

Center Code: TXPM

Transplant Program (Organ): Kidney Release Date: January 6, 2022 Based on Data Available: Oct 31, 2021 SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

COVID-19 Guide

Adjustments to Transplant Program and OPO Evaluation Metrics

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

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

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

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

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

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

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

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



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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 kidney transplant program at Parkland Health and Hospital System. 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 6.5 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 8.1 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 - B14 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

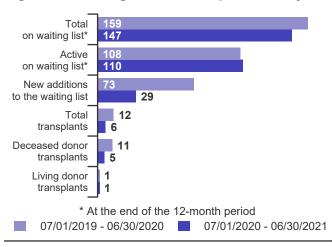


Table A1. Census of transplant recipients

Recipients	07/01/2019- 06/30/2020	07/01/2020- 06/30/2021
Transplanted at this center	12	6
Followed by this center*	276	265
transplanted at this program	n 239	230
transplanted elsewhere	37	35

^{*} 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

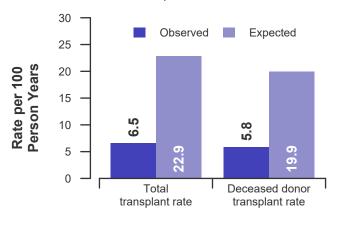


Figure A3. Pre-transplant mortality rates 07/01/2019 - 03/12/2020, 06/13/2020 - 06/30/2021

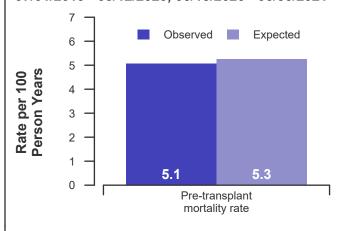


Figure A4. First-year adult graft and patient survival: 07/01/2018 - 03/12/2020, 06/13/2020 - 12/31/2020

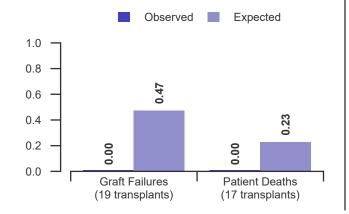


Figure A5. First-year pediatric graft & patient survival: 07/01/2018 - 03/12/2020, 06/13/2020 - 12/31/2020

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



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

		its for center	Activity for 07/01/2020 to 06/30/2021 as percent of registrants on waiting list on 07/01/2020			
Waiting List Registrations	07/01/2019- 06/30/2020	07/01/2020- 06/30/2021	This Center (%)	OPTN Region (%)	U.S. (%)	
On waiting list at start Additions	154	159	100.0	100.0	100.0	
New listings at this center	73	29	18.2	46.0	40.4	
Removals						
Transferred to another center	5	3	1.9	0.5	1.0	
Received living donor transplant*	1	1	0.6	6.8	5.9	
Received deceased donor transplant*	11	5	3.1	17.4	18.9	
Died	2	8	5.0	5.8	5.2	
Transplanted at another center	3	3	1.9	6.3	4.0	
Deteriorated	38	16	10.1	5.8	3.8	
Recovered	1	0	0.0	0.2	0.2	
Other reasons	7	5	3.1	5.7	4.2	
On waiting list at end of period	159	147	92.5	97.6	97.1	

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



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

Domographia Characteristic		iting List Regi 020 to 06/30/2		All Waiting List Registrations on 06/30/2021 (%)			
Demographic Characteristic	This Center (N=29)	OPTN Region (N=4,779)	U.S. (N=40,025)	This Center (N=147)	OPTN Region (N=10,129)	U.S. (N=96,313)	
AII (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Ethnicity/Race (%)*							
White	10.3	29.8	42.7	7.5	24.3	35.5	
African-American	31.0	24.9	29.1	35.4	28.3	31.9	
Hispanic/Latino	58.6	38.2	18.4	55.1	40.8	20.8	
Asian	0.0	5.4	8.0	2.0	5.4	10.0	
Other	0.0	1.7	1.8	0.0	1.2	1.8	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Age (%)							
<2 years	0.0	0.0	0.2	0.0	0.0	0.1	
2-11 years	0.0	8.0	1.0	0.0	0.3	0.6	
12-17 years	0.0	1.7	1.6	0.0	0.6	1.1	
18-34 years	6.9	11.3	10.6	8.8	10.1	10.2	
35-49 years	24.1	30.7	25.3	30.6	31.5	27.0	
50-64 years	62.1	39.4	40.7	51.0	43.6	43.2	
65-69 years	6.9	11.1	12.7	9.5	10.3	12.1	
70+ years	0.0	5.0	7.8	0.0	3.6	5.8	
Gender (%)							
Male	62.1	62.0	62.4	63.3	63.2	62.0	
Female	37.9	38.0	37.6	36.7	36.8	38.0	

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



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

Medical Characteristic		iting List Regis 2020 to 06/30/2			I Waiting List Registrations on 06/30/2021 (%)			
medical Characteristic		OPTN Region			OPTN Region	U.S.		
	(N=29)	(N=4,779)	(N=40,025)	(N=147)	(N=10,129)	(N=96,313)		
AII (%)	100.0	100.0	100.0	100.0	100.0	100.0		
Blood Type (%)								
0	44.8	52.5	49.2	50.3	58.7	54.0		
A	27.6	30.5	32.2	26.5	25.7	27.0		
В	24.1	13.9	14.8	21.8	13.9	16.5		
AB	3.4	3.1	3.8	1.4	1.7	2.5		
Unknown	0.0	0.0	0.0	0.0	0.0	0.0		
Previous Transplant (%)								
Yes	3.4	11.8	13.1	8.8	12.6	13.8		
No	96.6	88.2	86.9	91.2	87.4	86.2		
Unknown	0.0	0.0	0.0	0.0	0.0	0.0		
Initial CPRA (%)								
0-9%	72.4	72.0	79.0	79.6	74.2	79.7		
10-79%	20.7	18.7	13.5	15.6	17.0	13.0		
80+%	6.9	9.3	7.5	4.8	8.8	7.2		
Unknown	0.0	0.0	0.0	0.0	0.0	0.1		
Primary Disease (%)*								
Glomerular Diseases	6.9	15.9	19.0	7.5	15.1	18.8		
Tubular and Interstitial Diseases	3.4	2.5	3.7	2.7	2.3	3.6		
Polycystic Kidneys	13.8	6.4	7.0	6.1	5.9	6.8		
Congenital, Familial, Metabolic	0.0	1.8	2.3	0.0	1.3	1.9		
Diabetes	51.7	40.6	34.2	45.6	44.7	36.8		
Renovascular & Vascular Disease	s 0.0	0.1	0.1	0.0	0.1	0.1		
Neoplasms	0.0	0.4	0.4	0.7	0.3	0.3		
Hypertensive Nephrosclerosis	17.2	21.0	19.7	32.0	22.2	20.9		
Other	6.9	11.3	13.2	5.4	7.8	10.3		
Missing*	0.0	0.2	0.4	0.0	0.3	0.4		

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



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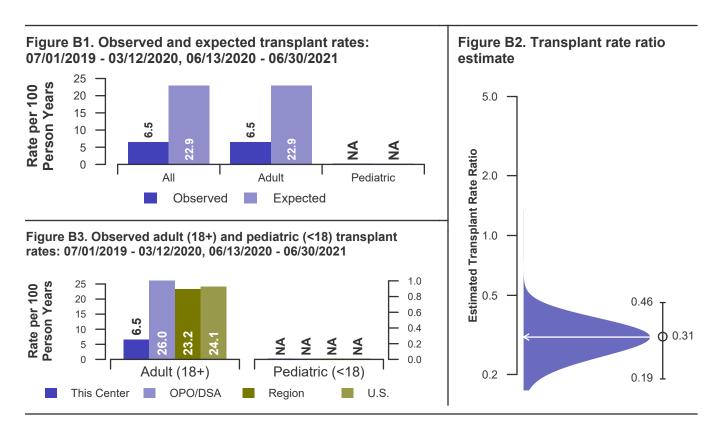
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Table B4. Transplant rates: 07/01/2019 - 03/12/2020, 06/13/2020 - 06/30/2021

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				_
Count on waiting list at start*	154	3,344	10,497	100,351
Person Years**	274.9	6,062.8	18,186.0	172,961.9
Removals for Transplant	18	1,610	4,370	42,626
Adult (18+) Candidates				
Count on waiting list at start*	154	3,314	10,391	98,745
Person Years**	274.9	6,002.5	17,997.1	170,105.7
Removals for transpant	18	1,563	4,183	40,983
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Removals for transplant				

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

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





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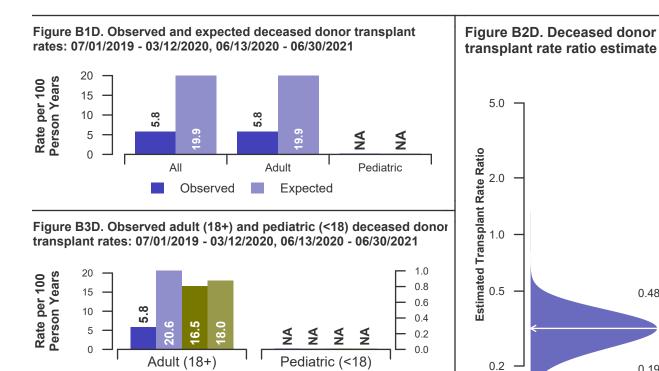
B. Waiting List Information

Table 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*	154	3,344	10,497	100,351
Person Years**	274.9	6,062.8	18,186.0	172,961.9
Removals for Transplant	16	1,268	3,122	31,726
Adult (18+) Candidates				
Count on waiting list at start*	154	3,314	10,391	98,745
Person Years**	274.9	6,002.5	17,997.1	170,105.7
Removals for transpant	16	1,235	2,973	30,566
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Removals for transplant				

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

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



Region

This Center

OPO/DSA

0.32

0.48

0.19



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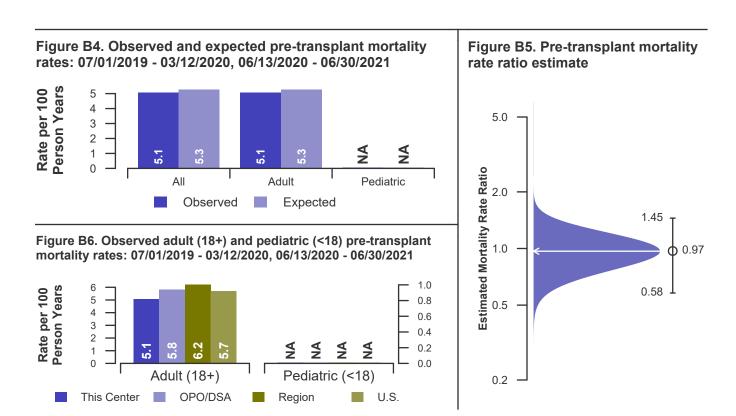
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Table B5. Pre-transplant mortality rates: 07/01/2019 - 03/12/2020, 06/13/2020 - 06/30/2021

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				_
Count on waiting list at start*	154	3,344	10,497	100,351
Person Years**	336.0	6,608.4	20,141.4	187,470.2
Number of deaths	17	381	1,238	10,519
Adult (18+) Candidates				
Count on waiting list at start*	154	3,314	10,391	98,745
Person Years**	336.0	6,545.9	19,943.9	184,524.0
Number of deaths	17	380	1,235	10,481
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Number of deaths				

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

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





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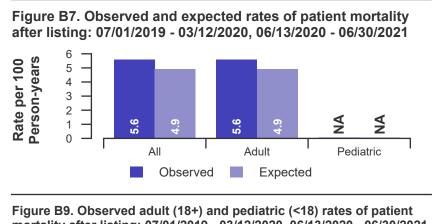
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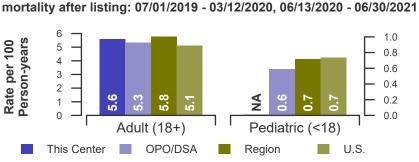
Table B6. Rates of patient mortality after listing: 07/01/2019 - 03/12/2020, 06/13/2020 - 06/30/2021

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Patients				
Count at risk during the evaluation period	337	11,121	34,082	302,724
Person-years*	430.9	14,548.0	44,620.9	398,472.8
Number of Deaths	24	759	2,505	19,860
Adult (18+) Patients				
Count at risk during the evaluation period	337	10,876	33,154	293,790
Person-years*	430.9	14,206.6	43,365.7	386,346.9
Number of Deaths	24	757	2,496	19,771
Pediatric (<18) Patients				
Count at risk during the evaluation period	0	245	928	8,934
Person-years*	0.0	341.4	1,255.3	12,125.9
Number of Deaths	0	2	9	89

^{*} 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 7 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.





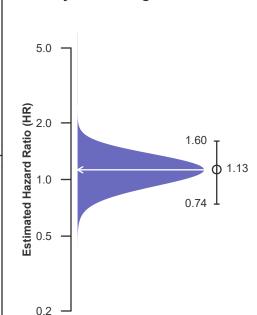


Figure B8. HR estimate of patient

mortality after listing



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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)		Center (N ns Since L 12	,	U.S. (N=42,666) Months Since Listing 6 12 18		
Alive on waiting list (%)	93.0	81.7	73.2	76.4	63.3	53.2
Died on the waiting list without transplant (%)	0.0	0.0	1.4	1.1	2.2	3.4
Removed without transplant (%):						
Condition worsened (status unknown)	4.2	9.9	11.3	0.7	1.5	2.4
Condition improved (status unknown)	0.0	0.0	0.0	0.1	0.2	0.2
Refused transplant (status unknown)	0.0	2.8	4.2	0.0	0.1	0.2
Other	0.0	1.4	2.8	0.7	1.4	2.3
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	0.0	0.0	0.0	6.2	9.0	7.9
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	0.1	0.2
Status Yet Unknown**	0.0	0.0	0.0	0.1	0.4	3.2
Transplant (deceased donor) (%):						
Functioning (alive)	1.4	1.4	0.0	12.3	16.5	14.7
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	0.1	0.1	0.1
Died	0.0	0.0	0.0	0.3	0.6	1.0
Status Yet Unknown*	0.0	1.4	5.6	1.8	3.9	10.2
Lost or Transferred (status unknown) (%)	1.4	1.4	1.4	0.4	0.9	1.2
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	1.4	1.4	2.9	4.5
Total % known died or removed as unstable	4.2	9.9	12.7	2.0	4.4	6.9
Total % removed for transplant	1.4	2.8	5.6	20.7	30.6	37.1
Total % with known functioning transplant (alive)	1.4	1.4	0.0	18.4	25.4	22.5

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



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B. Waiting List Information

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

Percent transplanted at time periods sin-						_				
Characteristic		Th	nis Cent	ter			Un	ited Sta	ates	
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	108	2.8	11.1	12.0	14.8	94,364	4.2	17.9	24.8	30.4
Ethnicity/Race*										
White	8	0.0	0.0	0.0	0.0	37,695	4.3	18.5	25.7	31.3
African-American	50	2.0	12.0	14.0	20.0	29,111	4.4	18.4	25.4	30.9
Hispanic/Latino	47	2.1	10.6	10.6	10.6	17,983	4.3	17.3	23.8	29.2
Asian	3	33.3	33.3	33.3	33.3	7,843	2.4	12.7	19.4	25.4
Other	0					1,732	5.3	21.9	29.4	34.8
Unknown	0					0				
Age										
<2 years	0					131	4.6	37.4	55.7	71.8
2-11 years	0					812	8.4	49.0	63.4	71.8
12-17 years	0					1,369	7.6	50.2	62.4	67.5
18-34 years	19	0.0	0.0	5.3	10.5	9,450	4.1	19.3	27.6	34.9
35-49 years	28	7.1	17.9	17.9	21.4	23,643	3.8	17.1	24.4	30.4
50-64 years	48	0.0	8.3	8.3	10.4	40,267	4.2	16.5	22.8	28.0
65-69 years	11	9.1	27.3	27.3	27.3	12,623	4.1	16.7	23.0	28.0
70+ years	2	0.0	0.0	0.0	0.0	6,069	4.1	18.0	24.1	28.8
Gender										
Male	65	1.5	7.7	7.7	12.3	58,464	4.3	17.2	23.7	29.1
Female	43	4.7	16.3	18.6	18.6	35,900	4.0	19.0	26.6	32.5

^{*} 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%.



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B. Waiting List Information

Table B9. Percent of candidates with deceased donor transplants: medical characteristics Candidates registered on the waiting list between 07/01/2015 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	108	2.8	11.1	12.0	14.8	94,364	4.2	17.9	24.8	30.4
Blood Type										
0	58	1.7	6.9	6.9	6.9	46,901	3.9	15.5	21.3	26.2
A	29	6.9	24.1	27.6	34.5	29,625	5.1	21.2	29.6	36.2
В	14	0.0	0.0	0.0	0.0	14,355	2.6	15.0	21.4	26.6
AB	7	0.0	14.3	14.3	28.6	3,483	6.7	33.1	44.8	52.0
Previous Transplant										
Yes	12	0.0	0.0	8.3	8.3	12,691	2.8	17.7	26.1	31.3
No	96	3.1	12.5	12.5	15.6	81,673	4.4	17.9	24.6	30.2
Peak PRA/CPRA										
0-9%	100	3.0	12.0	12.0	15.0	74,891	4.5	17.2	23.7	29.3
10-79%	4	0.0	0.0	0.0	0.0	11,491	3.1	17.0	24.3	30.2
80+%	4	0.0	0.0	25.0	25.0	7,873	3.1	25.2	35.7	40.8
Unknown	0					5	100.0	100.0	100.0	100.0
Primary Disease*										
Glomerular Diseases	16	6.2	12.5	18.8	18.8	17,451	3.4	18.7	27.2	34.1
Tubular & Interstitial Diseases	1	0.0	0.0	0.0	0.0	3,637	5.0	20.9	28.2	34.0
Polycystic Kidneys	3	0.0	0.0	0.0	0.0	6,366	2.8	17.0	25.4	32.6
Congenital, Familial, Metabolic	1	0.0	0.0	0.0	0.0	1,823	5.8	31.2	40.9	48.9
Diabetes	50	0.0	12.0	12.0	14.0	33,604	2.9	13.3	18.7	23.3
Renovascular & Vascular Diseases	1	0.0	0.0	0.0	0.0	163	6.7	23.9	31.3	36.8
Neoplasms	0					319	9.1	25.7	32.9	38.9
Hypertensive Nephrosclerosis	31	6.5	9.7	9.7	16.1	19,786	4.3	18.1	25.2	31.1
Other	5	0.0	20.0	20.0	20.0	10,873	9.2	27.1	34.6	39.1
Missing*	0					342	2.0	11.4	16.7	21.9

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



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B. Waiting List Information

Table B10. Time to transplant for waiting list candidates*

Candidates registered on the waiting list between 07/01/2015 and 12/31/2020

Percentile	Months to Transplant**			
	Center	OPO/DSA	Region	U.S.
5th	8.1	0.7	0.6	0.8
10th	19.6	1.8	1.7	2.2
25th	Not Observed	7.5	7.8	8.8
50th (median time to transplant)	Not Observed	32.9	40.5	37.4
75th	Not Observed	Not Observed	Not Observed	Not Observed

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

^{**} Censored on 06/30/2021. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had received a transplant.



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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	3,264	58,103	234,551	2,114,234
Number of Acceptances	5	727	1,679	17,556
Expected Acceptances	85.0	563.0	1,868.3	17,535.6
Offer Acceptance Ratio*	0.08	1.29	0.90	1.00
95% Credible Interval**	[0.03, 0.15]			
Low-KDRI Donors (KDRI < 1.05)				
Number of Offers	531	9,110	35,592	285,044
Number of Acceptances	2	183	557	5,635
Expected Acceptances	34.7	201.4	642.2	5,625.2
Offer Acceptance Ratio*	0.11	0.91	0.87	1.00
95% Credible Interval**	[0.03, 0.24]			
Medium-KDRI Donors (1.05 < KDRI < 1.75)				
Number of Offers	2,425	35,519	146,794	1,288,424
Number of Acceptances	3	434	926	9,793
Expected Acceptances	47.9	307.2	1,015.6	9,785.9
Offer Acceptance Ratio*	0.10	1.41	0.91	1.00
95% Credible Interval**	[0.03, 0.21]			
High-KDRI Donors (KDRI > 1.75)				
Number of Offers	308	13,474	52,165	540,766
Number of Acceptances	0	110	196	2,128
Expected Acceptances	2.4	54.4	210.5	2,124.5
Offer Acceptance Ratio*	0.46	1.99	0.93	1.00
95% Credible Interval**	[0.06, 1.27]			
Hard-to-Place Kidneys (Over 100 Offers)				
Number of Offers	2,017	47,047	197,799	1,783,615
Number of Acceptances	0	167	279	2,673
Expected Acceptances	3.0	67.3	304.9	2,669.7
Offer Acceptance Ratio*	0.40	2.44	0.92	1.00
95% Credible Interval**	[0.05, 1.12]			

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

^{**} As an example, the 95% Credible Interval for the overall offer acceptance ratio, [0.03, 0.15], indicates the location of TXPM's true offer acceptance ratio with 95% probability. The best estimate is 92% less likely to accept an offer compared to national acceptance behavior, but TXPM's performance could plausibly range from 97% reduced acceptance up to 85% reduced acceptance.



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Figure B10. Offer acceptance: Overall

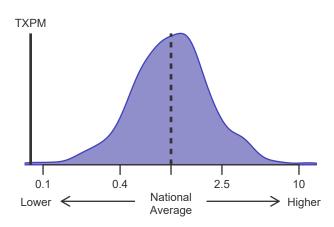


Figure B11. Offer acceptance: Low-KDRI

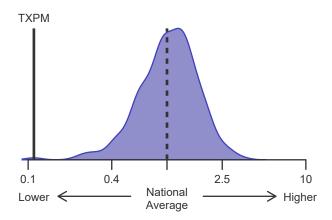
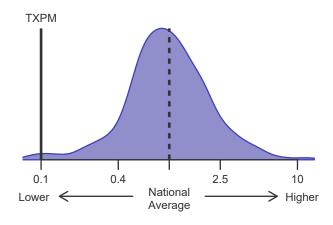


Figure B12. Offer acceptance: Medium-KDRI

Figure B13. Offer acceptance: High-KDRI



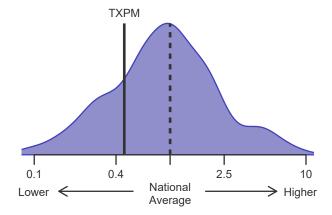
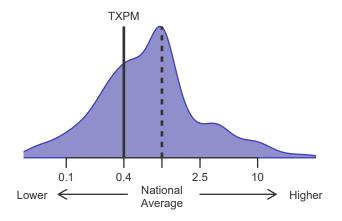


Figure B14. Offer acceptance: Offer number > 100





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C. Transplant Information

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

	Perce	Percentage in each category		
Characteristic	Center (N=5)	Region (N=1,813)	U.S. (N=18,785)	
Ethnicity/Race (%)*				
White	0.0	27.2	37.8	
African-American	60.0	27.3	33.2	
Hispanic/Latino	40.0	37.4	19.2	
Asian	0.0	6.2	7.9	
Other	0.0	1.9	1.9	
Unknown	0.0	0.0	0.0	
Age (%)				
<2 years	0.0	0.0	0.1	
2-11 years	0.0	1.7	1.3	
12-17	0.0	2.6	1.8	
18-34	40.0	11.7	10.3	
35-49 years	40.0	25.7	23.6	
50-64 years	20.0	39.7	39.7	
65-69 years	0.0	12.5	13.2	
70+ years	0.0	6.1	10.0	
Gender (%)				
Male	80.0	60.7	60.6	
Female	20.0	39.3	39.4	

^{*} 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%.



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C. Transplant Information

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

	Perce	Percentage in each category		
Characteristic	Center (N=1)	Region (N=709)	U.S. (N=5,904)	
Ethnicity/Race (%)*				
White	0.0	42.0	63.4	
African-American	0.0	11.0	11.9	
Hispanic/Latino	100.0	39.2	16.9	
Asian	0.0	5.8	6.5	
Other	0.0	2.0	1.3	
Unknown	0.0	0.0	0.0	
Age (%)				
<2 years	0.0	0.1	0.4	
2-11 years	0.0	1.3	2.0	
12-17	0.0	1.4	1.9	
18-34	100.0	17.9	16.0	
35-49 years	0.0	28.8	25.5	
50-64 years	0.0	34.1	35.4	
65-69 years	0.0	10.3	10.0	
70+ years	0.0	6.1	8.6	
Gender (%)				
Male	100.0	64.5	63.8	
Female	0.0	35.5	36.2	

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



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C. Transplant Information

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

	Percentage in each category		
Characteristic	Center (N=5)	Region (N=1,813)	U.S. (N=18,785)
Blood Type (%)			
0	20.0	52.1	46.8
A	20.0	29.1	34.7
В	60.0	14.9	13.8
AB	0.0	4.0	4.7
Previous Transplant (%)			
Yes	0.0	11.7	13.2
No	100.0	88.3	86.8
Peak PRA/CPRA Prior to Transplant (%)			
0-9%	80.0	59.6	60.5
10-79%	20.0	24.4	22.6
80+ %	0.0	16.1	16.9
Unknown	0.0	0.0	0.0
Body Mass Index (%)			
0-20	40.0	10.4	9.3
21-25	20.0	26.7	26.7
26-30	20.0	31.5	30.5
31-35	20.0	22.6	21.3
36-40	0.0	6.5	8.4
41+	0.0	0.8	1.5
Unknown	0.0	1.5	2.3
Primary Disease (%)*			
Glomerular Diseases	40.0	18.4	20.8
Tubular and Interstitial Disease	20.0	3.4	4.1
Polycystic Kidneys	0.0	6.5	7.2
Congenital, Familial, Metabolic	0.0	2.9	2.8
Diabetes	0.0	33.9	29.6
Renovascular & Vascular Diseases	0.0	0.1	0.1
Neoplasms	0.0	0.2	0.4
Hypertensive Nephrosclerosis	40.0	23.8	22.8
Other Kidney	0.0	10.9	11.8
Missing*	0.0	0.2	0.3

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



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C. Transplant Information

Table C2L. Living donor transplant recipient medical characteristics Patients transplanted between 07/01/2020 and 06/30/2021

	Percentage in each category		
Characteristic	Center (N=1)	Region (N=709)	U.S. (N=5,904)
Blood Type (%)			
0	100.0	47.2	43.5
A	0.0	36.2	38.8
В	0.0	13.8	14.1
AB	0.0	2.7	3.6
Previous Transplant (%)			
Yes	0.0	8.0	10.6
No	100.0	92.0	89.4
Peak PRA/CPRA Prior to Transplant (%)			
0-9%	100.0	73.5	76.1
10-79%	0.0	22.0	18.8
80+ %	0.0	4.5	5.0
Unknown	0.0	0.0	0.1
Body Mass Index (%)			
0-20	0.0	10.6	12.4
21-25	100.0	28.1	28.0
26-30	0.0	33.4	31.5
31-35	0.0	20.7	19.5
36-40	0.0	5.9	6.2
41+	0.0	1.1	1.2
Unknown	0.0	0.1	1.2
Primary Disease (%)*			
Glomerular Diseases	100.0	25.1	28.8
Tubular and Interstitial Disease	0.0	4.7	5.4
Polycystic Kidneys	0.0	10.3	11.7
Congenital, Familial, Metabolic	0.0	3.4	4.4
Diabetes	0.0	29.9	23.7
Renovascular & Vascular Diseases	0.0	0.3	0.3
Neoplasms	0.0	0.4	0.5
Hypertensive Nephrosclerosis	0.0	17.9	15.9
Other Kidney	0.0	7.8	8.9
Missing*	0.0	0.3	0.3

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



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C. Transplant Information

Table C3D. Deceased donor characteristics
Transplants performed between 07/01/2020 and 06/30/2021

	Percentage in each category			
Donor Characteristic	Center (N=5)	Region (N=1,813)	U.S. (N=18,785)	
Cause of Death (%)				
Deceased: Stroke	0.0	25.8	21.7	
Deceased: MVA	20.0	14.8	13.0	
Deceased: Other	80.0	59.4	65.3	
Ethnicity/Race (%)*				
White	40.0	55.8	67.3	
African-American	20.0	13.3	14.0	
Hispanic/Latino	20.0	27.1	14.7	
Asian	0.0	1.5	2.8	
Other	20.0	2.3	1.2	
Not Reported	0.0	0.0	0.0	
Age (%)				
<2 years	0.0	1.2	0.8	
2-11 years	0.0	2.7	2.2	
12-17	20.0	5.3	3.6	
18-34	40.0	29.8	31.9	
35-49 years	40.0	33.9	33.5	
50-64 years	0.0	25.0	25.5	
65-69 years	0.0	2.0	2.2	
70+ years	0.0	0.1	0.5	
Gender (%)				
Male	80.0	63.8	62.9	
Female	20.0	36.2	37.1	
Blood Type (%)				
0	20.0	54.7	48.6	
A	20.0	31.3	36.9	
В	60.0	11.1	11.2	
AB	0.0	2.8	3.2	
Unknown	0.0	0.0	0.0	

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



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C. Transplant Information

Table C3L. Living donor characteristics
Transplants performed between 07/01/2020 and 06/30/2021

	Percentage in each category			
Donor Characteristic	Center (N=1)	Region (N=709)	U.S. (N=5,904)	
Ethnicity/Race (%)*				
White	0.0	51.6	70.8	
African-American	100.0	7.9	7.6	
Hispanic/Latino	0.0	32.9	15.1	
Asian	0.0	4.8	4.5	
Other	0.0	2.8	2.0	
Not Reported	0.0	0.0	0.0	
Age (%)				
0-11 years	0.0	0.1	0.0	
12-17	0.0	0.0	0.0	
18-34	100.0	33.6	26.9	
35-49 years	0.0	37.9	37.8	
50-64 years	0.0	26.2	30.1	
65-69 years	0.0	2.0	4.0	
70+ years	0.0	0.1	1.2	
Gender (%)				
Male	100.0	33.6	34.7	
Female	0.0	66.4	65.3	
Blood Type (%)				
0	100.0	65.3	61.8	
A	0.0	25.4	28.1	
В	0.0	8.7	8.7	
AB	0.0	0.6	1.4	
Unknown	0.0	0.0	0.0	

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



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C. Transplant Information

Table C4D. Deceased donor transplant characteristics Transplants performed between 07/01/2020 and 06/30/2021			
		entage in each ca	
Transplant Characteristic	Center (N=5)	Region (N=1,813)	U.S. (N=18,785)
Cold Ischemic Time (Hours): Local (%)			
Deceased: 0-11 hr	100.0	16.5	30.3
Deceased: 12-21 hr	0.0	51.6	50.0
Deceased: 22-31 hr	0.0	26.4	16.2
Deceased: 32-41 hr	0.0	3.9	2.1
Deceased: 42+ hr	0.0	0.2	0.4
Not Reported	0.0	1.5	0.9
Cold Ischemic Time (Hours): Shared (%)			
Deceased: 0-11 hr	25.0	9.5	10.6
Deceased: 12-21 hr	75.0	39.0	39.5
Deceased: 22-31 hr	0.0	37.7	35.4
Deceased: 32-41 hr	0.0	8.1	10.9
Deceased: 42+ hr	0.0	4.4	1.9
Not Reported	0.0	1.4	1.5
evel of Mismatch (%)			
A Locus Mismatches (%)			
0	0.0	12.7	11.6
1	0.0	37.5	38.5
2	100.0	49.4	49.7
Not Reported	0.0	0.4	0.2
B Locus Mismatches (%)			
0	0.0	8.0	6.9
1	60.0	25.5	25.5
2	40.0	66.1	67.4
Not Reported	0.0	0.4	0.2
DR Locus Mismatches (%)			
0	0.0	18.8	15.9
1	20.0	46.9	47.3
2	80.0	33.9	36.6
Not Reported	0.0	0.4	0.2
Total Mismatches (%)			
0	0.0	5.1	4.3
1	0.0	1.3	1.2
2	0.0	5.4	4.7
3	0.0	15.4	14.2
4	20.0	26.4	27.2
5	40.0	31.3	32.8
6	40.0	14.7	15.5
Not Reported	0.0	0.4	0.2
rocedure Type (%)			
Single organ	100.0	92.8	93.9
Multi organ	0.0	7.2	6.1
Dialysis in First Week After Transplant (%)			
Yes	20.0	26.1	30.3
No	80.0	73.9	69.6
Not Reported	0.0	0.0	0.1
Oonor Location (%)			
Local Donation Service Area (DSA)	20.0	59.8	61.0
Another Donation Service Area (DSA)	80.0	40.2	39.0
Andies Time in Heavital After Transplant	2.0 Davis	F O Davis	5 0 D

3.0 Days

5.0 Days

Median Time in Hospital After Transplant

5.0 Days



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C. Transplant Information

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

	Percentage in each category		
Transplant Characteristic	Center	Region	Ú.S.
	(N=1)	(N=709)	(N=5,904)
Relation with Donor (%)			
Related	0.0	41.9	39.5
Unrelated	100.0	57.3	60.2
Not Reported	0.0	8.0	0.3
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	0.0	17.5	16.2
1	0.0	51.2	48.2
2	100.0	31.3	31.5
Not Reported	0.0	0.0	4.1
B Locus Mismatches (%)			
0	0.0	10.2	9.8
1	0.0	42.6	41.2
2	100.0	47.2	44.8
Not Reported	0.0	0.0	4.1
DR Locus Mismatches (%)			
0	0.0	16.4	15.8
1	0.0	47.1	46.7
2	100.0	36.5	33.4
Not Reported	0.0	0.0	4.1
Total Mismatches (%)			
0	0.0	4.9	4.8
1	0.0	4.9	3.9
2	0.0	11.8	12.0
3	0.0	22.0	21.8
4	0.0	17.6	17.6
5	0.0	26.0	23.3
6	100.0	12.7	12.6
Not Reported	0.0	0.0	4.1
Procedure Type (%)			
Single organ	100.0	100.0	100.0
Multi organ	0.0	0.0	0.0
Dialysis in First Week After Transplant (%)			
Yes	0.0	2.0	2.8
No	100.0	98.0	97.0
Not Reported	0.0	0.0	0.2
Median Time in Hospital After Transplant	4.0 Days	4.0 Days	4.0 Days



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C. Transplant Information

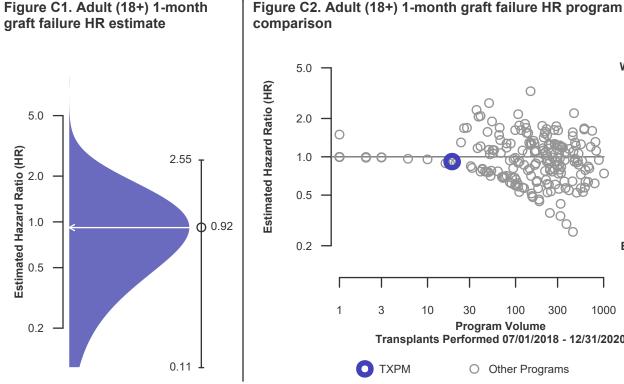
Table C5. Adult (18+) 1-month survival with a functioning graft

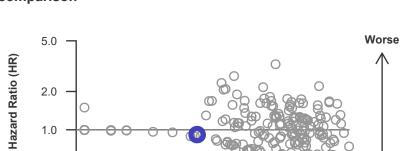
Single organ transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Deaths and retransplants are considered graft failures

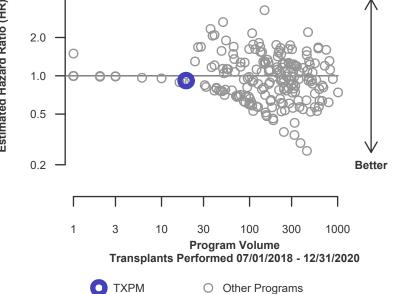
	TXPM	U.S.
Number of transplants evaluated	19	48,337
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.63%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.03%	
Number of observed graft failures (including deaths) during the first month after transplant	0	655
Number of expected graft failures (including deaths) during the first month after transplant	0.18	
Estimated hazard ratio*	0.92	
95% credible interval for the hazard ratio**	[0.11, 2.55]	

^{*} The hazard ratio provides an estimate of how Parkland Health and Hospital System'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 TXPM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.11, 2.55], indicates the location of TXPM's true hazard ratio with 95% probability. The best estimate is 8% lower risk of graft failure compared to an average program, but TXPM's performance could plausibly range from 89% reduced risk up to 155% increased risk.









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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

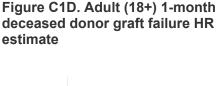
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	IXPM	U.S.
Number of transplants evaluated	17	34,231
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.38%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.99%	
Number of observed graft failures (including deaths) during the first month after transplant	0	550
Number of expected graft failures (including deaths) during the first month after transplant	0.17	
Estimated hazard ratio*	0.92	
95% credible interval for the hazard ratio**	[0.11, 2.57]	

^{*} The hazard ratio provides an estimate of how Parkland Health and Hospital System'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 TXPM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.11, 2.57], indicates the location of TXPM's true hazard ratio with 95% probability. The best estimate is 8% lower risk of

graft failure compared to an average program, but TXPM's performance could plausibly range from 89% reduced risk up to 157% increased risk.



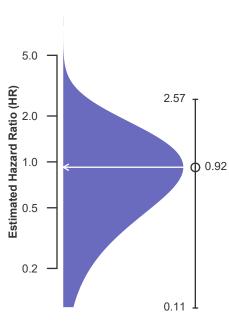
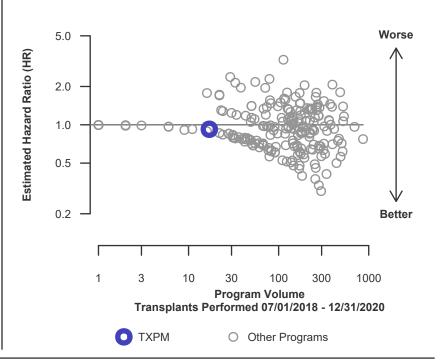


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison





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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

	TXPM	U.S.
Number of transplants evaluated	2	14,106
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.25%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.36%	
Number of observed graft failures (including deaths) during the first month after transplant	0	105
Number of expected graft failures (including deaths) during the first month after transplant	0.01	
Estimated hazard ratio*	0.99	
95% credible interval for the hazard ratio**	[0.12, 2.77]	

^{*} The hazard ratio provides an estimate of how Parkland Health and Hospital System'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 TXPM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.12, 2.77], indicates the location of TXPM's true hazard ratio with 95% probability. The best estimate is 1% lower risk of

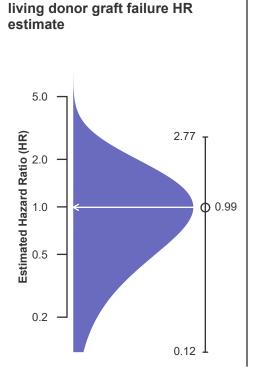
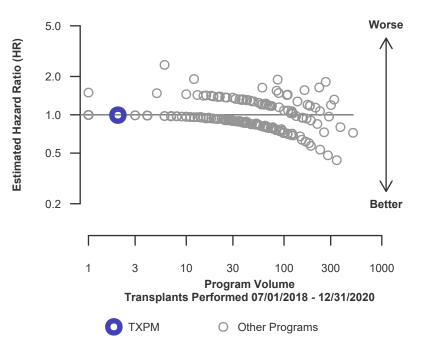


Figure C1L. Adult (18+) 1-month





graft failure compared to an average program, but TXPM's performance could plausibly range from 88% reduced risk up to 177% increased risk.



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C. Transplant Information

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

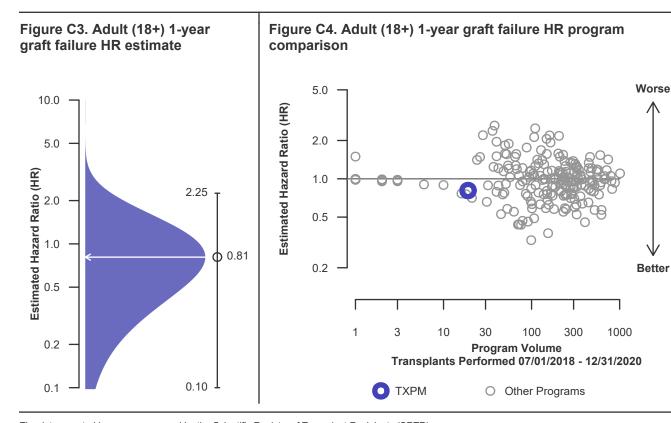
Single organ transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Deaths and retransplants are considered graft failures

	TXPM	U.S.
Number of transplants evaluated	19	48,337
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	95.19%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	96.43%	
Number of observed graft failures (including deaths) during the first year after transplant	0	1,818
Number of expected graft failures (including deaths) during the first year after transplant	0.47	
Estimated hazard ratio*	0.81	
95% credible interval for the hazard ratio**	[0.10, 2.25]	

^{*} The hazard ratio provides an estimate of how Parkland Health and Hospital System'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 TXPM's graft failure rate were precisely the expected ratio estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.10, 2.25], indicates the location of TXPM's true hazard ratio with 95% probability. The best estimate is 19% lower risk.

of graft failure compared to an average program, but TXPM's performance could plausibly range from 90% reduced risk up to 125% increased risk.





Center Code: TXPM

Transplant Program (Organ): Kidney Release Date: January 6, 2022 Based on Data Available: Oct 31, 2021 SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

C. Transplant Information

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

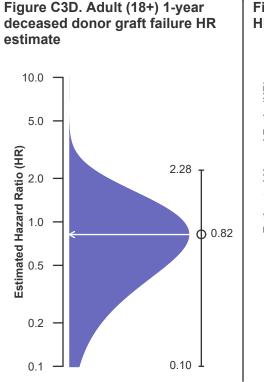
Single organ transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Deaths and retransplants are considered graft failures

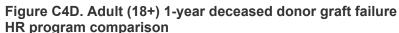
	TXPM	U.S.
Number of transplants evaluated	17	34,231
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	94.00%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	96.21%	
Number of observed graft failures (including deaths) during the first year after transplant	0	1,586
Number of expected graft failures (including deaths) during the first year after transplant	0.45	
Estimated hazard ratio*	0.82	
95% credible interval for the hazard ratio**	[0.10, 2.28]	

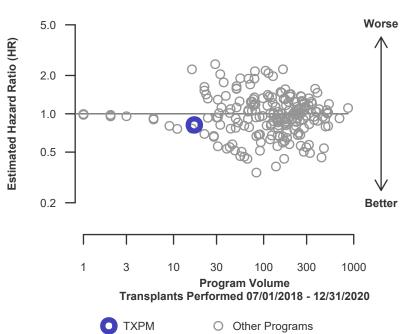
^{*} The hazard ratio provides an estimate of how Parkland Health and Hospital System's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 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 TXPM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.10, 2.28], indicates the location of TXPM's true hazard ratio with 95% probability. The best estimate is 18% lower risk

of graft failure compared to an average program, but TXPM's performance could plausibly range from 90% reduced risk up to 128% increased risk.









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Transplant Program (Organ): Kidney Release Date: January 6, 2022 Based on Data Available: Oct 31, 2021 SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

C. Transplant Information

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

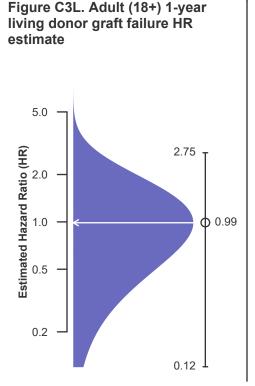
Single organ transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Deaths and retransplants are considered graft failures

	IXPM	U.S.
Number of transplants evaluated	2	14,106
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	97.99%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	98.30%	
Number of observed graft failures (including deaths) during the first year after transplant	0	232
Number of expected graft failures (including deaths) during the first year after transplant	0.03	
Estimated hazard ratio*	0.99	
95% credible interval for the hazard ratio**	[0.12, 2.75]	

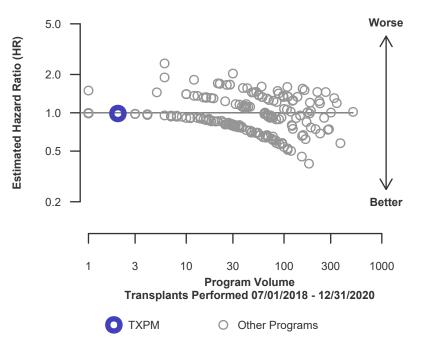
^{*} The hazard ratio provides an estimate of how Parkland Health and Hospital System's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 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 TXPM's graft failure 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 TXPM's true hazard ratio with 95% probability. The best estimate is 1% lower risk of

graft failure compared to an average program, but TXPM's performance could plausibly range from 88% reduced risk up to 175% increased risk.









Center Code: TXPM

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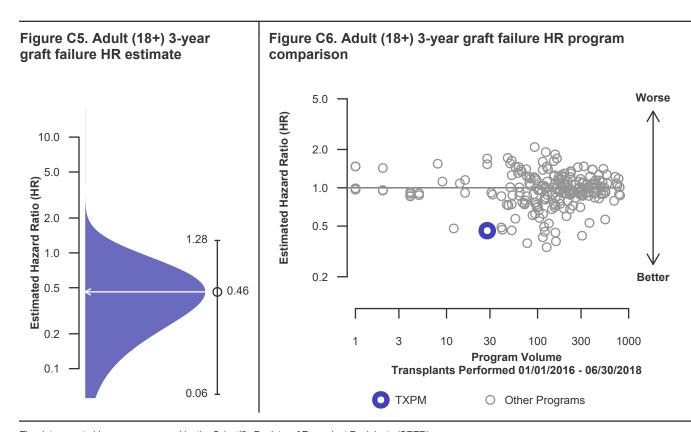
Table C7. Adult (18+) 3-year survival with a functioning graft Single organ transplants performed between 01/01/2016 and 06/30/2018 Deaths and retransplants are considered graft failures Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXPM	U.S.
Number of transplants evaluated	28	44,895
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	100.00%	90.33%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	91.45%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	3,888
Number of expected graft failures (including deaths) during the first 3 years after transplant	2.34	
Estimated hazard ratio*	0.46	
95% credible interval for the hazard ratio**	[0.06, 1.28]	

^{*} The hazard ratio provides an estimate of how Parkland Health and Hospital System'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 TXPM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.06, 1.28], indicates the location of TXPM's true hazard ratio with 95% probability. The best estimate is 54% lower risk

of graft failure compared to an average program, but TXPM's performance could plausibly range from 94% reduced risk up to 28% increased risk.





Center Code: TXPM

Transplant Program (Organ): Kidney Release Date: January 6, 2022 Based on Data Available: Oct 31, 2021 SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

C. Transplant Information

Table 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

	TXPM	U.S.
Number of transplants evaluated	28	30,985
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	100.00%	88.44%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	91.45%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	3,234
Number of expected graft failures (including deaths) during the first 3 years after transplant	2.34	
Estimated hazard ratio*	0.46	
95% credible interval for the hazard ratio**	[0.06, 1.28]	

^{*} The hazard ratio provides an estimate of how Parkland Health and Hospital System'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 TXPM's graft failure rate were precisely the expected ratio estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.06, 1.28], indicates the location of TXPM's true hazard ratio with 95% probability. The best estimate is 54% lower risk.

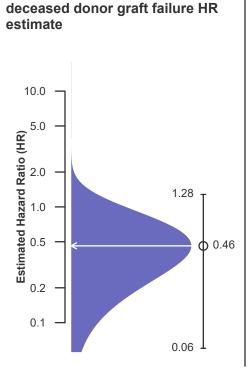
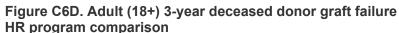
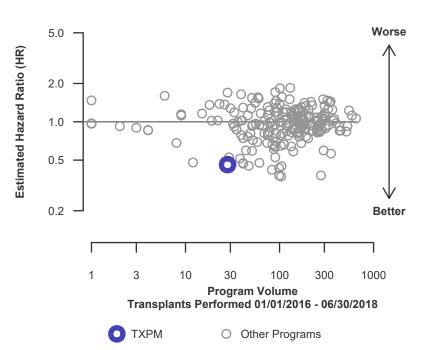


Figure C5D. Adult (18+) 3-year





of graft failure compared to an average program, but TXPM's performance could plausibly range from 94% reduced risk up to 28% increased risk.



Center Code: TXPM Transplant Program (Organ): Kidney Release Date: January 6, 2022

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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

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

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

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

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



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

C. Transplant Information

Table 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

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

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

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

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



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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

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

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

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

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



Center Code: TXPM Transplant Program (Organ): Kidney Release Date: January 6, 2022 Based on Data Available: Oct 31, 2021

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SRTR Program-Specific Report

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

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

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

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

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



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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

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

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

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

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



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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

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

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

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

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



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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

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

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

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

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



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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

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

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

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

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



Center Code: TXPM Transplant Program (Organ): Kidney Release Date: January 6, 2022

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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

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

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

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

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



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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

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

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

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

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



Center Code: TXPM

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C. Transplant Information

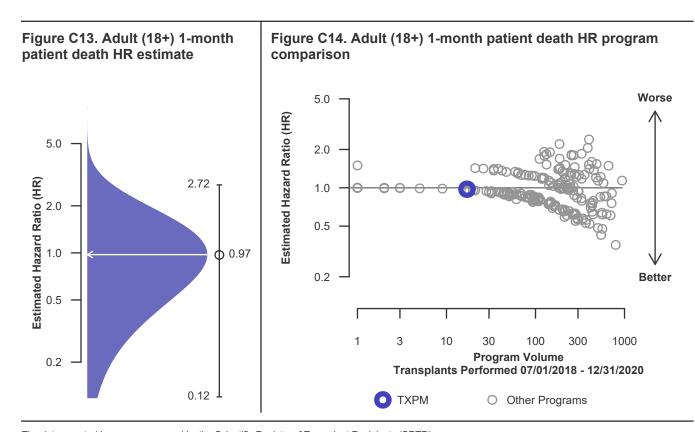
Table C11. Adult (18+) 1-month patient survival

Single organ transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Retransplants excluded

	TXPM	U.S.
Number of transplants evaluated	17	43,160
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.53%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.68%	
Number of observed deaths during the first month after transplant	0	201
Number of expected deaths during the first month after transplant	0.05	
Estimated hazard ratio*	0.97	
95% credible interval for the hazard ratio**	[0.12, 2.72]	

^{*} The hazard ratio provides an estimate of how Parkland Health and Hospital System'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 TXPM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.12, 2.72], indicates the location of TXPM's true hazard ratio with 95% probability. The best estimate is 3% lower risk of patient death compared to an average program, but TXPM's performance could plausibly range from 88% reduced risk up to 172% increased risk.





Center Code: TXPM

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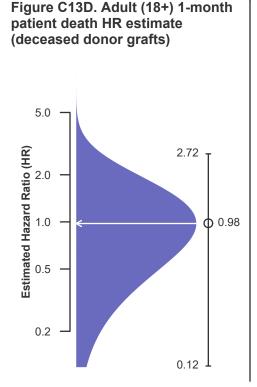
C. Transplant Information

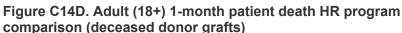
Table C11D. Adult (18+) 1-month patient survival (deceased donor graft recipients)

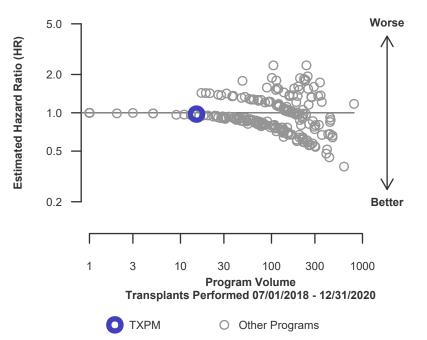
Single organ transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Retransplants excluded

	TXPM	U.S.
Number of transplants evaluated	15	30,366
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.41%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.66%	
Number of observed deaths during the first month after transplant	0	175
Number of expected deaths during the first month after transplant	0.05	
Estimated hazard ratio*	0.98	
95% credible interval for the hazard ratio**	[0.12, 2.72]	

^{*} The hazard ratio provides an estimate of how Parkland Health and Hospital System'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 TXPM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.







^{**} The 95% credible interval, [0.12, 2.72], indicates the location of TXPM's true hazard ratio with 95% probability. The best estimate is 2% lower risk of patient death compared to an average program, but TXPM's performance could plausibly range from 88% reduced risk up to 172% increased risk.



Center Code: TXPM

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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

	TXPM	U.S.
Number of transplants evaluated	2	12,794
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.79%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.81%	
Number of observed deaths during the first month after transplant	0	26
Number of expected deaths during the first month after transplant	0.00	
Estimated hazard ratio*	1.00	
95% credible interval for the hazard ratio**	[0.12, 2.78]	

^{*} The hazard ratio provides an estimate of how Parkland Health and Hospital System'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 TXPM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

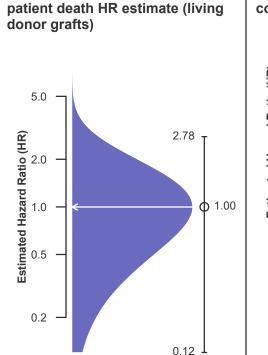
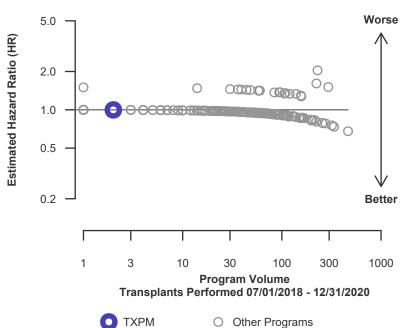


Figure C13L. Adult (18+) 1-month





^{**} The 95% credible interval, [0.12, 2.78], indicates the location of TXPM's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but TXPM's performance could plausibly range from 88% reduced risk up to 178% increased risk.



Center Code: TXPM

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C. Transplant Information

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

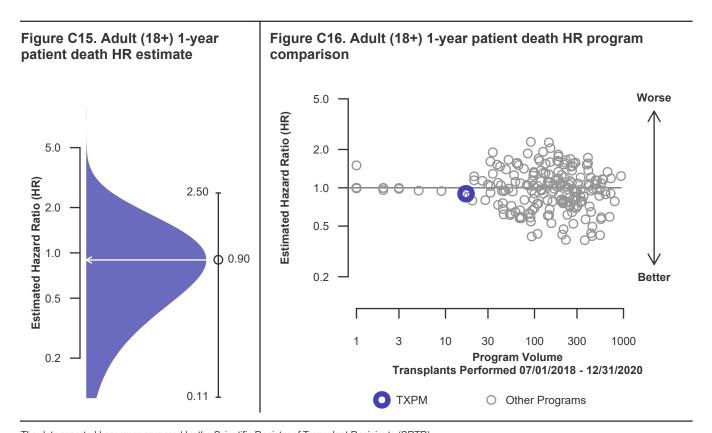
Single organ transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Retransplants excluded

	TXPM	U.S.
Number of transplants evaluated	17	43,160
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	97.16%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	98.04%	
Number of observed deaths during the first year after transplant	0	898
Number of expected deaths during the first year after transplant	0.23	
Estimated hazard ratio*	0.90	
95% credible interval for the hazard ratio**	[0.11, 2.50]	

^{*} The hazard ratio provides an estimate of how Parkland Health and Hospital System'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 TXPM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.11, 2.50], indicates the location of TXPM's true hazard ratio with 95% probability. The best estimate is 10% lower risk

of patient death compared to an average program, but TXPM's performance could plausibly range from 89% reduced risk up to 150% increased risk.





Center Code: TXPM

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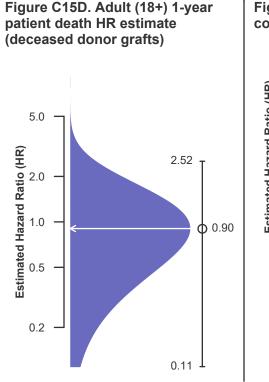
Table C12D. Adult (18+) 1-year patient survival (deceased donor graft recipients)

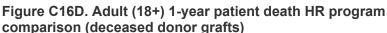
Single organ transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Retransplants excluded

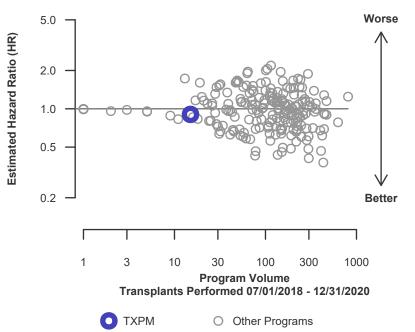
	TXPM	U.S.
Number of transplants evaluated	15	30,366
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	96.42%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	97.92%	
Number of observed deaths during the first year after transplant	0	791
Number of expected deaths during the first year after transplant	0.21	
Estimated hazard ratio*	0.90	
95% credible interval for the hazard ratio**	[0.11, 2.52]	

^{*} The hazard ratio provides an estimate of how Parkland Health and Hospital System'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 TXPM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.11, 2.52], indicates the location of TXPM's true hazard ratio with 95% probability. The best estimate is 10% lower risk







of patient death compared to an average program, but TXPM's performance could plausibly range from 89% reduced risk up to 152% increased risk.



Center Code: TXPM

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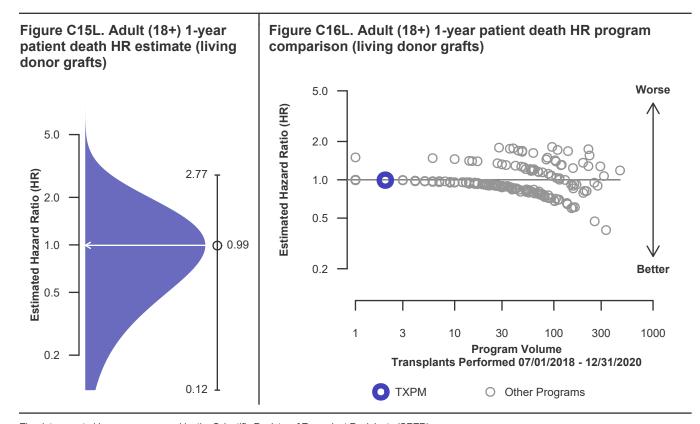
Table C12L. Adult (18+) 1-year patient survival (living donor graft recipients)

Single organ transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Retransplants excluded

	TXPM	U.S.
Number of transplants evaluated	2	12,794
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	98.86%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	98.96%	
Number of observed deaths during the first year after transplant	0	107
Number of expected deaths during the first year after transplant	0.01	
Estimated hazard ratio*	0.99	
95% credible interval for the hazard ratio**	[0.12, 2.77]	

^{*} The hazard ratio provides an estimate of how Parkland Health and Hospital System'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 TXPM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.12, 2.77], indicates the location of TXPM's true hazard ratio with 95% probability. The best estimate is 1% lower risk of patient death compared to an average program, but TXPM's performance could plausibly range from 88% reduced risk up to 177% increased risk.





Center Code: TXPM

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C. Transplant Information

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

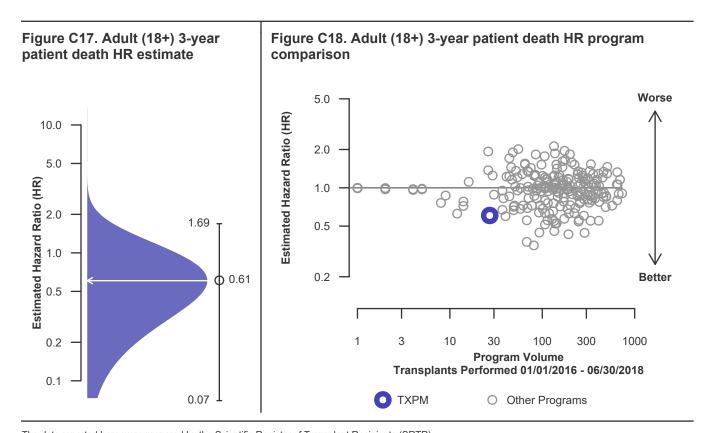
Single organ transplants performed between 01/01/2016 and 06/30/2018 Retransplants excluded

	TXPM	U.S.
Number of transplants evaluated	27	39,278
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	94.43%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	95.07%	
Number of observed deaths during the first 3 years after transplant	0	1,947
Number of expected deaths during the first 3 years after transplant	1.30	
Estimated hazard ratio*	0.61	
95% credible interval for the hazard ratio**	[0.07, 1.69]	

^{*} The hazard ratio provides an estimate of how Parkland Health and Hospital System'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 TXPM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.07, 1.69], indicates the location of TXPM's true hazard ratio with 95% probability. The best estimate is 39% lower risk

of patient death compared to an average program, but TXPM's performance could plausibly range from 93% reduced risk up to 69% increased risk.





Center Code: TXPM

Transplant Program (Organ): Kidney Release Date: January 6, 2022 Based on Data Available: Oct 31, 2021 SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

C. Transplant Information

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

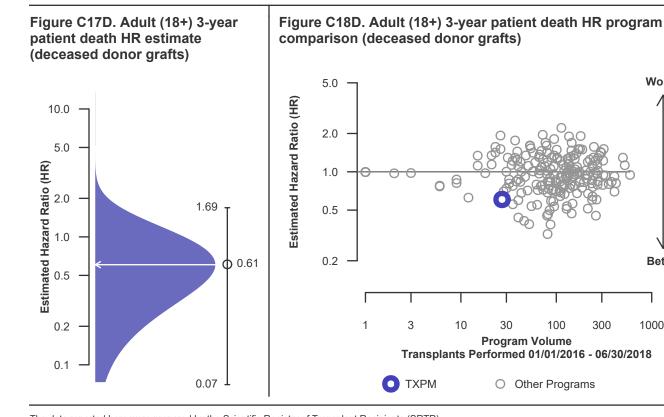
Single organ transplants performed between 01/01/2016 and 06/30/2018 Retransplants excluded

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

	TXPM	U.S.
Number of transplants evaluated	27	26,758
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	93.13%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	95.07%	
Number of observed deaths during the first 3 years after transplant	0	1,648
Number of expected deaths during the first 3 years after transplant	1.30	
Estimated hazard ratio*	0.61	
95% credible interval for the hazard ratio**	[0.07, 1.69]	

^{*} The hazard ratio provides an estimate of how Parkland Health and Hospital System'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 TXPM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.07, 1.69], indicates the location of TXPM's true hazard ratio with 95% probability. The best estimate is 39% lower risk



Worse

Better

1000

300

of patient death compared to an average program, but TXPM's performance could plausibly range from 93% reduced risk up to 69% increased risk.



Center Code: TXPM Transplant Program (Organ): Kidney

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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

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

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

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

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



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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

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

Figure C19. Pediatric (<18) 1-month patient death HR estimate Figure C20. Pediatric (<18) 1-month patient death HR program comparison

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



Center Code: TXPM Transplant Program (Organ): Kidney Release Date: January 6, 2022

Based on Data Available: Oct 31, 2021

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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

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

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

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

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



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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

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

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

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



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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

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

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

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

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



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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

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

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

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

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



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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

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

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

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

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



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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

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

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

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

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



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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

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

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

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

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



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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

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

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

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

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



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Table C17. Multi-organ transplant graft survival: 07/01/2018 - 12/31/2020 Adult (18+) Transplants

No adult (18+) multi-organ transplants were performed

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

No adult (18+) multi-organ transplants were performed

Pediatric (<18) Transplants

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



Center Code: TXPM

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D. Living Donor Information

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

		This Center			United States		
Living Donor Follow-Up	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							
6-Month Follow-Up Donors due for follow-up							
Timely clinical data	 %	 %	 %	 %	 %	 %	
Timely lab data	 %	 %	 %	 %	 %	 %	
12-Month Follow-Up Donors due for follow-up							
Timely clinical data	 %	 %		 %	 %		
Timely lab data	 %	 %		 %	 %		
24-Month Follow-Up Donors due for follow-up							
Timely clinical data	 %			 %			
Timely lab data	 %			 %			

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