

Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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, 90-day, 1-year, 1-year conditional on 90-day, 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, July 2021, January 2022, July 2022, January 2023 and July 2023. These reports made adjustments to transplant program and OPO performance metrics so that data during the time around the declaration of a national public health emergency on March 13, 2020, were not included in the metrics.

Modifications for the January 2024 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 meetings April 27, 2021 and on January 11, 2022. 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 2024 reporting cycle. These changes will remain in force beyond the January 2024 reporting cycle, unless otherwise amended:

Posttransplant Outcomes (including 1-month, 90-day, 1-year, 1-year conditional on 90-day, 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, 90-day, 1-year & 1-year conditional on 90-day Patient and Graft Survival Evaluations: Transplants 7/1/2020-12/31/2022, follow-up through 6/30/2023.

3-year Patient and Graft Survival Evaluations: Transplants 1/1/2018-3/12/2020, follow-up through 3/12/2020. Transplants 6/13/2020-6/30/2020; follow-up through 6/30/2023.

Pre-Transplant Mortality Rate (formerly called Waitlist Mortality Rate): These evaluations are based on normal reporting cohorts.

Days after listing (and before transplant) between 7/1/2021 and 6/30/2023.



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

Transplant Rate: These evaluations are based on normal reporting cohorts.

Candidates on the waitlist 7/1/2021-6/30/2023.

Overall Rate of Mortality After Listing: These evaluations are based on normal reporting cohorts.

Evaluation period: 7/1/2021-6/30/2023.

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

Offers received 7/1/2022-6/30/2023.

These decisions will apply to the evaluations released in the SRTR's semi-annual program-specific reports scheduled for release on January 9, 2024. 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 2024.

As with the July 2023 reports, SRTR will continue to report descriptive data beyond March 12, 2020, e.g., waitlist counts, transplant counts, recipient characteristics, donor counts, donor characteristics, etc., but will alter data for performance evaluation metrics as described above.



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#### **User Guide**

This report contains a wide range of useful information about the liver transplant program at University Hospital, University of Texas Health Science Center. 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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SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

#### **User Guide**

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 94.9 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 07/01/2017 and 12/31/2022. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this program was 0.2 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 06/30/2023 to calculate a particular percentile of transplant times.

Table B11 contains a summary of the offer acceptance practices of the program. The offer acceptance ratio indicates whether the program is more or less likely to accept offers than the average program. If the offer acceptance ratio is greater than 1.0, then the program tends to accept more offers than average; if the offer acceptance ratio is less than 1.0, then the program tends to accept fewer offers than average. Figure B10 shows the distribution of program offer acceptance rates as well as the offer acceptance rate for this program. Figures B11 - B15 similarly show offer acceptance rates for subsets



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

#### **User Guide**

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-C14 (tables C5-C10 for Pancreas) 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-C14 present data on graft survival, Tables C15-C20 (tables C11-C20 for Pancreas) 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 C21 and C22 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.



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

### **Table of Contents**

Section	Page
COVID-19 Guide	i
User Guide	iii
A. Program Summary	
Program Summary	1
B. Waiting List Information	
Waiting list activity	2
Demographic characteristics of waiting list candidates	3
Medical characteristics of waiting list candidates	4
Transplant rates	5
Deceased donor transplant rates	6
Pre-transplant mortality rates (formerly called Waiting list mortality rates)	7
Patient survival from listing	8
Waiting list candidate status after listing	9
Medical urgency status 1 candidate status after listing	10
Percent of candidates with deceased donor transplants: demographic characterist	ics 11
Percent of candidates with deceased donor transplants: medical characteristics	12
Time to transplant for waiting list candidates	13
Offer acceptance practices	14
C. Transplant Information	
Deceased donor transplant recipient demographic characteristics	16
Living donor transplant recipient demographic characteristics	17
Deceased donor transplant recipient medical characteristics	18
Living donor transplant recipient medical characteristics	19
Deceased donor characteristics	20
Living donor characteristics	21
Deceased donor transplant characteristics	22
Living donor transplant characteristics	23
Graft survival	24
Patient survival	54
Multi-organ transplant graft survival	72
Multi-organ transplant patient survival	72
D. Living Donor Information	
Living donor follow-up summary	73



...transplanted at this program

...transplanted elsewhere

Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

### **A. Program Summary**

Figure A1. Waiting list and transplant activity

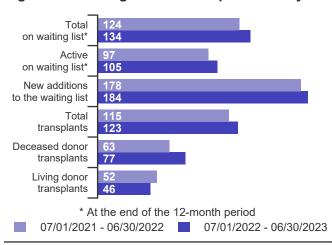


 
 Table A1. Census of transplant recipients

 Recipients
 07/01/2021-06/30/2022
 07/01/2022-06/30/2023

 Transplanted at this center
 115
 123

 Followed by this center\*
 852
 827

809

43

796

31

Figure A2. Transplant rates 07/01/2021 - 06/30/2023

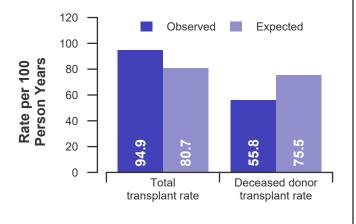


Figure A3. Pre-transplant mortality rates 07/01/2021 - 06/30/2023

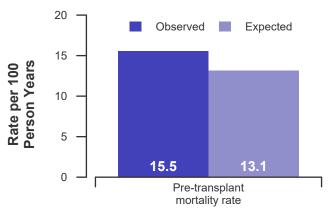


Figure A4. First-year adult graft and patient survival: 07/01/2020 - 12/31/2022

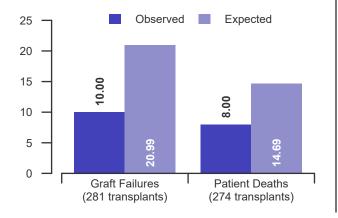


Figure A5. First-year pediatric graft and patient survival: 07/01/2020 - 12/31/2022

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022

<sup>\*</sup> 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.



Center Code: TXBC
Transplant Program (Orga

Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787)

http://www.srtr.org

Table B1. Waiting list activity summary: 07/01/2021 - 06/30/2023

		nts for center	Activity for 07/01/2022 to 06/30/2023 as percent of registrants on waiting lis on 07/01/2022			
Waiting List Registrations	07/01/2021- 06/30/2022	07/01/2022- 06/30/2023	This Center (%)	OPTN Region (%)	U.S. (%)	
On waiting list at start Additions	131	124	100.0	100.0	100.0	
New listings at this center	178	184	148.4	116.5	122.0	
Removals						
Transferred to another center	1	0	0.0	1.0	1.2	
Received living donor transplant*	52	46	37.1	4.7	5.6	
Received deceased donor transplant*	63	77	62.1	64.9	83.2	
Died	19	14	11.3	8.7	8.4	
Transplanted at another center	1	0	0.0	6.6	2.9	
Deteriorated	17	9	7.3	13.2	9.4	
Recovered	7	5	4.0	6.0	10.2	
Other reasons	25	23	18.5	13.0	10.4	
On waiting list at end of period	124	134	108.1	98.3	90.8	

<sup>\*</sup> 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.



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

Table B2. Demographic characteristics of waiting list candidates
Candidates registered on the waiting list between 07/01/2022 and 06/30/2023

Demographic Characteristic		ting List Reg 022 to 06/30/2		All Waiting List Registrations on 06/30/2023 (%)			
Demographic Characteristic	This Center (N=184)	OPTN Region (N=1,797)	U.S. (N=13,953)	This Center (N=134)	OPTN Region (N=1,517)	U.S. (N=10,382)	
AII (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Ethnicity/Race (%)*							
White	35.9	56.8	68.3	30.6	55.4	65.8	
African-American	2.2	5.6	7.1	3.7	6.9	7.2	
Hispanic/Latino	54.9	30.6	18.3	59.7	31.6	20.0	
Asian	3.3	2.9	4.1	3.7	3.2	5.1	
Other	3.8	4.1	2.1	2.2	3.0	1.9	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Age (%)							
<2 years	0.0	1.3	2.4	0.0	1.5	1.5	
2-11 years	0.0	1.3	1.6	0.0	1.3	1.6	
12-17 years	0.0	1.1	1.2	0.0	8.0	1.2	
18-34 years	5.4	5.7	7.1	4.5	5.5	6.6	
35-49 years	26.6	21.8	21.7	17.9	18.4	19.7	
50-64 years	43.5	46.6	44.7	53.0	48.4	48.3	
65-69 years	19.0	16.0	15.4	20.1	17.8	16.1	
70+ years	5.4	6.2	5.8	4.5	6.4	5.1	
Gender (%)							
Male	53.3	60.3	61.0	58.2	58.9	59.9	
Female	46.7	39.7	39.0	41.8	41.1	40.1	

<sup>\*</sup> 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%.



Center Code: TXBC Transplant Program (Organ): Liver

Release Date: January 9, 2024 Based on Data Available: October 31, 2023 SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787)

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Table B3. Medical characteristics of waiting list candidates
Candidates registered on the waiting list between 07/01/2022 and 06/30/2023

Medical Characteristic	07/01/2	ting List Regi 022 to 06/30/2	2023 (%)	All Waiting List Registrations on 06/30/2023 (%)			
medical offaracteristic	This Center (N=184)	OPTN Region (N=1,797)	U.S. (N=13,953)	This Center (N=134)	OPTN Region (N=1,517)	U.S. (N=10,382)	
All (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Blood Type (%)							
0	47.8	49.8	46.6	56.0	53.9	49.7	
A	35.3	35.8	37.9	29.9	37.2	39.2	
В	14.1	11.0	11.4	13.4	8.1	9.3	
AB	2.7	3.4	4.0	0.7	0.9	1.8	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Previous Transplant (%)							
Yes	2.7	3.3	4.1	3.7	2.9	3.6	
No	97.3	96.7	95.9	96.3	97.1	96.4	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Primary Disease (%)							
Acute Hepatic Necrosis	2.7	1.4	2.7	1.5	0.7	1.3	
Non-Cholestatic Cirrhosis	51.1	38.7	36.0	66.4	56.3	55.1	
Cholestatic Liver Disease/Cirrhosis		5.0	6.1	4.5	7.1	7.9	
Biliary Atresia	0.0	1.4	2.2	0.0	1.8	2.0	
Metabolic Diseases	1.1	1.3	1.7	0.7	0.9	1.3	
Malignant Neoplasms	0.0	10.1	9.9	0.0	11.7	10.5	
Other	42.4	42.0	41.2	26.9	21.6	21.6	
Missing	0.0	0.1	0.2	0.0	0.0	0.2	
Medical Urgency Status/MELD/PEL	_	(%)*					
Status 1A	0.5	1.2	2.7	0.0	0.1	0.3	
Status 1B	0.0	0.1	0.4	0.0	0.0	0.1	
Status 2A	0.0	0.0	0.0	0.0	0.0	0.0	
Status 2B	0.0	0.0	0.0	0.0	0.0	0.0	
Status 3	0.0	0.0	0.0	0.0	0.1	0.1	
MELD 6-10	24.5	13.7	13.8	29.9	25.4	26.0	
MELD 11-14	11.4	12.6	11.7	19.4	21.3	21.8	
MELD 15-20	25.5	22.5	20.8	30.6	29.7	27.7	
MELD 21-30	19.6	23.9	24.7	16.4	16.9	14.7	
MELD 31-40	12.5	16.4	14.1	3.0	1.2	1.1	
PELD less than or equal to 10	0.0	1.5	1.6	0.0	1.6	1.9	
PELD 11-14	0.0	0.0	0.4	0.0	0.1	0.3	
PELD 15-20	0.0	0.1	0.4	0.0	0.1	0.3	
PELD 21-30	0.0	0.5	0.4	0.0	0.3	0.2	
PELD 31 or greater	0.0	0.1	0.1	0.0	0.0	0.0	
Temporarily Inactive	2.7	3.6	5.0	0.7	3.1	5.6	

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



Center Code: TXBC

Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

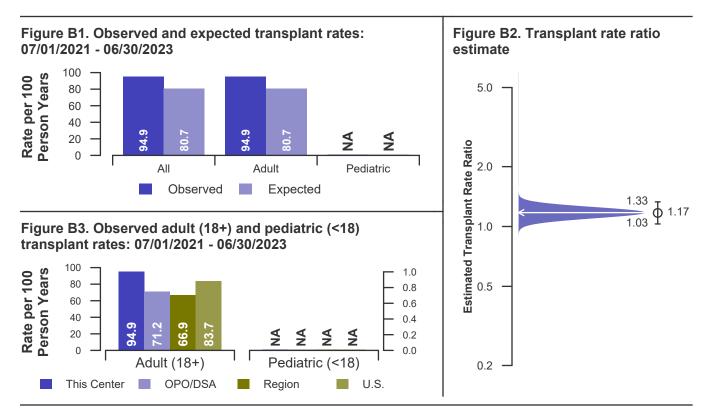
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Table B4. Transplant rates: 07/01/2021 - 06/30/2023

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	131	283	1,475	12,005
Person Years**	250.9	536.2	3,018.5	22,624.2
Removals for Transplant	238	390	2,059	19,300
Adult (18+) Candidates				
Count on waiting list at start*	131	282	1,428	11,621
Person Years**	250.9	535.0	2,928.1	21,779.5
Removals for transpant	238	381	1,959	18,232
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Removals for transplant				

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.





Center Code: TXBC

Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787)

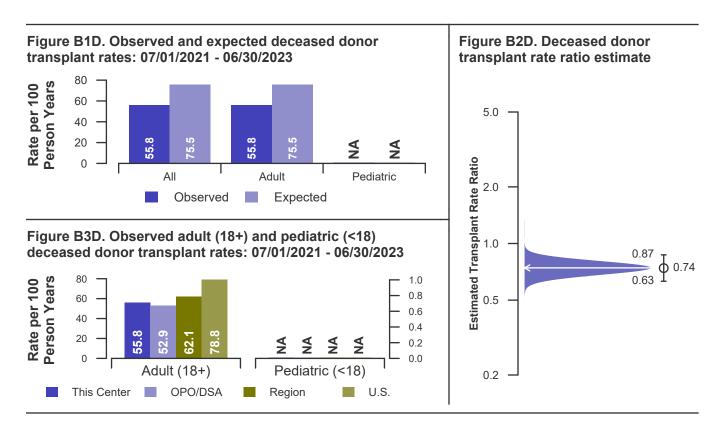
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Table B4D. Deceased donor transplant rates: 07/01/2021 - 06/30/2023

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	131	283	1,475	12,005
Person Years**	250.9	536.2	3,018.5	22,624.2
Removals for Transplant	140	284	1,911	18,070
Adult (18+) Candidates				
Count on waiting list at start*	131	282	1,428	11,621
Person Years**	250.9	535.0	2,928.1	21,779.5
Removals for transpant	140	283	1,819	17,172
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Removals for transplant				

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.





Center Code: TXBC

Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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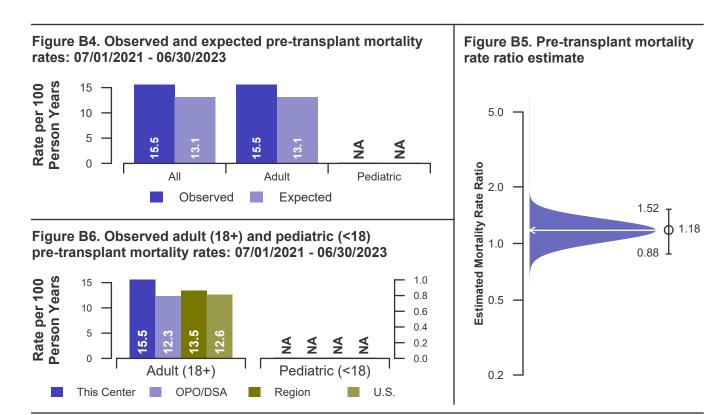
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Table B5. Pre-transplant mortality rates: 07/01/2021 - 06/30/2023

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	131	283	1,475	12,005
Person Years**	315.2	690.9	3,609.6	26,552.0
Number of deaths	49	85	481	3,283
Adult (18+) Candidates				
Count on waiting list at start*	131	282	1,428	11,621
Person Years**	315.2	689.1	3,516.4	25,619.2
Number of deaths	49	85	473	3,237
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Number of deaths				

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.





Center Code: TXBC

Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

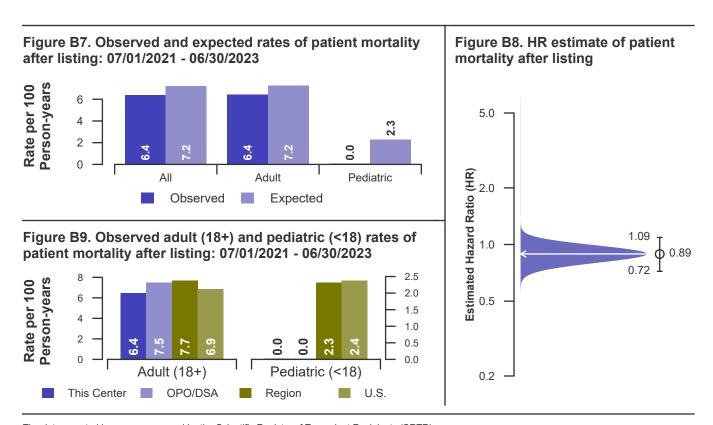
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Table B6. Rates of patient mortality after listing: 07/01/2021 - 06/30/2023

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Patients				
Count at risk during the evaluation period	1,003	1,772	9,766	78,939
Person-years*	1,361.6	2,417.8	12,950.6	105,820.4
Number of Deaths	87	177	957	6,996
Adult (18+) Patients				
Count at risk during the evaluation period	992	1,735	9,297	74,524
Person-years*	1,350.2	2,370.4	12,302.9	99,827.4
Number of Deaths	87	177	942	6,854
Pediatric (<18) Patients				
Count at risk during the evaluation period	11	37	469	4,415
Person-years*	11.4	47.5	647.7	5,993.1
Number of Deaths	0	0	15	142

<sup>\*</sup> Person-years are calculated as days (converted to fractional years). The number of days from 07/01/2021, or from the date of first wait listing until death, reaching 5 years after listing or June 30, 2023.

<sup>\*\*</sup> 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.





Center Code: TXBC

Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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Table B7. Waiting list candidate status after listing Candidates registered on waiting list between 01/01/2021 and 12/31/2021

Waiting list status (survival status)		Center (Na ns Since L 12	,		S. (N=13,8 ns Since L 12	,
Alive on waiting list (%)	41.1	24.0	13.7	38.2	22.5	15.0
Died on the waiting list without transplant (%)	5.1	7.4	8.0	4.3	5.7	6.3
Removed without transplant (%):						
Condition worsened (status unknown)	1.7	2.3	2.3	4.1	5.8	6.5
Condition improved (status unknown)	1.1	1.7	1.7	1.4	2.4	3.5
Refused transplant (status unknown)	0.0	0.6	1.7	0.2	0.4	0.4
Other	2.9	6.3	9.7	1.8	3.0	4.0
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	21.1	24.0	14.3	2.7	3.4	2.2
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.1	0.1
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.6	0.6	0.6	0.1	0.2	0.2
Status Yet Unknown**	0.0	0.6	10.9	0.0	0.1	1.5
Transplant (deceased donor) (%):						
Functioning (alive)	23.4	29.7	26.3	43.1	47.6	34.9
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.4	0.5	0.6
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	1.1	1.1	1.7	2.0	3.1	4.1
Status Yet Unknown*	1.1	1.1	8.6	1.6	5.1	20.1
Lost or Transferred (status unknown) (%)	0.6	0.6	0.6	0.2	0.4	0.5
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	6.9	9.1	10.3	6.4	9.0	10.5
Total % known died or removed as unstable	8.6	11.4	12.6	10.5	14.7	17.1
Total % removed for transplant	47.4	57.1	62.3	49.9	60.0	63.7
Total % with known functioning transplant (alive)	44.6	53.7	40.6	45.8	50.9	37.1

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



Center Code: TXBC

Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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Table B7S1. Medical urgency status 1 candidate status after listing Candidates registered on the waiting list between 01/01/2021 and 12/31/2021

Waiting list status (survival status)		Center (Notes of Center	•		l.S. (N=439 hs Since I 12	,
Alive on waiting list (%)	0.0	0.0	0.0	2.5	1.4	0.9
Died on the waiting list without transplant (%)	0.0	0.0	0.0	7.3	7.3	7.3
Removed without transplant (%):						
Condition worsened (status unknown)	0.0	0.0	0.0	5.2	5.2	5.2
Condition improved (status unknown)	0.0	0.0	0.0	16.9	18.0	18.5
Refused transplant (status unknown)	0.0	0.0	0.0	0.7	0.7	0.7
Other	0.0	0.0	0.0	0.5	0.5	0.5
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	0.0	0.0	0.0	1.1	0.9	0.5
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.0	0.0	0.0	0.2	0.2	0.2
Status Yet Unknown**	0.0	0.0	0.0	0.0	0.2	0.7
Transplant (deceased donor) (%):						
Functioning (alive)	0.0	0.0	0.0	57.2	49.9	37.1
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.9	0.9	0.9
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	100.0	100.0	100.0	5.7	6.8	7.7
Status Yet Unknown*	0.0	0.0	0.0	1.4	7.5	19.4
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.5	0.5	0.5
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	100.0	100.0	100.0	13.2	14.4	15.3
Total % known died or removed as unstable	100.0	100.0	100.0	18.5	19.6	20.5
Total % removed for transplant	100.0	100.0	100.0	66.5	66.5	66.5
Total % with known functioning transplant (alive)	0.0	0.0	0.0	58.3	50.8	37.6

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



Center Code: TXBC

Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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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 07/01/2017 and 06/30/2020

	Percent transplanted at time periods since listing									
Characteristic		TI	nis Cent	er			United States			
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	385	12.2	42.6	54.3	55.3	38,168	22.4	52.0	58.3	60.0
Ethnicity/Race*										
White	126	12.7	43.7	54.8	54.8	26,141	22.6	52.8	58.7	60.3
African-American	9	11.1	44.4	77.8	77.8	3,023	25.5	55.5	61.8	63.5
Hispanic/Latino	239	12.1	41.4	52.7	54.4	6,536	20.6	48.7	56.0	58.0
Asian	5	20.0	40.0	60.0	60.0	1,791	19.9	46.6	55.1	57.8
Other	6	0.0	66.7	66.7	66.7	677	25.7	52.4	58.5	60.3
Unknown	0					0				
Age										
<2 years	3	0.0	66.7	66.7	66.7	831	22.1	72.7	75.7	76.7
2-11 years	2	50.0	50.0	50.0	50.0	641	25.9	68.6	74.1	75.7
12-17 years	1	100.0	100.0	100.0	100.0	433	19.2	56.4	63.7	65.6
18-34 years	15	46.7	66.7	66.7	66.7	2,308	33.2	54.1	58.7	60.3
35-49 years	59	16.9	49.2	59.3	62.7	6,708	32.4	56.3	61.1	62.6
50-64 years	210	9.5	42.4	52.9	53.8	18,964	20.7	51.0	57.5	59.4
65-69 years	81	9.9	30.9	46.9	46.9	6,438	14.9	47.0	54.6	56.6
70+ years	14	0.0	50.0	78.6	78.6	1,845	15.6	46.8	53.6	54.4
Gender										
Male	237	12.2	46.4	59.9	61.2	23,781	22.3	53.3	59.6	61.4
Female	148	12.2	36.5	45.3	45.9	14,387	22.5	50.0	56.1	57.8

<sup>\*</sup> 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%.



Center Code: TXBC

Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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Table B9. Percent of candidates with deceased donor transplants: medical characteristics Candidates registered on the waiting list between 07/01/2017 and 06/30/2020

Characteristic			ercent to		nted at t	ime per	iods sin Un	ice listi ited Sta	_	
	N			2 years	3 years	N			2 years	3 years
All	385	12.2	42.6	54.3	55.3	38,168	22.4	52.0	58.3	60.0
Blood Type										
0	205	10.2	37.6	52.2	53.2	17,829	21.0	49.5	56.1	58.0
Α	132	14.4	43.2	52.3	52.3	14,209	21.6	50.4	56.9	58.8
В	43	11.6	65.1	72.1	76.7	4,647	25.8	60.3	65.4	66.8
AB	5	40.0	40.0	40.0	40.0	1,483	35.8	71.9	75.0	75.7
Previous Transplant										
Yes	15	33.3	73.3	80.0	80.0	1,858	30.4	53.6	58.2	59.4
No	370	11.4	41.4	53.2	54.3	36,310	22.0	52.0	58.3	60.1
Primary Disease										
Acute Hepatic Necrosis	19	21.1	57.9	63.2	68.4	1,710	53.9	63.2	65.3	66.0
Non-Cholestatic Cirrhosis	325	11.4	40.9	53.2	54.2	25,258	23.6	51.5	57.1	58.9
Cholestatic Liver	40	<i>E</i> 2	26.2	10.1	40.4	0.500	40.0	EO 4	E0 2	60.4
Disease/Cirrhosis	19	5.3	26.3	42.1	42.1	2,523	18.0	50.4	58.3	60.4
Biliary Atresia	2	0.0	50.0	50.0	50.0	753	15.5	65.3	70.9	73.0
Metabolic Diseases	4	50.0	50.0	50.0	50.0	882	26.3	68.8	74.3	75.9
Malignant Neoplasms	9	11.1	66.7	66.7	66.7	4,895	7.8	47.4	57.2	59.1
Other	7	28.6	85.7	100.0	100.0	2,131	22.5	50.9	58.2	60.2
Missing	0					16	25.0	31.2	37.5	37.5
Medical Urgency Status/MELD/	PELD	at Listing	g*							
Status 1	0					0				
Status 1A	7	85.7	85.7	85.7	85.7	1,173	60.1	60.4	60.6	60.7
Status 1B	0					136	50.7	83.1	83.1	83.1
Status 2A	0					0				
Status 2B	0					0				
Status 3	0					0				
MELD 6-10	106	0.0	30.2	52.8	53.8	7,199	2.5	37.5	48.6	51.4
MELD 11-14	69	0.0	27.5	42.0	43.5	5,050	3.0	33.2	43.4	46.4
MELD 15-20	80	5.0	40.0	50.0	51.2	8,079	9.6	45.5	53.1	55.3
MELD 21-30	81	17.3	51.9	54.3	55.6	8,666	29.2	62.5	65.9	67.0
MELD 31-40	29	65.5	86.2	86.2	86.2	4,155	71.8	80.3	80.5	80.6
PELD less than or equal to 10	2	0.0	50.0	50.0	50.0	678	10.5	70.4	77.1	79.5
PELD 11-14	0					97	17.5	77.3	83.5	83.5
PELD 15-20	1	0.0	0.0	0.0	0.0	166	21.7	76.5	78.3	78.9
PELD 21-30	1	0.0	100.0	100.0	100.0	127	26.0	76.4	78.0	78.0
PELD 31 or greater	0					36	44.4	72.2	72.2	72.2
Temporarily Inactive	9	44.4	66.7	77.8	77.8	2,606	37.7	55.1	58.6	59.6

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



Center Code: TXBC
Transplant Program (Organ): Liver
Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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

Table B10. Time to transplant for waiting list candidates\*

Candidates registered on the waiting list between 07/01/2017 and 12/31/2022

	Months to Transplant**			
Percentile	Center	OPO/DSA	Region	U.S.
5th	0.2	0.2	0.1	0.1
10th	0.3	0.3	0.2	0.2
25th	1.9	2.3	1.0	0.8
50th (median time to transplant)	9.2	15.2	9.3	7.1
75th	Not Observed	Not Observed	Not Observed	Not Observed

<sup>\*</sup> 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.

<sup>\*\*</sup> Censored on 06/30/2023. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had received a transplant.



Center Code: TXBC

Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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Table B11. Offer Acceptance Practices: 07/01/2022 - 06/30/2023

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
Overall				
Number of Offers	3,345	7,190	37,577	321,191
Number of Acceptances	68	131	884	8,403
Expected Acceptances	63.3	143.0	917.1	8,403.0
Offer Acceptance Ratio*	1.07	0.92	0.96	1.00
95% Credible Interval**	[0.84, 1.34]			
PHS increased infectious risk				
Number of Offers	472	935	4,330	48,437
Number of Acceptances	11	14	114	1,533
Expected Acceptances	10.5	19.7	127.7	1,532.3
Offer Acceptance Ratio*	1.04	0.74	0.89	1.00
95% Credible Interval**	[0.55, 1.68]			
DCD donor				
Number of Offers	1,714	2,171	12,309	104,855
Number of Acceptances	4	4	91	1,143
Expected Acceptances	11.4	15.6	110.6	1,145.0
Offer Acceptance Ratio*	0.45	0.34	0.83	1.00
95% Credible Interval**	[0.16, 0.87]			
HCV+ donor				
Number of Offers	173	257	863	12,160
Number of Acceptances	6	6	20	377
Expected Acceptances	3.1	4.8	22.4	378.7
Offer Acceptance Ratio*	1.57	1.17	0.90	1.00
95% Credible Interval**	[0.68, 2.83]			
Hard-to-Place Livers (Over 50 Offers)				
Number of Offers	2,503	4,759	26,528	199,737
Number of Acceptances	15	15	98	1,219
Expected Acceptances	12.6	21.2	141.3	1,304.3
Offer Acceptance Ratio*	1.17	0.73	0.70	0.93
95% Credible Interval**	[0.68, 1.78]			
Donor more than 500 miles away				
Number of Offers	1,158	2,143	14,800	104,279
Number of Acceptances	9	13	107	1,002
Expected Acceptances	6.9	14.4	112.0	965.9
Offer Acceptance Ratio*	1.23	0.92	0.96	1.04
95% Credible Interval**	[0.62, 2.06]			

<sup>\*</sup> The offer acceptance ratio estimates the relative offer acceptance practice of University Hospital, University of Texas Health Science Center compared to the national offer acceptance practice. A ratio above one indicates the program accepts more offers compared to national offer acceptance practices (e.g., an offer acceptance ratio of 1.25 indicates a center accepts 25% more offers than is expected based on national offer acceptance practices), while a ratio below one indicates the program accepts fewer offers compared to national offer acceptance practices (e.g., an offer acceptance ratio of 0.75 indicates a center accepts 25% fewer offers than is expected based on national offer acceptance practices).

<sup>\*\*</sup> As an example, the 95% Credible Interval for the overall offer acceptance ratio, [0.84, 1.34], indicates the location of TXBC's true offer acceptance ratio with 95% probability. The best estimate is 7% more likely to accept an offer compared to national acceptance behavior, but TXBC's performance could plausibly range from 16% reduced acceptance up to 34%



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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Figure B10. Offer acceptance: Overall

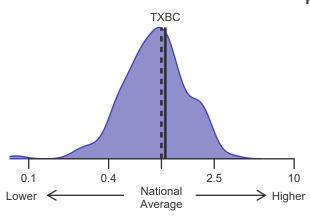


Figure B11. Offer acceptance: PHS increased infectious risk

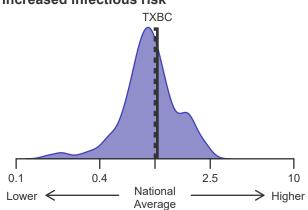
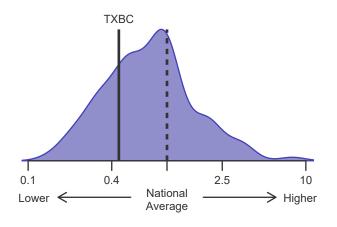


Figure B12. Offer acceptance: DCD Donor

Figure B13. Offer acceptance: HCV+ Donor



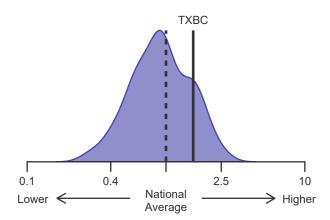
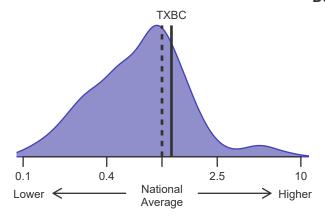
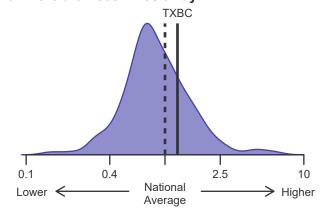


Figure B14. Offer acceptance: Offer number > 50 Figure B15. Offer acceptance: Donor more than 500 miles away







Center Code: TXBC
Transplant Program (Organ): Liver

Release Date: January 9, 2024 Based on Data Available: October 31, 2023 SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

### **C. Transplant Information**

# Table C1D. Deceased donor transplant recipient demographic characteristics Patients transplanted between 07/01/2022 and 06/30/2023

	Perce	Percentage in each category		
Characteristic	Center (N=77)	Region (N=1,001)	U.S. (N=9,518)	
Ethnicity/Race (%)*				
White	37.7	57.1	68.5	
African-American	1.3	6.9	7.4	
Hispanic/Latino	57.1	28.7	18.1	
Asian	0.0	2.9	4.2	
Other	3.9	4.4	1.8	
Unknown	0.0	0.0	0.0	
Age (%)				
<2 years	0.0	1.6	1.9	
2-11 years	0.0	1.4	1.6	
12-17	0.0	1.3	1.2	
18-34	5.2	6.2	7.0	
35-49 years	27.3	22.9	21.7	
50-64 years	46.8	47.7	45.7	
65-69 years	14.3	14.0	14.7	
70+ years	6.5	5.0	6.3	
Gender (%)				
Male	54.5	62.6	63.4	
Female	45.5	37.4	36.6	

<sup>\*</sup> 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%.



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

### **C. Transplant Information**

# Table C1L. Living donor transplant recipient demographic characteristics Patients transplanted between 07/01/2022 and 06/30/2023

	Percei	Percentage in each category		
Characteristic	Center (N=46)	Region (N=73)	U.S. (N=635)	
Ethnicity/Race (%)*				
White	32.6	49.3	74.3	
African-American	0.0	1.4	4.3	
Hispanic/Latino	54.3	39.7	15.7	
Asian	6.5	5.5	4.4	
Other	6.5	4.1	1.3	
Unknown	0.0	0.0	0.0	
Age (%)				
<2 years	0.0	2.7	8.5	
2-11 years	0.0	2.7	4.1	
12-17	0.0	0.0	0.5	
18-34	8.7	6.8	11.3	
35-49 years	26.1	17.8	17.6	
50-64 years	41.3	39.7	37.8	
65-69 years	17.4	23.3	13.4	
70+ years	6.5	6.8	6.8	
Gender (%)				
Male	47.8	52.1	51.0	
Female	52.2	47.9	49.0	

<sup>\*</sup> 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%.



Center Code: TXBC
Transplant Program (Organ): Liver
Release Date: January 9, 2024

Based on Data Available: October 31, 2023

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787)

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### **C. Transplant Information**

Table C2D. Deceased donor transplant recipient medical characteristics Patients transplanted between 07/01/2022 and 06/30/2023

	Percentage in each category		
Characteristic	Center (N=77)	Region (N=1,001)	U.S. (N=9,518)
Blood Type (%)			
0	55.8	49.6	46.0
A	28.6	33.2	35.9
В	9.1	12.3	13.0
AB T I (%)	6.5	5.0	5.1
Previous Transplant (%)	0.0	0.4	0.0
Yes	3.9	3.4	3.9
No Pady Maga Inday (9/)	96.1	96.6	96.1
Body Mass Index (%) 0-20	13.0	10.3	11.1
0-20 21-25	18.2	25.5	26.0
26-30	35.1	27.0	30.2
31-35	20.8	18.7	18.7
36-40	9.1	9.4	8.3
41+	3.9	3.6	4.1
Unknown	0.0	5.6	1.7
Primary Disease (%)	0.0	0.0	•••
Acute Hepatic Necrosis	3.9	2.1	2.6
Non-Cholestatic Cirrhosis	37.7	34.2	33.4
Cholestatic Liver Disease/Cirrhosis	1.3	4.8	5.7
Biliary Atresia	0.0	1.7	1.9
Metabolic Diseases	1.3	2.3	2.4
Malignant Neoplasms	1.3	10.9	11.7
Other	54.5	44.0	42.2
Missing	0.0	0.1	0.1
Medical Urgency Statust/MELD/PELD at Transplant (%)*			
Status 1A	2.6	1.5	2.6
Status 1B	0.0	1.0	1.2
MELD 6-10	14.3	7.6	9.7
MELD 11-14	6.5	7.0	7.5
MELD 15-20	9.1	13.3	15.7
MELD 21-30	27.3	28.5	30.8
MELD 31-40	29.9	29.7	23.7
PELD less than or equal to 10	0.0	1.4	1.1
PELD 11-14	0.0	0.2	0.1
PELD 15-20	0.0	0.2	0.3
PELD 21-30	0.0	0.3	0.4
PELD 31 or greater Temporarily Inactive	0.0 0.0	0.0 0.0	0.2 0.0
Recipient Medical Condition at Transplant (%)	0.0	0.0	0.0
Not Hospitalized	50.6	50.5	59.0
Hospitalized	32.5	23.6	24.9
ICU	16.9	25.9	15.9
Unknown	0.0	0.0	0.3
OTHATIOWIT	0.0	0.0	0.0

<sup>\*</sup> MELD/PELD score based on laboratory measures at the time of transplant is shown unless recipient is Status 1 or Temporarily Inactive. MELD/PELD scores based on exception rules are not used. Status 1 separated into 1A and 1B in August 2005



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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### **C. Transplant Information**

Table C2L. Living donor transplant recipient medical characteristics Patients transplanted between 07/01/2022 and 06/30/2023

	Percentage in each category		
Characteristic	Center (N=46)	Region (N=73)	U.S. (N=635)
Blood Type (%)			
0	43.5	39.7	45.4
A	45.7	49.3	41.7
В	8.7	8.2	10.6
AB	2.2	2.7	2.4
Previous Transplant (%)			
Yes	0.0	0.0	1.7
No No	100.0	100.0	98.3
Body Mass Index (%)	0.7	0.0	04.0
0-20	8.7	9.6	21.3
21-25	28.3	28.8	31.2
26-30	28.3 26.1	37.0 19.2	26.1 14.8
31-35	6.5	4.1	4.7
36-40 41+	2.2	1.4	1.7
Unknown	0.0	0.0	0.2
Primary Disease (%)	0.0	0.0	0.2
Acute Hepatic Necrosis	2.2	2.7	1.3
Non-Cholestatic Cirrhosis	63.0	57.5	33.4
Cholestatic Liver Disease/Cirrhosis	15.2	13.7	22.4
Biliary Atresia	0.0	4.1	10.9
Metabolic Diseases	0.0	0.0	1.7
Malignant Neoplasms	0.0	4.1	11.5
Other	19.6	17.8	18.9
Missing	0.0	0.0	0.0
Medical Urgency Statust/MELD/PELD at Transplant (%)*			
Status 1A	0.0	1.4	1.1
Status 1B	0.0	1.4	1.3
MELD 6-10	34.8	28.8	26.6
MELD 11-14	15.2	21.9	18.1
MELD 15-20	28.3	27.4	27.6
MELD 21-30	21.7	13.7	12.3
MELD 31-40	0.0	0.0	0.6
PELD less than or equal to 10	0.0	1.4	4.4
PELD 11-14	0.0	0.0	1.3
PELD 15-20	0.0	0.0	2.5
PELD 21-30	0.0	0.0	1.1
PELD 31 or greater	0.0	1.4	1.3
Temporarily Inactive	0.0	2.7	1.9
Recipient Medical Condition at Transplant (%) Not Hospitalized	91.3	87.7	88.0
Hospitalized	91.3 8.7	5.5	9.1
ICU	0.0	6.8	2.8
Unknown	0.0	0.0	0.0
OTHERIOWIT	0.0	0.0	0.0

<sup>\*</sup> MELD/PELD score based on laboratory measures at the time of transplant is shown unless recipient is Status 1 or Temporarily Inactive. MELD/PELD scores based on exception rules are not used. Status 1 separated into 1A and 1B in August 2005



Center Code: TXBC
Transplant Program (Orga

Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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### **C. Transplant Information**

# Table C3D. Deceased donor characteristics Transplants performed between 07/01/2022 and 06/30/2023

	Perce	Percentage in each category		
Donor Characteristic	Center (N=77)	Region (N=1,001)	U.S. (N=9,518)	
Cause of Death (%)				
Deceased: Stroke	37.7	25.2	24.8	
Deceased: MVA	11.7	15.5	12.1	
Deceased: Other	50.6	59.3	63.1	
Ethnicity/Race (%)*				
White	22.1	38.7	52.4	
African-American	20.8	21.2	19.0	
Hispanic/Latino	31.2	13.8	9.5	
Asian	1.3	1.7	2.9	
Other	0.0	1.4	1.2	
Not Reported	24.7	23.3	15.0	
Age (%)				
<2 years	0.0	1.1	0.9	
2-11 years	0.0	1.8	2.0	
12-17	3.9	5.3	4.4	
18-34	41.6	37.3	30.3	
35-49 years	23.4	30.1	29.8	
50-64 years	22.1	19.0	24.5	
65-69 years	6.5	3.6	4.7	
70+ years	2.6	1.9	3.4	
Gender (%)				
Male	54.5	62.9	61.9	
Female	45.5	37.1	38.1	
Blood Type (%)				
0	61.0	53.8	49.6	
A	29.9	34.1	36.5	
В	6.5	9.6	11.1	
AB	2.6	2.5	2.7	
Unknown	0.0	0.0	0.0	

<sup>\*</sup> 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%.



Center Code: TXBC

Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

### **C. Transplant Information**

Table C3L. Living donor characteristics
Transplants performed between 07/01/2022 and 06/30/2023

	Percei	Percentage in each category		
Donor Characteristic	Center (N=46)	Region (N=73)	U.S. (N=635)	
Ethnicity/Race (%)*				
White	32.6	49.3	74.0	
African-American	2.2	2.7	3.1	
Hispanic/Latino	10.9	8.2	4.3	
Asian	6.5	5.5	4.1	
Other	8.7	5.5	1.3	
Not Reported	39.1	28.8	13.2	
Age (%)				
0-11 years	0.0	0.0	0.2	
12-17	0.0	0.0	0.0	
18-34	37.0	39.7	42.5	
35-49 years	52.2	47.9	42.4	
50-64 years	10.9	11.0	14.6	
65-69 years	0.0	1.4	0.3	
70+ years	0.0	0.0	0.0	
Gender (%)				
Male	32.6	35.6	40.3	
Female	67.4	64.4	59.7	
Blood Type (%)				
0	65.2	63.0	64.6	
A	28.3	30.1	29.4	
В	4.3	4.1	5.2	
AB	2.2	2.7	8.0	
Unknown	0.0	0.0	0.0	

<sup>\*</sup> 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%.



Center Code: TXBC

Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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### **C. Transplant Information**

#### Table C4D. Deceased donor transplant characteristics Transplants performed between 07/01/2022 and 06/30/2023

	Percentage in each category			
Transplant Characteristic	Center	Region	U.S.	
	(N=77)	(N=1,001)	(N=9,518)	
Cold Ischemic Time (Hours): Local (%)				
Deceased: 0-5 hr	60.0	62.1	60.2	
Deceased: 6-10 hr	25.7	26.5	28.2	
Deceased: 11-15 hr	2.9	7.7	6.8	
Deceased: 16-20 hr	2.9	2.1	2.5	
Deceased: 21+ hr	8.6	1.3	0.6	
Not Reported	0.0	0.3	1.6	
Cold Ischemic Time (Hours): Shared (%)				
Deceased: 0-5 hr	33.3	48.7	40.0	
Deceased: 6-10 hr	61.9	38.5	47.1	
Deceased: 11-15 hr	2.4	8.3	7.2	
Deceased: 16-20 hr	0.0	3.0	3.1	
Deceased: 21+ hr	2.4	1.1	0.9	
Not Reported	0.0	0.3	1.7	
Procedure Type (%)				
Single organ	92.2	90.0	90.2	
Multi organ	7.8	10.0	9.8	
Donor Location (%)				
Local Donation Service Area (DSA)	45.5	37.7	35.3	
Another Donation Service Area (DSA)	54.5	62.3	64.7	
Median Time in Hospital After Transplant	11.0 Days	10.0 Days	10.0 Days	



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

### **C. Transplant Information**

Table C4L. Living donor transplant characteristics
Transplants performed between 07/01/2022 and 06/30/2023

	Percei	Percentage in each category		
Transplant Characteristic	Center (N=46)	Region (N=73)	U.S. (N=635)	
Relation with Donor (%)	,		,	
Related	50.0	56.2	51.7	
Unrelated	50.0	42.5	45.8	
Not Reported	0.0	1.4	2.5	
Procedure Type (%)				
Single organ	100.0	100.0	100.0	
Multi organ	0.0	0.0	0.0	
Median Time in Hospital After Transplant	12.5 Days	11.0 Days	11.0 Days	



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

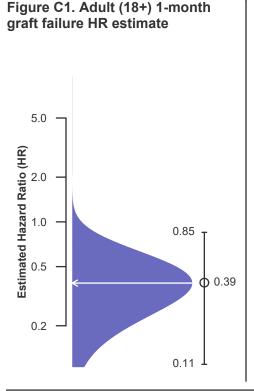
### **C. Transplant Information**

Table C5. Adult (18+) 1-month survival with a functioning graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

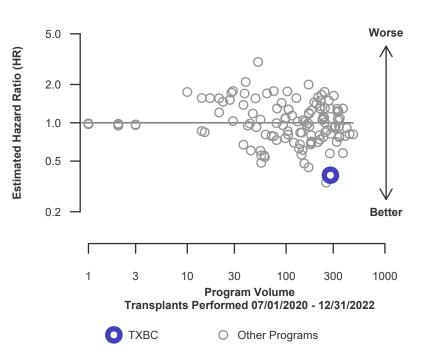
	TXBC	U.S.
Number of transplants evaluated	281	19,856
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	99.29% [98.31%-100.00%]	96.94% [96.70%-97.18%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.07%	
Number of observed graft failures (including deaths) during the first month after transplant	2	608
Number of expected graft failures (including deaths) during the first month after transplant	8.33	
Estimated hazard ratio*	0.39	
95% credible interval for the hazard ratio**	[0.11, 0.85]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.11, 0.85], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 61% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 89% reduced risk up to 15% reduced risk.









Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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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 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

	TXBC	U.S.
Number of transplants evaluated	163	18,615
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	98.77% [97.10%-100.00%]	96.93% [96.68%-97.18%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.13%	
Number of observed graft failures (including deaths) during the first month after transplant	2	572
Number of expected graft failures (including deaths) during the first month after transplant	4.72	
Estimated hazard ratio*	0.59	
95% credible interval for the hazard ratio**	[0.16, 1.30]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

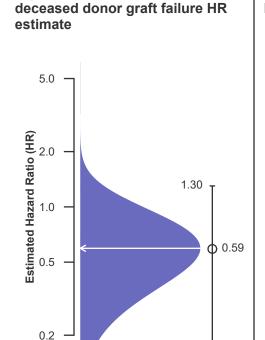
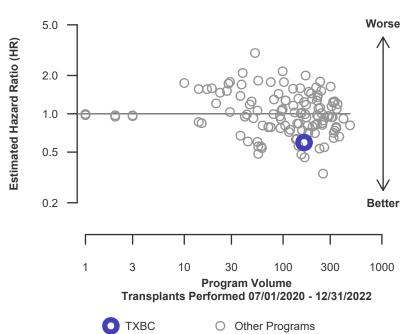


Figure C1D. Adult (18+) 1-month





0.16

<sup>\*\*</sup> The 95% credible interval, [0.16, 1.30], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 41% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 84% reduced risk up to 30% increased risk.



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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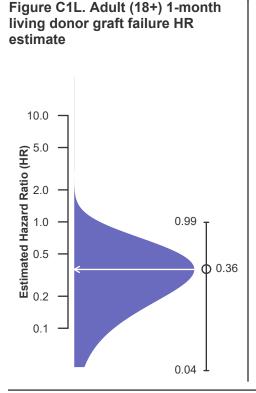
### C. Transplant Information

Table C5L. Adult (18+) 1-month survival with a functioning living donor graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

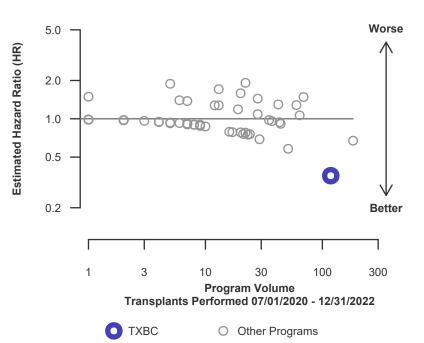
	TXBC	U.S.
Number of transplants evaluated	118	1,241
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	97.10% [96.17%-98.04%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.00%	
Number of observed graft failures (including deaths) during the first month after transplant	0	36
Number of expected graft failures (including deaths) during the first month after transplant	3.60	
Estimated hazard ratio*	0.36	
95% credible interval for the hazard ratio**	[0.04, 0.99]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.04, 0.99], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 64% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 96% reduced risk up to 1% reduced risk.









Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

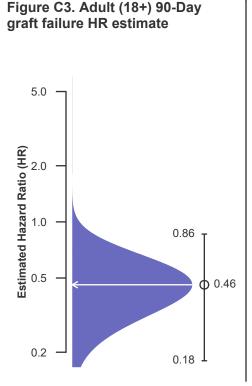
### C. Transplant Information

Table C6. Adult (18+) 90-Day survival with a functioning graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

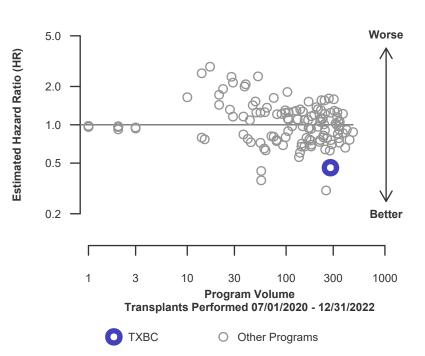
	TXBC	U.S.
Number of transplants evaluated	281	19,856
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	98.22% [96.69%-99.78%]	95.21% [94.91%-95.50%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	95.39%	
Number of observed graft failures (including deaths) during the first 90 days after transplant	5	952
Number of expected graft failures (including deaths) during the first 90 days after transplant	13.22	
Estimated hazard ratio*	0.46	
95% credible interval for the hazard ratio**	[0.18, 0.86]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.18, 0.86], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 54% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 82% reduced risk up to 14% reduced risk.









Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

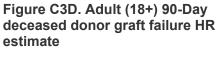
### **C. Transplant Information**

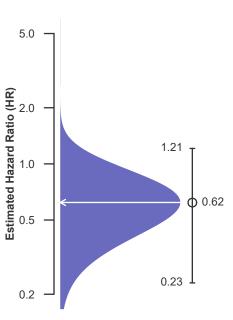
# Table C6D. Adult (18+) 90-Day survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

	TXBC	U.S.
Number of transplants evaluated	163	18,615
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	97.55% [95.20%-99.95%]	95.18% [94.87%-95.49%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	95.38%	
Number of observed graft failures (including deaths) during the first 90 days after transplant	4	897
Number of expected graft failures (including deaths) during the first 90 days after transplant	7.66	
Estimated hazard ratio*	0.62	
95% credible interval for the hazard ratio**	[0.23, 1.21]	

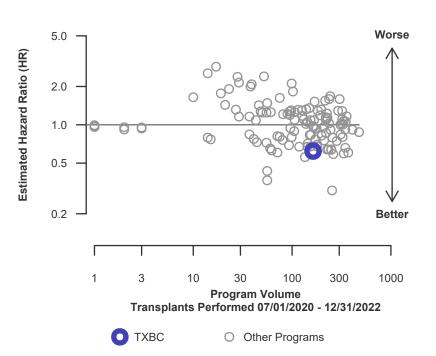
<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.23, 1.21], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 38% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 77% reduced risk up to 21% increased risk.





# Figure C4D. Adult (18+) 90-Day deceased donor graft failure HR program comparison





Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

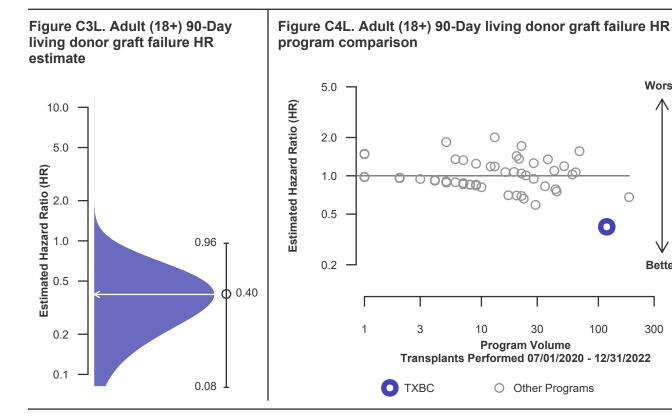
### C. Transplant Information

#### Table C6L. Adult (18+) 90-Day survival with a functioning living donor graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

	TXBC	U.S.
Number of transplants evaluated	118	1,241
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	99.15% [97.51%-100.00%]	95.57% [94.43%-96.72%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	95.41%	
Number of observed graft failures (including deaths) during the first 90 days after transplant	1	55
Number of expected graft failures (including deaths) during the first 90 days after transplant	5.55	
Estimated hazard ratio*	0.40	
95% credible interval for the hazard ratio**	[0.08, 0.96]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.08, 0.96], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 60% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 92% reduced risk up to 4% reduced risk.



Worse

**Better** 

300

0



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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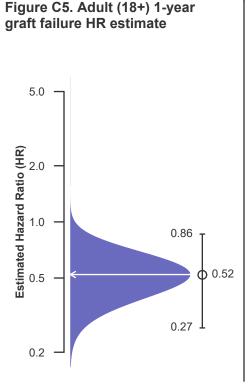
### **C. Transplant Information**

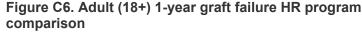
Table C7. Adult (18+) 1-year survival with a functioning graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

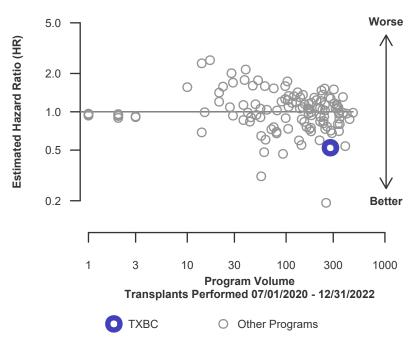
	TXBC	U.S.
Number of transplants evaluated	281	19,856
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	96.24% [93.97%-98.57%]	92.02% [91.63%-92.41%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.37%	
Number of observed graft failures (including deaths) during the first year after transplant	10	1,509
Number of expected graft failures (including deaths) during the first year after transplant	20.99	
Estimated hazard ratio*	0.52	
95% credible interval for the hazard ratio**	[0.27, 0.86]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.27, 0.86], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 48% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 73% reduced risk up to 14% reduced risk.









Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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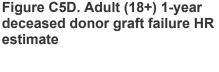
## **C. Transplant Information**

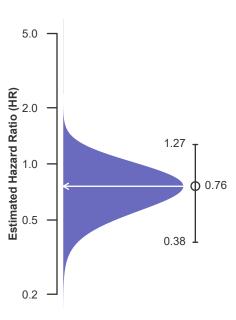
Table C7D. Adult (18+) 1-year survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

	TXBC	U.S.
Number of transplants evaluated	163	18,615
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	94.08% [90.37%-97.95%]	91.95% [91.55%-92.36%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.07%	
Number of observed graft failures (including deaths) during the first year after transplant	9	1,426
Number of expected graft failures (including deaths) during the first year after transplant	12.50	
Estimated hazard ratio*	0.76	
95% credible interval for the hazard ratio**	[0.38, 1.27]	

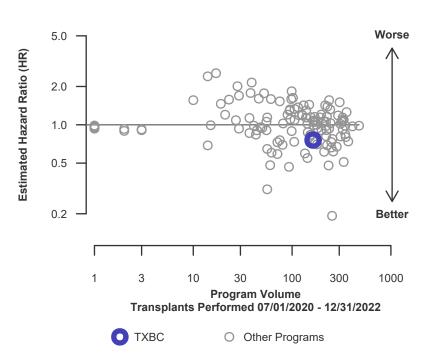
<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.38, 1.27], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 24% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 62% reduced risk up to 27% increased risk.





# Figure C6D. Adult (18+) 1-year deceased donor graft failure HR program comparison





Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

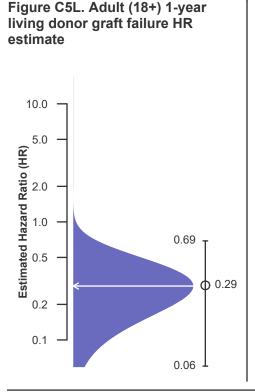
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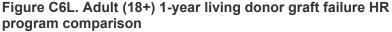
Table C7L. Adult (18+) 1-year survival with a functioning living donor graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

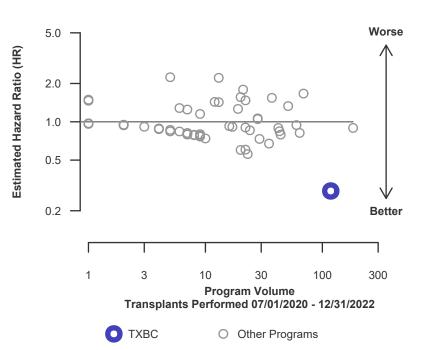
	TXBC	U.S.
Number of transplants evaluated	118	1,241
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	99.15% [97.51%-100.00%]	93.04% [91.60%-94.50%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.78%	
Number of observed graft failures (including deaths) during the first year after transplant	1	83
Number of expected graft failures (including deaths) during the first year after transplant	8.49	
Estimated hazard ratio*	0.29	
95% credible interval for the hazard ratio**	[0.06, 0.69]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.06, 0.69], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 71% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 94% reduced risk up to 31% reduced risk.









Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

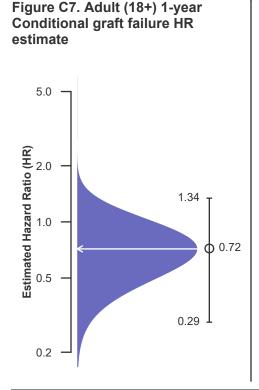
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Table C8. Adult (18+) 1-year Conditional survival with a functioning graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

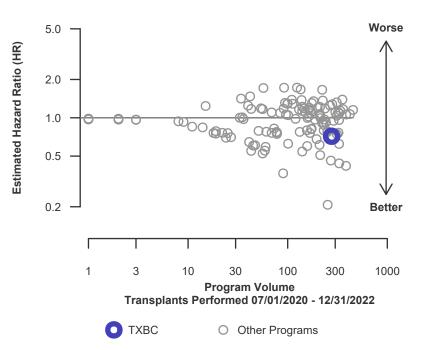
	TXBC	U.S.
Number of transplants evaluated	276	18,904
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] [unadjusted for patient and donor characteristics]	97.98% 97.19%-98.79%]	96.65% [96.55%-96.76%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	96.83%	
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	5	557
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	7.77	
Estimated hazard ratio*	0.72	
95% credible interval for the hazard ratio**	[0.29, 1.34]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.29, 1.34], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 28% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 71% reduced risk up to 34% increased risk.









Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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Table C8D. Adult (18+) 1-year Conditional survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

	TXBC	U.S.
Number of transplants evaluated	159	17,718
Estimated probability of surviving with a functioning graft at 1 year, among patient with a functioning graft at day 90 & [95% CI] (unadjusted for patient and donor characteristics)	s 96.45% [94.93%-97.99%]	96.61% [96.50%-96.72%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	96.53%	
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	5	529
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	4.84	
Estimated hazard ratio*	1.02	
95% credible interval for the hazard ratio**	[0.41, 1.91]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

Figure C7D. Adult (18+) 1-year Conditional deceased donor graft failure HR estimate

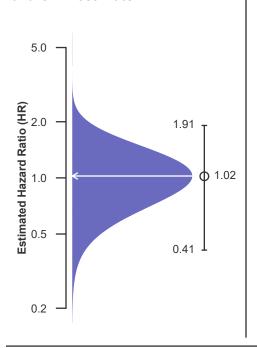
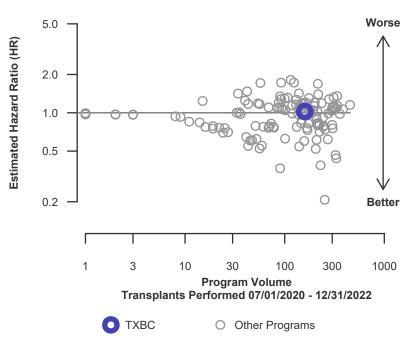


Figure C8D. Adult (18+) 1-year Conditional deceased donor graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.41, 1.91], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 2% higher risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 59% reduced risk up to 91% increased risk.



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

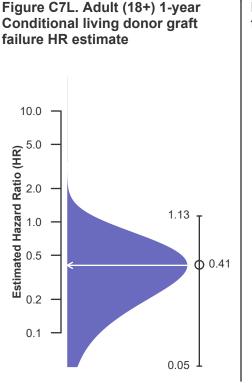
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Table C8L. Adult (18+) 1-year Conditional survival with a functioning living donor graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

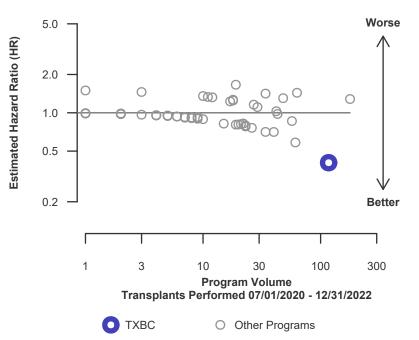
	TXBC	U.S.
Number of transplants evaluated	117	1,186
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] [10 (unadjusted for patient and donor characteristics)	100.00% 00.00%-100.00%]	97.36% [97.00%-97.71%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	97.24%	
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	28
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	2.93	
Estimated hazard ratio*	0.41	
95% credible interval for the hazard ratio**	[0.05, 1.13]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.05, 1.13], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 59% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 95% reduced risk up to 13% increased risk.









Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## C. Transplant Information

Table C9. Adult (18+) 3-year survival with a functioning graft

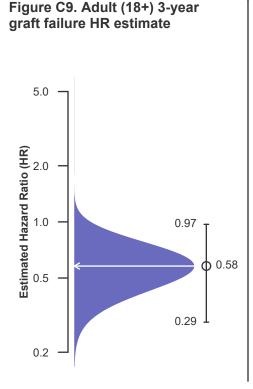
Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020 Deaths and retransplants are considered graft failures

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

	TXBC	U.S.
Number of transplants evaluated	227	16,402
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	93.35% [88.34%-98.64%]	87.40% [86.14%-88.67%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	88.17%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	9	1,308
Number of expected graft failures (including deaths) during the first 3 years after transplant	16.98	
Estimated hazard ratio*	0.58	
95% credible interval for the hazard ratio**	[0.29, 0.97]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.29, 0.97], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 42% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 71% reduced risk up to 3% reduced risk.



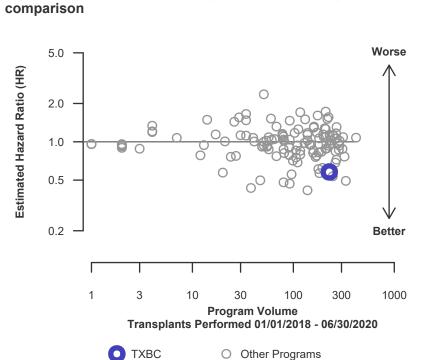


Figure C10. Adult (18+) 3-year graft failure HR program



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## C. Transplant Information

## Table C9D. Adult (18+) 3-year survival with a functioning deceased donor graft

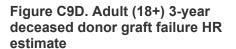
Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020 Deaths and retransplants are considered graft failures

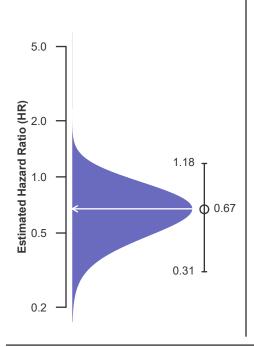
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	150	15,508
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	91.86% [84.82%-99.49%]	87.29% [85.96%-88.64%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	87.68%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	7	1,244
Number of expected graft failures (including deaths) during the first 3 years after transplant	11.35	
Estimated hazard ratio*	0.67	
95% credible interval for the hazard ratio**	[0.31, 1.18]	

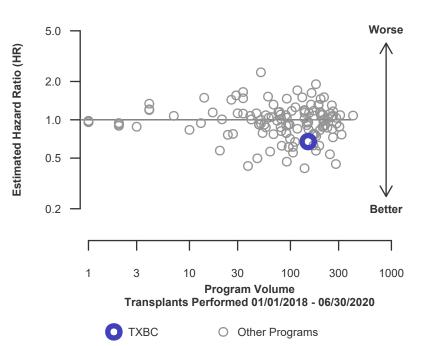
<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.31, 1.18], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 33% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 69% reduced risk up to 18% increased risk.





# Figure C10D. Adult (18+) 3-year deceased donor graft failure HR program comparison





Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## C. Transplant Information

#### Table C9L. Adult (18+) 3-year survival with a functioning living donor graft

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020 Deaths and retransplants are considered graft failures

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

	TXBC	U.S.
Number of transplants evaluated	77	894
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	95.96% [90.29%-100.00%]	89.03% [85.96%-92.21%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	89.12%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	2	64
Number of expected graft failures (including deaths) during the first 3 years after transplant	5.63	
Estimated hazard ratio*	0.52	
95% credible interval for the hazard ratio**	[0.14, 1.15]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

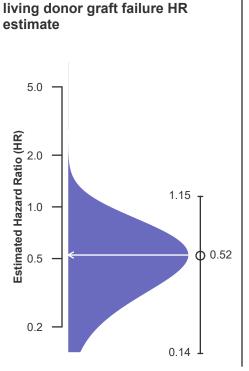
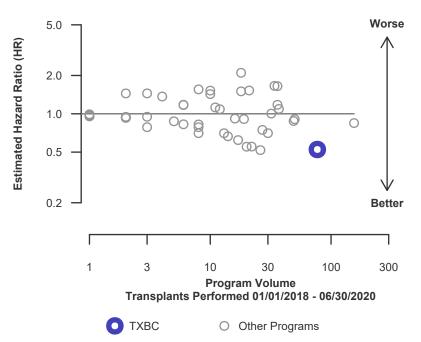


Figure C9L. Adult (18+) 3-year





<sup>\*\*</sup> The 95% credible interval, [0.14, 1.15], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 48% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 86% reduced risk up to 15% increased risk.



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## C. Transplant Information

Table C10. Pediatric (<18) 1-month survival with a functioning graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2020-12/31/2022

## Figure C11. Pediatric (<18) 1-month graft failure HR estimate

Figure C12. Pediatric (<18) 1-month graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

## C. Transplant Information

Table C10D. Pediatric (<18) 1-month survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2020-12/31/2022

Figure C11D. Pediatric (<18)
1-month deceased donor graft failure HR estimate

Figure C12D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

## C. Transplant Information

Table C10L. Pediatric (<18) 1-month survival with a functioning living donor graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2020-12/31/2022

Figure C11L. Pediatric (<18)
1-month living donor graft failure
HR estimate

Figure C12L. Pediatric (<18) 1-month living donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## C. Transplant Information

Table C11. Pediatric (<18) 90-Day survival with a functioning graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2020-12/31/2022

Figure C13. Pediatric (<18) 90-Day graft failure HR estimate Figure C14. Pediatric (<18) 90-Day graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## C. Transplant Information

Table C11D. Pediatric (<18) 90-Day survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2020-12/31/2022

Figure C13D. Pediatric (<18) 90-Day deceased donor graft failure HR estimate

Figure C14D. Pediatric (<18) 90-Day deceased donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## C. Transplant Information

Table C11L. Pediatric (<18) 90-Day survival with a functioning living donor graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2020-12/31/2022

Figure C13L. Pediatric (<18)
90-Day living donor graft failure
HR estimate

Figure C14L. Pediatric (<18) 90-Day living donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022



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## C. Transplant Information

Table C12. Pediatric (<18) 1-year survival with a functioning graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2020-12/31/2022

# Figure C15. Pediatric (<18) 1-year graft failure HR estimate

Figure C16. Pediatric (<18) 1-year graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022



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## C. Transplant Information

Table C12D. Pediatric (<18) 1-year survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2020-12/31/2022

Figure C15D. Pediatric (<18) 1-year deceased donor graft failure HR estimate Figure C16D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

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## C. Transplant Information

Table C12L. Pediatric (<18) 1-year survival with a functioning living donor graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2020-12/31/2022

Figure C15L. Pediatric (<18)
1-year living donor graft failure
HR estimate

Figure C16L. Pediatric (<18) 1-year living donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

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## C. Transplant Information

Table C13. Pediatric (<18) 1-year Conditional survival with a functioning graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2020-12/31/2022

Figure C17. Pediatric (<18) 1-year Conditional graft failure HR estimate

Figure C18. Pediatric (<18) 1-year Conditional graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

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## C. Transplant Information

Table C13D. Pediatric (<18) 1-year Conditional survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2020-12/31/2022

Figure C17D. Pediatric (<18)
1-year Conditional deceased
donor graft failure HR estimate

Figure C18D. Pediatric (<18) 1-year Conditional deceased donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

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## C. Transplant Information

Table C13L. Pediatric (<18) 1-year Conditional survival with a functioning living donor graft Single organ transplants performed between 07/01/2020 and 12/31/2022 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2020-12/31/2022

Figure C17L. Pediatric (<18)
1-year Conditional living donor graft failure HR estimate

Figure C18L. Pediatric (<18) 1-year Conditional living donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## **C. Transplant Information**

Table C14. Pediatric (<18) 3-year survival with a functioning graft

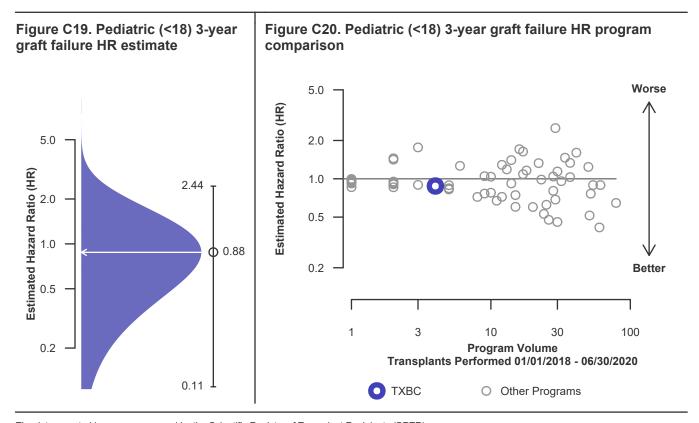
Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020 Deaths and retransplants are considered graft failures

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

	TXBC	U.S.
Number of transplants evaluated	4	1,177
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	89.18% [86.63%-91.79%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	92.36%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	97
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.28	
Estimated hazard ratio*	0.88	
95% credible interval for the hazard ratio**	[0.11, 2.44]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.11, 2.44], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 12% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 89% reduced risk up to 144% increased risk.





Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## C. Transplant Information

Table C14D. Pediatric (<18) 3-year survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020 Deaths and retransplants are considered graft failures

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

	TXBC	U.S.
Number of transplants evaluated	2	1,009
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	89.04% [86.34%-91.82%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	91.13%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	86
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.17	
Estimated hazard ratio*	0.92	
95% credible interval for the hazard ratio**	[0.11, 2.57]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

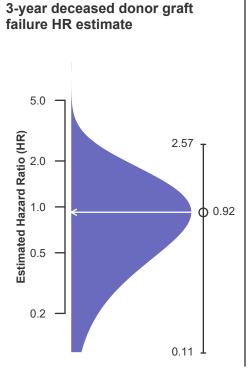
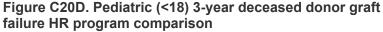
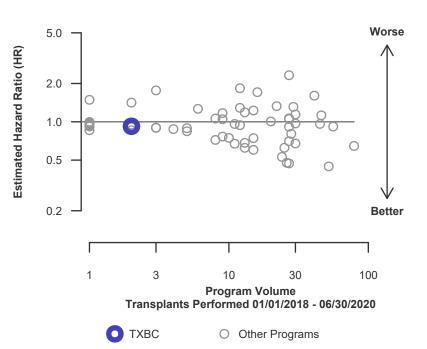


Figure C19D. Pediatric (<18)





<sup>\*\*</sup> The 95% credible interval, [0.11, 2.57], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 8% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 89% reduced risk up to 157% increased risk.



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

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## C. Transplant Information

Table C14L. Pediatric (<18) 3-year survival with a functioning living donor graft

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020 Deaths and retransplants are considered graft failures

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

	IXBC	U.S.
Number of transplants evaluated	2	168
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	89.63% [82.66%-97.19%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	93.59%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	11
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.11	
Estimated hazard ratio*	0.95	
95% credible interval for the hazard ratio**	[0.11, 2.64]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

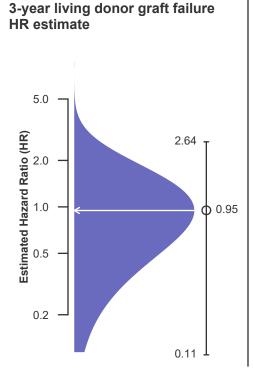
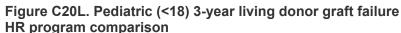
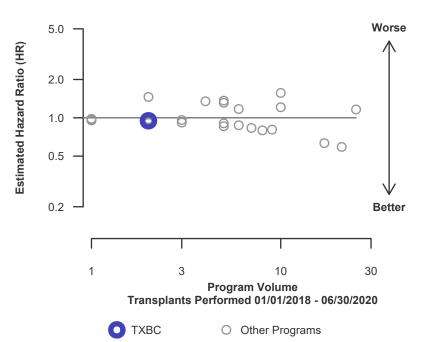


Figure C19L. Pediatric (<18)





<sup>\*\*</sup> The 95% credible interval, [0.11, 2.64], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 5% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 89% reduced risk up to 164% increased risk.



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

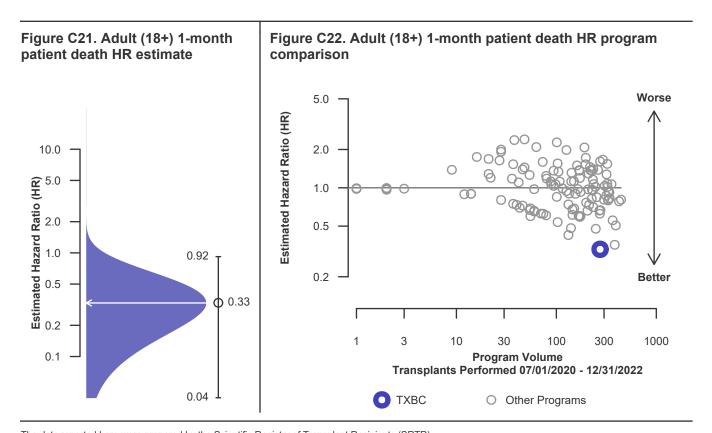
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Table C15. Adult (18+) 1-month patient survival
Single organ transplants performed between 07/01/2020 and 12/31/2022
Retransplants excluded

	TXBC	U.S.
Number of transplants evaluated	274	19,160
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.17% [97.98%-98.36%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.52%	
Number of observed deaths during the first month after transplant	0	350
Number of expected deaths during the first month after transplant	4.09	
Estimated hazard ratio*	0.33	
95% credible interval for the hazard ratio**	[0.04, 0.92]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0. \*\* The 95% credible interval, [0.04, 0.92], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 67% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 96% reduced risk up to 8% reduced risk.





Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

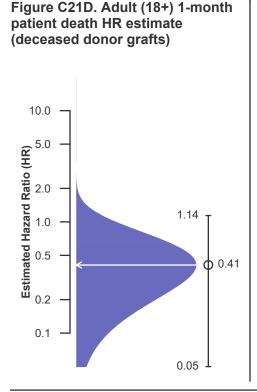
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## **C. Transplant Information**

Table C15D. Adult (18+) 1-month patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2020 and 12/31/2022 Retransplants excluded

	TXBC	U.S.
Number of transplants evaluated	158	17,932
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.12% [97.92%-98.31%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.19%	
Number of observed deaths during the first month after transplant	0	338
Number of expected deaths during the first month after transplant	2.89	
Estimated hazard ratio*	0.41	
95% credible interval for the hazard ratio**	[0.05, 1.14]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0. \*\* The 95% credible interval, [0.05, 1.14], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 59% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 95% reduced risk up to 14% increased risk.



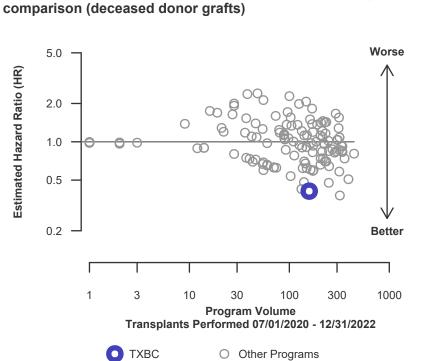


Figure C22D. Adult (18+) 1-month patient death HR program



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

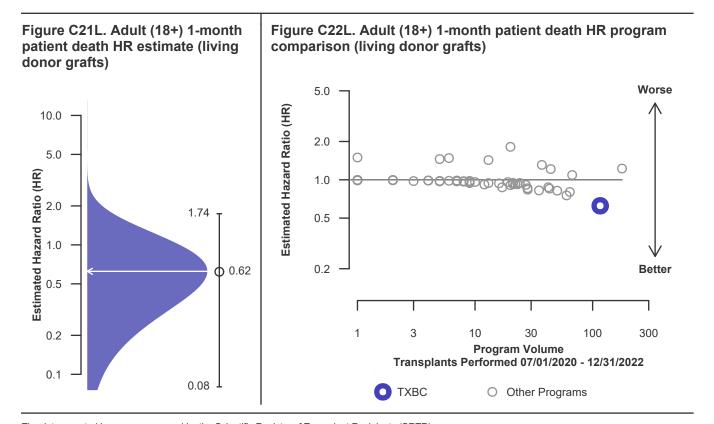
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Table C15L. Adult (18+) 1-month patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2020 and 12/31/2022 Retransplants excluded

	TXBC	U.S.
Number of transplants evaluated	116	1,228
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.02% [98.47%-99.57%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.98%	
Number of observed deaths during the first month after transplant	0	12
Number of expected deaths during the first month after transplant	1.20	
Estimated hazard ratio*	0.62	
95% credible interval for the hazard ratio**	[0.08, 1.74]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
\*\* The 95% credible interval, [0.08, 1.74], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 38% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 92% reduced risk up to 74% increased risk.





Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

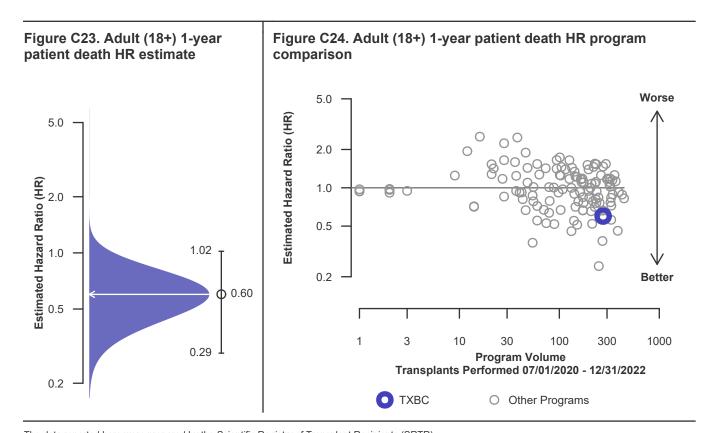
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Table C16. Adult (18+) 1-year patient survival
Single organ transplants performed between 07/01/2020 and 12/31/2022
Retransplants excluded

	TXBC	U.S.
Number of transplants evaluated	274	19,160
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	96.87% [94.75%-99.05%]	93.95% [93.60%-94.30%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	94.44%	
Number of observed deaths during the first year after transplant	8	1,094
Number of expected deaths during the first year after transplant	14.69	
Estimated hazard ratio*	0.60	
95% credible interval for the hazard ratio**	[0.29, 1.02]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0. \*\* The 95% credible interval, [0.29, 1.02], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 40% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 71% reduced risk up to 2% increased risk.





Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

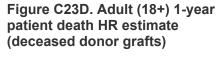
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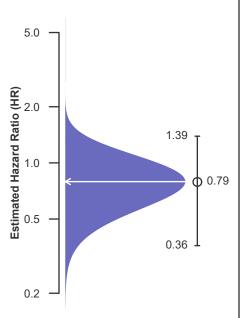
## **C. Transplant Information**

# Table C16D. Adult (18+) 1-year patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2020 and 12/31/2022 Retransplants excluded

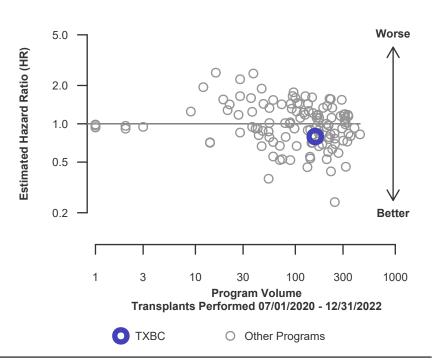
	TXBC	U.S.
Number of transplants evaluated	158	17,932
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	95.17% [91.70%-98.76%]	93.84% [93.48%-94.21%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	93.78%	
Number of observed deaths during the first year after transplant	7	1,042
Number of expected deaths during the first year after transplant	9.34	
Estimated hazard ratio*	0.79	
95% credible interval for the hazard ratio**	[0.36, 1.39]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0. \*\* The 95% credible interval, [0.36, 1.39], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 21% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 64% reduced risk up to 39% increased risk.





# Figure C24D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)





Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

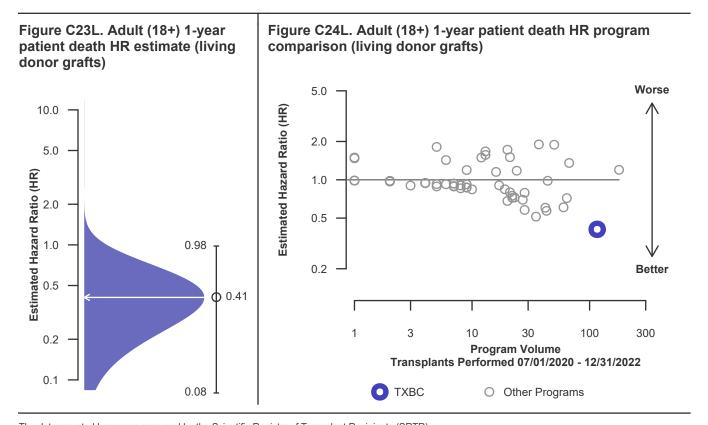
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Table C16L. Adult (18+) 1-year patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2020 and 12/31/2022 Retransplants excluded

	TXBC	U.S.
Number of transplants evaluated	116	1,228
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	99.14% [97.47%-100.00%]	95.51% [94.32%-96.72%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	95.33%	
Number of observed deaths during the first year after transplant	1	52
Number of expected deaths during the first year after transplant	5.35	
Estimated hazard ratio*	0.41	
95% credible interval for the hazard ratio**	[0.08, 0.98]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
\*\* The 95% credible interval, [0.08, 0.98], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 59% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 92% reduced risk up to 2% reduced risk.





Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## **C. Transplant Information**

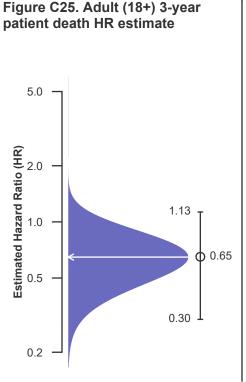
Table C17. Adult (18+) 3-year patient survival

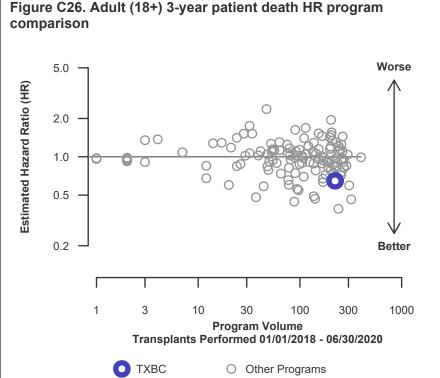
Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020 Retransplants excluded

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

	TXBC	U.S.
Number of transplants evaluated	222	15,800
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	94.25% [89.28%-99.49%]	89.89% [88.68%-91.12%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	90.51%	
Number of observed deaths during the first 3 years after transplant	7	971
Number of expected deaths during the first 3 years after transplant	11.90	
Estimated hazard ratio*	0.65	
95% credible interval for the hazard ratio**	[0.30, 1.13]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0. \*\* The 95% credible interval, [0.30, 1.13], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 35% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 70% reduced risk up to 13% increased risk.







Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## **C. Transplant Information**

Table C17D. Adult (18+) 3-year patient survival (deceased donor graft recipients)

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020 Retransplants excluded

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

	TXBC	U.S.
Number of transplants evaluated	145	14,917
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	92.55% [85.43%-100.00%]	89.74% [88.46%-91.04%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	89.58%	
Number of observed deaths during the first 3 years after transplant	6	934
Number of expected deaths during the first 3 years after transplant	8.79	
Estimated hazard ratio*	0.74	
95% credible interval for the hazard ratio**	[0.32, 1.34]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0. \*\* The 95% credible interval, [0.32, 1.34], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 26% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 68% reduced risk up to 34% increased risk.

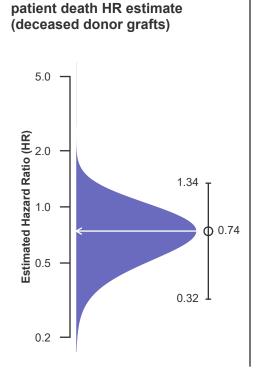


Figure C25D. Adult (18+) 3-year

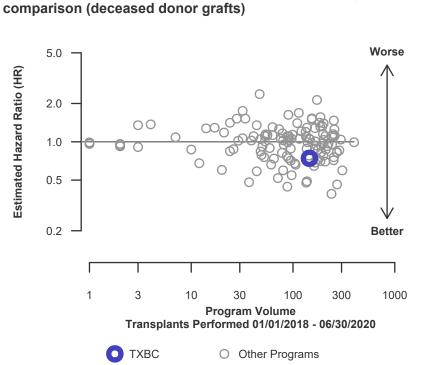


Figure C26D. Adult (18+) 3-year patient death HR program



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## C. Transplant Information

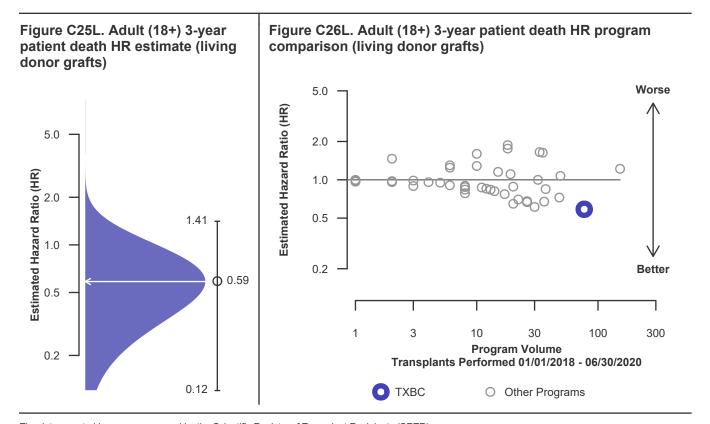
#### Table C17L. Adult (18+) 3-year patient survival (living donor graft recipients)

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020 Retransplants excluded

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

	TXBC	U.S.
Number of transplants evaluated	77	883
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	97.22% [92.00%-100.00%]	92.30% [89.39%-95.30%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.26%	
Number of observed deaths during the first 3 years after transplant	1	37
Number of expected deaths during the first 3 years after transplant	3.12	
Estimated hazard ratio*	0.59	
95% credible interval for the hazard ratio**	[0.12, 1.41]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0. \*\* The 95% credible interval, [0.12, 1.41], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 41% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 88% reduced risk up to 41% increased risk.





Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## C. Transplant Information

Table C18. Pediatric (<18) 1-month patient survival
Single organ transplants performed between 07/01/2020 and 12/31/2022
Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2020-12/31/2022

Figure C27. Pediatric (<18) 1-month patient death HR estimate

Figure C28. Pediatric (<18) 1-month patient death HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## C. Transplant Information

Table C18D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2020 and 12/31/2022 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2020-12/31/2022

Figure C27D. Pediatric (<18)
1-month patient death HR
estimate (deceased donor grafts)

Figure C28D. Pediatric (<18) 1-month patient death HR program comparison (deceased donor grafts)

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## C. Transplant Information

Table C18L. Pediatric (<18) 1-month patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2020 and 12/31/2022 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2020-12/31/2022

Figure C27L. Pediatric (<18) 1-month patient death HR estimate (living donor grafts) Figure C28L. Pediatric (<18) 1-month patient death HR program comparison (living donor grafts)

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## C. Transplant Information

Table C19. Pediatric (<18) 1-year patient survival
Single organ transplants performed between 07/01/2020 and 12/31/2022
Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2020-12/31/2022

Figure C29. Pediatric (<18) 1-year patient death HR estimate

Figure C30. Pediatric (<18) 1-year patient death HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

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## C. Transplant Information

Table C19D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2020 and 12/31/2022 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2020-12/31/2022

Figure C29D. Pediatric (<18)
1-year patient death HR estimate (deceased donor grafts)

Figure C30D. Pediatric (<18) 1-year patient death HR program comparison (deceased donor grafts)

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## C. Transplant Information

Table C19L. Pediatric (<18) 1-year patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2020 and 12/31/2022 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2020-12/31/2022

Figure C29L. Pediatric (<18)
1-year patient death HR estimate (living donor grafts)

Figure C30L. Pediatric (<18) 1-year patient death HR program comparison (living donor grafts)

This center did not perform any transplants relevant to this figure during 07/01/2020-12/31/2022



Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## **C. Transplant Information**

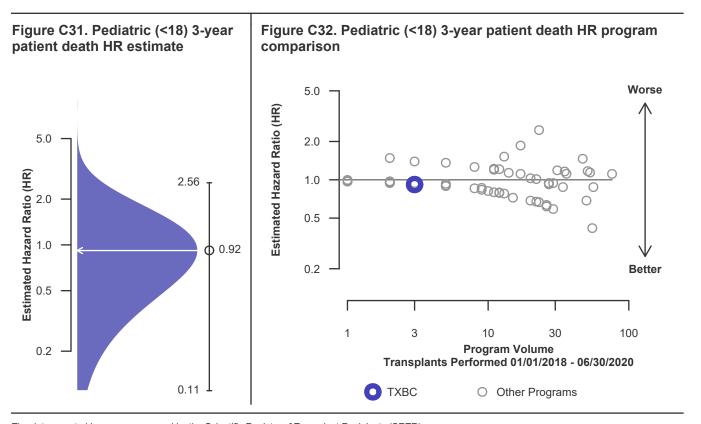
#### Table C20. Pediatric (<18) 3-year patient survival

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020 Retransplants excluded

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

	TXBC	U.S.
Number of transplants evaluated	3	1,098
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	94.15% [92.39%-95.95%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	93.06%	
Number of observed deaths during the first 3 years after transplant	0	49
Number of expected deaths during the first 3 years after transplant	0.18	
Estimated hazard ratio*	0.92	
95% credible interval for the hazard ratio**	[0.11, 2.56]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
\*\* The 95% credible interval, [0.11, 2.56], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 8% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 89% reduced risk up to 156% increased risk.





Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## C. Transplant Information

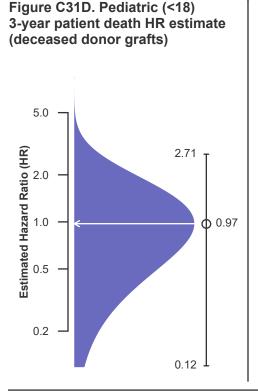
Table C20D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients)

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020 Retransplants excluded

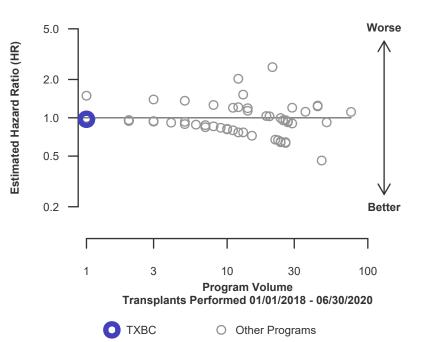
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	ТХВС	U.S.
Number of transplants evaluated	1	931
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	94.30% [92.46%-96.17%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	94.30%	
Number of observed deaths during the first 3 years after transplant	0	42
Number of expected deaths during the first 3 years after transplant	0.05	
Estimated hazard ratio*	0.97	
95% credible interval for the hazard ratio**	[0.12, 2.71]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
\*\* The 95% credible interval, [0.12, 2.71], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 3% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 88% reduced risk up to 171% increased risk.









Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## C. Transplant Information

Table C20L. Pediatric (<18) 3-year patient survival (living donor graft recipients)

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020 Retransplants excluded

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

	TXBC	U.S.
Number of transplants evaluated	2	167
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	92.37% [85.70%-99.56%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.43%	
Number of observed deaths during the first 3 years after transplant	0	7
Number of expected deaths during the first 3 years after transplant	0.13	
Estimated hazard ratio*	0.94	
95% credible interval for the hazard ratio**	[0.11, 2.62]	

<sup>\*</sup> The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If TXBC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
\*\* The 95% credible interval, [0.11, 2.62], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 6% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 89% reduced risk up to 162% increased risk.

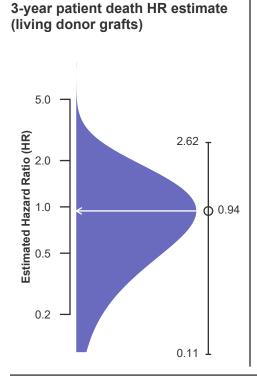
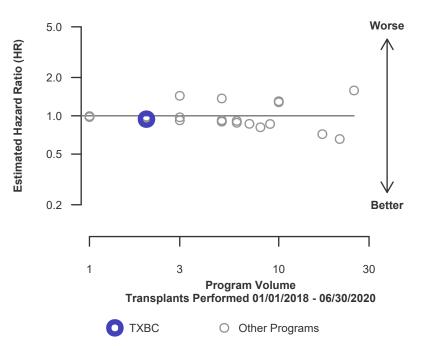


Figure C31L. Pediatric (<18)







Center Code: TXBC Transplant Program (Organ): Liver Release Date: January 9, 2024

Based on Data Available: October 31, 2023

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## C. Transplant Information

Table C21. Multi-organ transplant graft survival: 07/01/2020 - 12/31/2022

Adult (18+) Transplants First-Year Outcomes

Transplant Type	Transplant Performed		Liver oft Failures		Estimated Liver Graft Survival	
	TXBC-TX1 U	SA TXBC-	TX1 USA	TXBC-TX1	USA	
Kidney-Liver	22 1,9	926 2	183	90.9%	90.5%	

## Pediatric (<18) Transplants

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

Table C22. Multi-organ transplant patient survival: 07/01/2020 - 12/31/2022

Adult (18+) Transplants First-Year Outcomes

Transplant Type	Transp Perfor	Patient Deaths		Estimated Patient Survival		
	TXBC-TX1	USA	TXBC-TX1	USA	TXBC-TX1	USA
Kidney-Liver	22	1,926	2	173	90.9%	91.0%

#### Pediatric (<18) Transplants

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



Center Code: TXBC
Transplant Program (Organ): Liver

Release Date: January 9, 2024

Based on Data Available: October 31, 2023

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787)

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## **D. Living Donor Information**

Table D1. Living donor summary: 07/01/2020 - 06/30/2023

	This Center			United States		
Living Donor Follow-Up	07/2020- 06/2021	07/2021- 06/2022	07/2022- 12/2022	07/2020- 06/2021	07/2021- 06/2022	07/2022- 12/2022
Number of Living Donors	49	56	25	538	587	301
<b>6-Month Follow-Up</b> Donors due for follow-up	36	56	21	401	587	252
Timely clinical data	31 86.1%	50 89.3%	19 90.5%	347 86.5%	498 84.8%	205 81.3%
Timely lab data	34 94.4%	54 96.4%	20 95.2%	350 87.3%	498 84.8%	212 84.1%
<b>12-Month Follow-Up</b> Donors due for follow-up	49	49		538	529	
Timely clinical data	44 89.8%	42 85.7%		457 84.9%	411 77.7%	
Timely lab data	46 93.9%	43 87.8%		450 83.6%	404 76.4%	
<b>24-Month Follow-Up</b> Donors due for follow-up	44			484		
Timely clinical data	38 86.4%			334 69.0%		
Timely lab data	37 84.1%			326 67.4%		

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