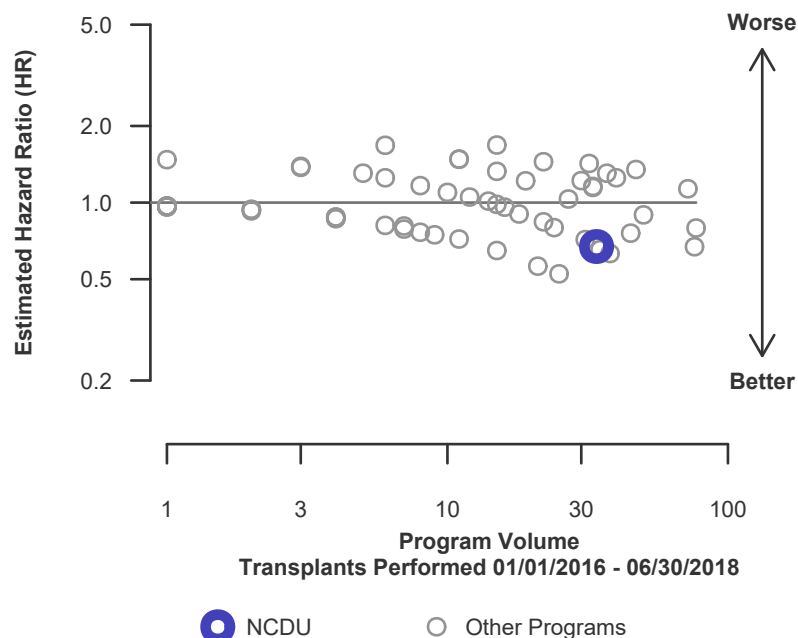


Figure C24D. Pediatric (<18) 3-year patient death HR program comparison (deceased donor grafts)





C. Transplant Information

Table C16L. Pediatric (<18) 3-year patient survival (living donor graft recipients)

Single organ transplants performed between 01/01/2016 and 06/30/2018

Retransplants excluded

Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NCDU	U.S.
Number of transplants evaluated	1	163
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	95.71%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	95.72%	--
Number of observed deaths during the first 3 years after transplant	0	7
Number of expected deaths during the first 3 years after transplant	0.04	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.73]	--

* The hazard ratio provides an estimate of how Duke University 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.12, 2.73], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 2% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 88% reduced risk up to 173% increased risk.

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

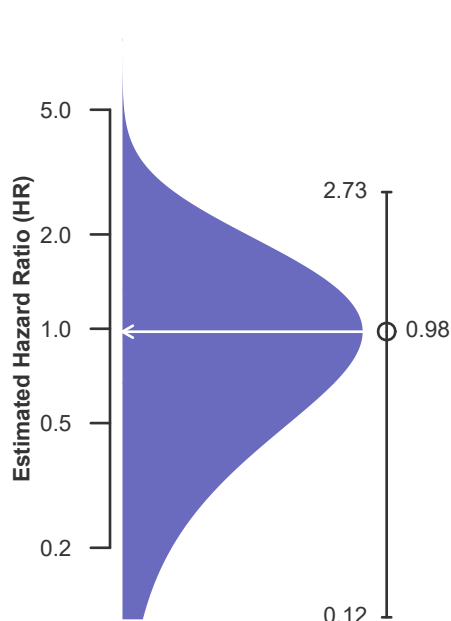
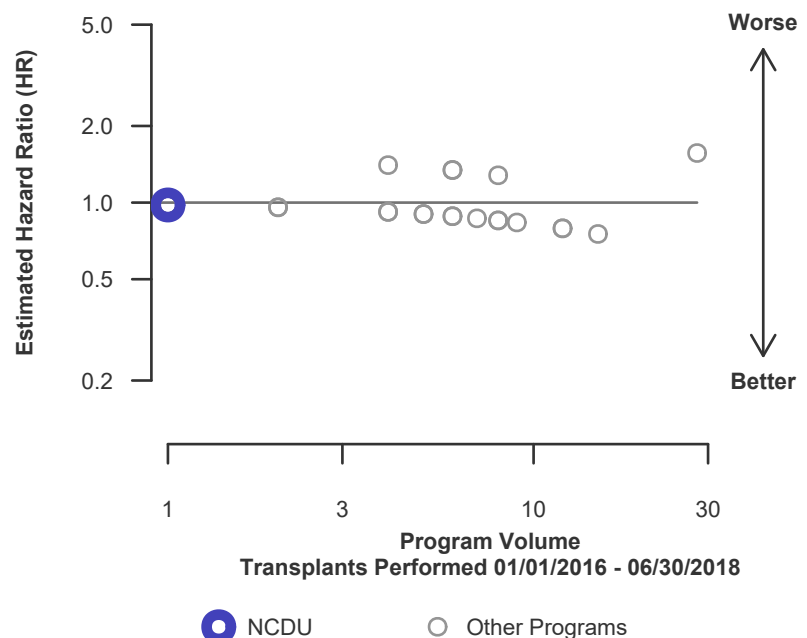


Figure C24L. Pediatric (<18) 3-year patient death HR program comparison (living donor grafts)





C. Transplant Information

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

Adult (18+) Transplants

Transplant Type	First-Year Outcomes					
	Transplants Performed		Liver Graft Failures		Estimated Liver Graft Survival	
	NCDU-TX1	USA	NCDU-TX1	USA	NCDU-TX1	USA
Kidney-Liver	23	1,801	4	176	80.6%	89.7%
Kidney-Pancreas-Liver-Intestine	1	6	0	2	100.0%	62.5%
Liver-Heart	5	107	1	12	80.0%	88.0%
Liver-Lung	2	42	0	3	100.0%	92.9%
Pancreas-Liver-Intestine	4	42	1	17	75.0%	58.7%

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

Transplant Type	First-Year Outcomes					
	Transplants Performed		Patient Deaths		Estimated Patient Survival	
	NCDU-TX1	USA	NCDU-TX1	USA	NCDU-TX1	USA
Kidney-Liver	23	1,801	4	162	80.6%	90.4%
Kidney-Pancreas-Liver-Intestine	1	6	0	2	100.0%	62.5%
Liver-Heart	5	107	1	12	80.0%	88.0%
Liver-Lung	2	42	0	3	100.0%	92.9%
Pancreas-Liver-Intestine	4	42	1	16	75.0%	60.8%

Pediatric (<18) Transplants

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



D. Living Donor Information

Table D1. Living donor summary: 07/01/2018 - 06/30/2021

Living Donor Follow-Up	This Center			United States		
	07/2018- 06/2019	07/2019- 06/2020	07/2020- 12/2020	07/2018- 06/2019	07/2019- 06/2020	07/2020- 12/2020
Number of Living Donors	0	4	2	465	491	264
6-Month Follow-Up						
Donors due for follow-up	0	2	2	465	96	124
Timely clinical data	0 --%	2 100.0%	2 100.0%	405 87.1%	84 87.5%	104 83.9%
Timely lab data	0 --%	2 100.0%	2 100.0%	405 87.1%	81 84.4%	108 87.1%
12-Month Follow-Up						
Donors due for follow-up	0	1		318	95	
Timely clinical data	0 --%	1 100.0%		263 82.7%	75 78.9%	
Timely lab data	0 --%	1 100.0%		252 79.2%	74 77.9%	
24-Month Follow-Up						
Donors due for follow-up	0			130		
Timely clinical data	0 --%			94 72.3%		
Timely lab data	0 --%			90 69.2%		

Follow-up forms due during the COVID-19 amnesty period from 3/13/2020-3/31/2021 are not included in timely clinical and lab data calculations