

Based on Data Available: October 31, 2024

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COVID-19 Guide

Adjustments to Transplant Program and OPO Evaluation Metrics

The Scientific Registry of Transplant Recipients (SRTR), under contract from the Health Resources and Services Administration (HRSA), is charged with evaluating the performance of the nation's transplant system through publication of semi-annual transplant program-specific reports (PSRs) and organ procurement organization (OPO)-specific reports (OSRs). These reports contain performance metrics covering various time periods. For OPOs, these metrics include 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, July 2023, January 2024 and July 2024. 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 2025 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 2025 reporting cycle. These changes will remain in force beyond the January 2025 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 7/1/2021-12/31/2023, follow-up through 6/30/2024.

3-year Patient and Graft Survival Evaluations: Transplants 1/1/2019-3/12/2020, follow-up through 3/12/2020. Transplants 6/13/2020-6/30/2021; follow-up through 6/30/2024.

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

Days after listing (and before transplant) between 7/1/2022 and 6/30/2024.



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

Candidates on the waitlist 7/1/2022-6/30/2024.

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

Evaluation period: 7/1/2022-6/30/2024.

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

Offers received 7/1/2023-6/30/2024.

These decisions will apply to the evaluations released in the SRTR's semi-annual program-specific reports scheduled for release on January 7, 2025. 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 2025.

As with the July 2024 reports, SRTR will continue to report descriptive data beyond March 12, 2020, e.g., waitlist counts, transplant counts, recipient characteristics, donor counts, donor characteristics, etc., but will alter data for performance evaluation metrics as described above.



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This report contains a wide range of useful information about the liver transplant program at Tufts Medical 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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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 132.0 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 07/01/2018 and 12/31/2023. 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 06/30/2024 to calculate a particular percentile of transplant times.

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



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of offers.

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

Starting with Table C5, transplant outcomes are presented along with comparisons to what would be expected at this program and what happened in the nation as a whole. Tables C5-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.



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Recipients

Transplanted at this center

...transplanted at this program

...transplanted elsewhere

Followed by this center*

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07/01/2023-

06/30/2024

15

2

1

1

http://www.srtr.org

07/01/2022-

06/30/2023

0

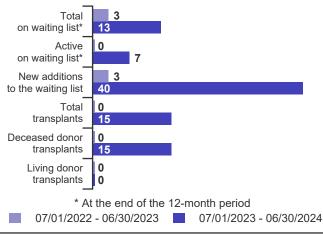
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A. Program Summary

Figure A1. Waiting list and transplant activity



^{*} 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.

Table A1. Census of transplant recipients

Figure A2. Transplant rates 07/01/2022 - 06/30/2024

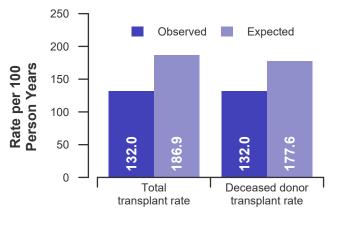


Figure A3. Pre-transplant mortality rates 07/01/2022 - 06/30/2024

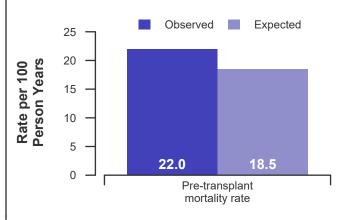


Figure A4. First-year adult graft and patient survival: 07/01/2021 - 12/31/2023

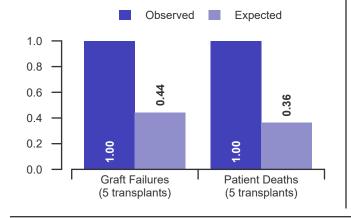


Figure A5. First-year pediatric graft and patient survival: 07/01/2021 - 12/31/2023

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



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Table B1. Waiting list activity summary: 07/01/2022 - 06/30/2024

	Counts for this center		Activity for 07/01/2023 to 06/30/202 as percent of registrants on waiting on 07/01/2023		
Waiting List Registrations	07/01/2022- 06/30/2023	07/01/2023- 06/30/2024	This Center (%)	OPTN Region (%)	U.S. (%)
On waiting list at start Additions	0	3	100.0	100.0	100.0
New listings at this center	3	40	1,333.3	69.8	145.7
Removals Transferred to another center	0	1	33.3	1.1	1.5
Received living donor transplant* Received deceased donor transplant*	0	0 15	0.0 500.0	2.1 52.1	6.2 101.8
Died	0	2	66.7	8.5	9.2
Transplanted at another center Deteriorated	0 0	2 5	66.7 166.7	1.8 4.7	2.9 9.1
Recovered	0	3	100.0	15.1	10.9
Other reasons On waiting list at end of period	0 3	2 13	66.7 433.3	9.1 75.3	11.2 92.8

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



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Table B2. Demographic characteristics of waiting list candidates
Candidates registered on the waiting list between 07/01/2023 and 06/30/2024

Domographia Characteristic		ting List Reg 023 to 06/30/2			ing List Regist n 06/30/2024 (%	
Demographic Characteristic	This Center (N=40)	OPTN Region (N=624)	U.S. (N=15,115)	This Center (N=13)	OPTN Region (N=673)	U.S. (N=9,633)
AII (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	65.0	77.7	65.2	61.5	79.8	63.4
African-American	0.0	2.7	6.7	0.0	3.4	7.0
Hispanic/Latino	20.0	12.2	19.4	15.4	11.0	21.5
Asian	15.0	5.1	4.3	23.1	4.5	5.1
Other	0.0	8.0	2.2	0.0	0.9	1.9
Unknown	0.0	1.4	2.3	0.0	0.4	1.2
Age (%)						
<2 years	0.0	0.6	2.0	0.0	0.3	1.2
2-11 years	0.0	0.5	1.6	0.0	1.0	1.5
12-17 years	0.0	1.0	1.1	0.0	1.0	1.2
18-34 years	15.0	8.0	7.0	7.7	6.4	6.6
35-49 years	12.5	19.2	22.7	30.8	21.8	20.5
50-64 years	42.5	49.0	44.2	46.2	53.0	47.3
65-69 years	15.0	16.5	15.6	7.7	14.0	16.7
70+ years	15.0	5.1	5.8	7.7	2.4	5.0
Gender (%)						
Male	65.0	58.3	58.5	38.5	59.6	59.1
Female	35.0	41.7	41.5	61.5	40.4	40.9

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



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Table B3. Medical characteristics of waiting list candidates
Candidates registered on the waiting list between 07/01/2023 and 06/30/2024

Medical Characteristic		ting List Regi 023 to 06/30/2			ng List Regis 06/30/2024 (%	
medical Characteristic	This Center (N=40)	OPTN Region (N=624)	U.S. (N=15,115)	This Center (N=13)	OPTN Region (N=673)	U.S. (N=9,633)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Blood Type (%)						
0	52.5	46.8	47.6	46.2	48.0	50.5
A	37.5	38.9	37.3	46.2	40.7	39.0
В	5.0	10.9	11.5	7.7	10.0	9.0
AB	5.0	3.4	3.6	0.0	1.3	1.6
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Previous Transplant (%)						
Yes	5.0	4.8	4.5	0.0	3.1	4.0
No	95.0	95.2	95.5	100.0	96.9	96.0
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Primary Disease (%)						
Acute Hepatic Necrosis	10.0	2.7	2.3	7.7	2.5	1.3
Non-Cholestatic Cirrhosis	12.5	24.4	31.0	7.7	53.5	45.4
Cholestatic Liver Disease/Cirrhosis	5.0	6.2	6.4	7.7	6.1	7.3
Biliary Atresia	2.5	1.0	1.7	0.0	1.2	1.7
Metabolic Diseases	2.5	1.9	2.1	0.0	1.6	1.4
Malignant Neoplasms	25.0	8.2	10.8	15.4	7.4	11.5
Other	42.5	55.6	45.6	61.5	27.6	31.4
Missing	0.0	0.0	0.1	0.0	0.0	0.1
Medical Urgency Status/MELD/PEL	.D at Listing	(%)*				
Status 1A	7.5	2.7	2.4	0.0	0.0	0.2
Status 1B	0.0	0.0	0.4	0.0	0.1	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	0.0	0.1
MELD 6-10	15.0	9.6	11.7	15.4	29.1	23.5
MELD 11-14	5.0	12.3	12.4	7.7	23.6	22.0
MELD 15-20	30.0	23.6	22.2	38.5	24.2	29.2
MELD 21-30	17.5	22.6	24.9	15.4	12.8	15.2
MELD 31-40	7.5	12.7	13.7	0.0	0.3	1.1
PELD less than or equal to 10	0.0	0.3	1.3	0.0	0.7	1.7
PELD 11-14	0.0	0.2	0.4	0.0	0.0	0.2
PELD 15-20	0.0	0.5	0.4	0.0	0.4	0.2
PELD 21-30	0.0	0.0	0.3	0.0	0.0	0.1
PELD 31 or greater	0.0	0.0	0.1	0.0	0.0	0.0
Temporarily Inactive	12.5	12.3	5.5	23.1	8.6	6.2

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



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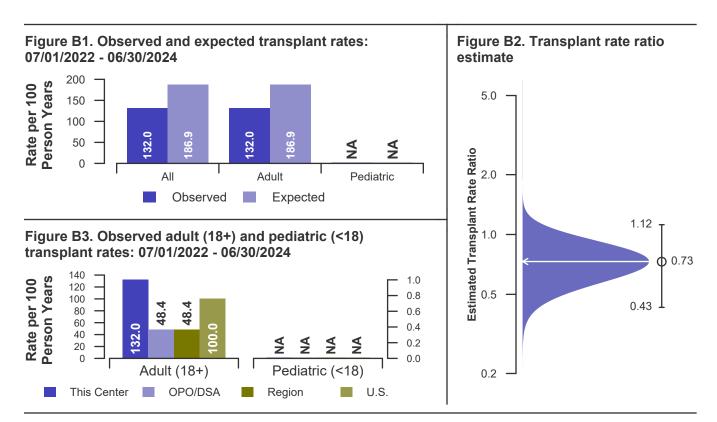
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Table B4. Transplant rates: 07/01/2022 - 06/30/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	0	1,093	1,093	11,429
Person Years**	11.4	1,810.8	1,810.8	21,075.0
Removals for Transplant	15	895	895	21,361
Adult (18+) Candidates				
Count on waiting list at start*	0	1,064	1,064	10,977
Person Years**	11.4	1,768.0	1,768.0	20,226.5
Removals for transpant	15	856	856	20,223
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Removals for transplant				

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

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





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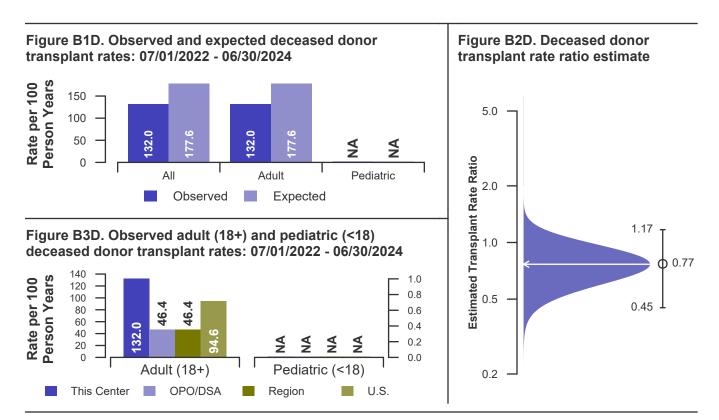
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Table B4D. Deceased donor transplant rates: 07/01/2022 - 06/30/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	0	1,093	1,093	11,429
Person Years**	11.4	1,810.8	1,810.8	21,075.0
Removals for Transplant	15	851	851	20,084
Adult (18+) Candidates				
Count on waiting list at start*	0	1,064	1,064	10,977
Person Years**	11.4	1,768.0	1,768.0	20,226.5
Removals for transpant	15	821	821	19,139
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Removals for transplant				

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

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





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B. Waiting List Information

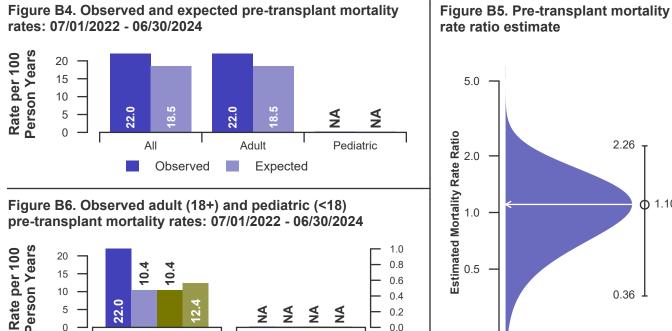
Table B5. Pre-transplant mortality rates: 07/01/2022 - 06/30/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	0	1,093	1,093	11,429
Person Years**	13.7	2,071.9	2,071.9	24,728.8
Number of deaths	3	211	211	3,014
Adult (18+) Candidates				
Count on waiting list at start*	0	1,064	1,064	10,977
Person Years**	13.7	2,026.9	2,026.9	23,778.9
Number of deaths	3	211	211	2,957
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Number of deaths				

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

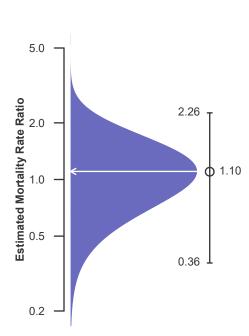
0.4

0.2 0.0



Pediatric (<18)

Region



22.0

Adult (18+)

OPO/DSA

5

This Center

^{**} 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.



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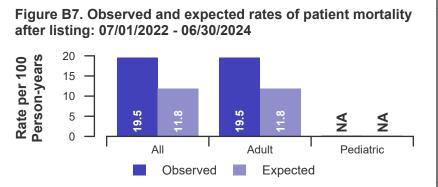
B. Waiting List Information

Table B6. Rates of patient mortality after listing: 07/01/2022 - 06/30/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Patients				
Count at risk during the evaluation period	41	3,721	3,721	81,065
Person-years*	20.5	5,056.5	5,056.5	108,787.6
Number of Deaths	4	346	346	6,395
Adult (18+) Patients				
Count at risk during the evaluation period	41	3,592	3,592	76,664
Person-years*	20.5	4,879.6	4,879.6	102,787.2
Number of Deaths	4	343	343	6,262
Pediatric (<18) Patients				
Count at risk during the evaluation period	0	129	129	4,401
Person-years*	0.0	176.9	176.9	6,000.5
Number of Deaths	0	3	3	133

^{*} Person-years are calculated as days (converted to fractional years). The number of days from 07/01/2022, or from the date of first wait listing until death, reaching 5 years after listing or June 30, 2024.

^{**} 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.



patient mortality after listing: 07/01/2022 - 06/30/2024 Person-years Rate per 100 2.0 15 1.5 10 1.0 19.5 0.5 0.0 Pediatric (<18) Adult (18+) OPO/DSA This Center Region

Figure B9. Observed adult (18+) and pediatric (<18) rates of

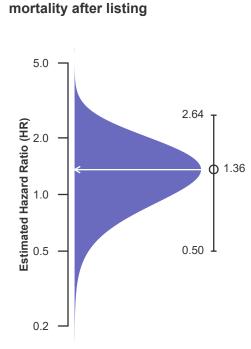


Figure B8. HR estimate of patient



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B. Waiting List Information

Table B7. Waiting list candidate status after listing Candidates registered on waiting list between 01/01/2022 and 12/31/2022

This center did not register any waiting list candidates relevant to this table during 01/01/2022-12/31/2022



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B. Waiting List Information

Table B7S1. Medical urgency status 1 candidate status after listing Candidates registered on the waiting list between 01/01/2022 and 12/31/2022

This center did not register any waiting list candidates relevant to this table during 01/01/2022-12/31/2022



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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 07/01/2018 and 06/30/2021

This center did not register any waiting list candidates relevant to this table during 07/01/2018-06/30/2021



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B. Waiting List Information

Table B9. Percent of candidates with deceased donor transplants: medical characteristics Candidates registered on the waiting list between 07/01/2018 and 06/30/2021

This center did not register any waiting list candidates relevant to this table during 07/01/2018-06/30/2021



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B. Waiting List Information

Table B10. Time to transplant for waiting list candidates*

Candidates registered on the waiting list between 07/01/2018 and 12/31/2023

	Months to Transplant**				
Percentile	Center	OPO/DSA	Region	U.S.	
5th	0.2	0.1	0.1	0.1	
10th	0.3	0.3	0.3	0.2	
25th	1.5	2.2	2.2	0.6	
50th (median time to transplant)	Not Observed	21.3	21.3	6.0	
75th	Not Observed	Not Observed	Not Observed	Not Observed	

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

^{**} Censored on 06/30/2024. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had received a transplant.



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Table B11. Offer Acceptance Practices: 07/01/2023 - 06/30/2024

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
Overall				
Number of Offers	188	22,819	22,819	407,779
Number of Acceptances	15	419	419	9,376
Expected Acceptances	11.3	340.8	340.8	9,376.0
Offer Acceptance Ratio*	1.27	1.23	1.23	1.00
95% Credible Interval**	[0.74, 1.95]			
PHS increased infectious risk				
Number of Offers	15	2,386	2,386	52,566
Number of Acceptances	2	64	64	1,625
Expected Acceptances	1.0	48.9	48.9	1,629.8
Offer Acceptance Ratio*	1.31	1.30	1.30	1.00
95% Credible Interval**	[0.36, 2.88]			
DCD donor				
Number of Offers	15	10,275	10,275	189,824
Number of Acceptances	2	138	138	2,179
Expected Acceptances	1.5	89.8	89.8	2,181.3
Offer Acceptance Ratio*	1.15	1.53	1.53	1.00
95% Credible Interval**	[0.31, 2.52]			
HCV+ donor				
Number of Offers	12	652	652	10,713
Number of Acceptances	1	14	14	330
Expected Acceptances	0.7	10.0	10.0	332.2
Offer Acceptance Ratio*	1.10	1.33	1.33	0.99
95% Credible Interval**	[0.23, 2.64]			
Hard-to-Place Livers (Over 50 Offers)				
Number of Offers	105	16,461	16,461	274,436
Number of Acceptances	3	136	136	1,438
Expected Acceptances	4.3	85.0	85.0	1,602.9
Offer Acceptance Ratio*	0.79	1.59	1.59	0.90
95% Credible Interval**	[0.26, 1.61]			
Donor more than 500 miles away				
Number of Offers	38	6,915	6,915	135,912
Number of Acceptances	1	45	45	1,170
Expected Acceptances	0.5	27.1	27.1	1,126.7
Offer Acceptance Ratio*	1.20	1.61	1.61	1.04
95% Credible Interval**	[0.25, 2.90]			

^{*} The offer acceptance ratio estimates the relative offer acceptance practice of Tufts Medical 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).

^{**} As an example, the 95% Credible Interval for the overall offer acceptance ratio, [0.74, 1.95], indicates the location of MANM's true offer acceptance ratio with 95% probability. The best estimate is 27% more likely to accept an offer compared to national acceptance behavior, but MANM's performance could plausibly range from 26% reduced acceptance up to 95% higher acceptance.



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Figure B10. Offer acceptance: Overall

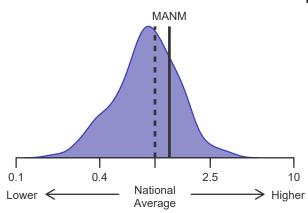


Figure B11. Offer acceptance: PHS increased infectious risk

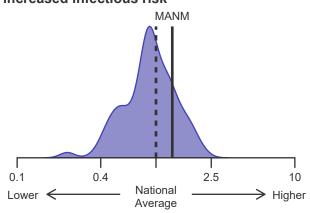
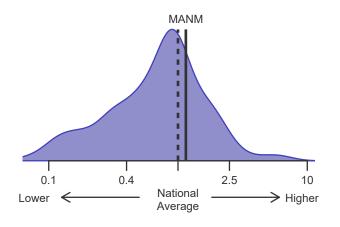


Figure B12. Offer acceptance: DCD Donor

Figure B13. Offer acceptance: HCV+ Donor



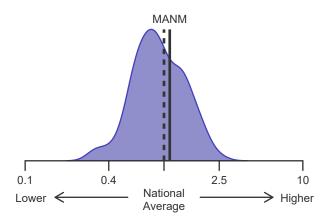
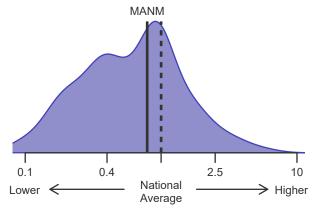
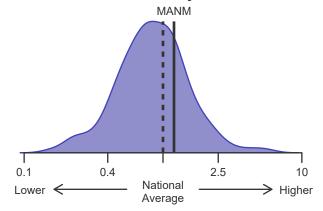


Figure B14. Offer acceptance: Offer number > 50 Figure B15. Offer acceptance: Donor more than 500 miles away







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C. Transplant Information

Table C1D. Deceased donor transplant recipient demographic characteristics Patients transplanted between 07/01/2023 and 06/30/2024

	Perce	Percentage in each category			
Characteristic	Center	Region	U.S.		
	(N=15)	(N=466)	(N=10,566)		
Ethnicity/Race (%)*					
White	80.0	78.5	66.6		
African-American	0.0	3.6	6.9		
Hispanic/Latino	13.3	12.2	18.2		
Asian	6.7	3.9	4.2		
Other	0.0	0.6	2.4		
Unknown	0.0	1.1	1.7		
Age (%)					
<2 years	0.0	1.1	1.6		
2-11 years	0.0	0.6	1.8		
12-17	0.0	0.4	1.1		
18-34	13.3	6.0	6.9		
35-49 years	6.7	19.3	22.8		
50-64 years	40.0	50.4	44.5		
65-69 years	26.7	16.7	14.6		
70+ years	13.3	5.4	6.7		
Gender (%)					
Male	86.7	60.5	59.6		
Female	13.3	39.5	40.4		

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



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C. Transplant Information

Table C1L. Living donor transplant recipient demographic characteristics Patients transplanted between 07/01/2023 and 06/30/2024

This center did not perform any transplants relevant to this table during 07/01/2023-06/30/2024



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C. Transplant Information

Table C2D. Deceased donor transplant recipient medical characteristics Patients transplanted between 07/01/2023 and 06/30/2024

	Percentage in each category			
Characteristic	Center (N=15)	Region (N=466)	U.S. (N=10,566)	
Blood Type (%)				
0	73.3	50.0	46.6	
A	20.0	36.5	36.4	
В	0.0	9.9	12.6	
AB	6.7	3.6	4.4	
Previous Transplant (%)				
Yes	0.0	3.0	4.3	
No	100.0	97.0	95.7	
Body Mass Index (%)				
0-20	0.0	7.9	9.8	
21-25	26.7	24.9	25.8	
26-30	46.7	31.5	30.4	
31-35	6.7	18.0	19.5	
36-40	20.0	9.9	8.6	
41+	0.0	6.2	4.4	
Unknown	0.0	1.5	1.4	
Primary Disease (%)				
Acute Hepatic Necrosis	6.7	1.3	2.0	
Non-Cholestatic Cirrhosis	6.7	24.2	31.9	
Cholestatic Liver Disease/Cirrhosis	6.7	6.7	6.8	
Biliary Atresia	0.0	1.1	1.7	
Metabolic Diseases	6.7	1.9	2.4	
Malignant Neoplasms	26.7	12.4	11.1	
Other	46.7	52.4	44.1	
Missing	0.0	0.0	0.0	
Medical Urgency Statust/MELD/PELD at Transplant (%)*				
Status 1A	6.7	2.6	2.6	
Status 1B	0.0	0.2	1.2	
MELD 6-10	13.3	10.5	8.5	
MELD 11-14	6.7	9.4	8.1	
MELD 15-20	26.7	22.3	18.7	
MELD 21-30	26.7	28.1	30.5	
MELD 31-40	20.0	20.2	21.8	
PELD less than or equal to 10	0.0	0.4	0.9	
PELD 11-14	0.0	0.4	0.4	
PELD 15-20	0.0	0.4	0.3	
PELD 21-30	0.0	0.0	0.3	
PELD 31 or greater	0.0	0.0	0.1	
Temporarily Inactive	0.0	0.0	0.0	
Recipient Medical Condition at Transplant (%)	F0.0	00.4	F0 0	
Not Hospitalized	53.3	60.1	58.8	
Hospitalized	33.3	27.7	24.6	
ICU	13.3	12.2	16.6	
Unknown	0.0	0.0	0.0	

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



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C. Transplant Information

Table C2L. Living donor transplant recipient medical characteristics Patients transplanted between 07/01/2023 and 06/30/2024

This center did not perform any transplants relevant to this table during 07/01/2023-06/30/2024



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C. Transplant Information

Table C3D. Deceased donor characteristics
Transplants performed between 07/01/2023 and 06/30/2024

	Percei	Percentage in each category		
Donor Characteristic	Center (N=15)	Region (N=466)	U.S. (N=10,566)	
Cause of Death (%)				
Deceased: Stroke	53.3	32.8	26.2	
Deceased: MVA	0.0	9.7	11.0	
Deceased: Other	46.7	57.5	62.7	
Ethnicity/Race (%)*				
White	66.7	63.5	61.8	
African-American	13.3	14.6	18.3	
Hispanic/Latino	13.3	17.4	15.0	
Asian	6.7	2.6	3.0	
Other	0.0	0.9	1.2	
Not Reported	0.0	1.1	0.6	
Age (%)				
<2 years	0.0	0.2	0.6	
2-11 years	0.0	1.1	1.9	
12-17	0.0	1.9	3.9	
18-34	0.0	15.9	25.3	
35-49 years	40.0	27.7	28.9	
50-64 years	33.3	37.1	29.5	
65-69 years	20.0	9.4	5.6	
70+ years	6.7	6.7	4.4	
Gender (%)				
Male	60.0	62.9	61.3	
Female	40.0	37.1	38.7	
Blood Type (%)				
0	80.0	50.6	50.3	
A	13.3	37.6	36.3	
В	0.0	9.9	11.2	
AB	6.7	1.9	2.3	
Unknown	0.0	0.0	0.0	

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



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C. Transplant Information

Table C3L. Living donor characteristics
Transplants performed between 07/01/2023 and 06/30/2024

This center did not perform any transplants relevant to this table during 07/01/2023-06/30/2024



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C. Transplant Information

Table C4D. Deceased donor transplant characteristics Transplants performed between 07/01/2023 and 06/30/2024

	Percentage in each category		
Transplant Characteristic	Center (N=15)	Region (N=466)	U.S. (N=10,566)
Cold Ischemic Time (Hours): Local (%)			
Deceased: 0-5 hr	30.0	30.0	48.2
Deceased: 6-10 hr	60.0	25.6	24.2
Deceased: 11-15 hr	10.0	15.9	11.9
Deceased: 16-20 hr	0.0	14.5	10.0
Deceased: 21+ hr	0.0	9.2	5.0
Not Reported	0.0	4.8	0.7
Cold Ischemic Time (Hours): Shared (%)			
Deceased: 0-5 hr	20.0	20.1	29.9
Deceased: 6-10 hr	80.0	35.5	39.3
Deceased: 11-15 hr	0.0	13.9	12.1
Deceased: 16-20 hr	0.0	13.1	11.4
Deceased: 21+ hr	0.0	8.1	6.4
Not Reported	0.0	9.3	0.8
Procedure Type (%)			
Single organ	100.0	92.1	91.0
Multi organ	0.0	7.9	9.0
Donor Location (%)			
Local Donation Service Area (DSA)	66.7	44.4	36.2
Another Donation Service Area (DSA)	33.3	55.6	63.8
Median Time in Hospital After Transplant	12.0 Days	11.0 Days	10.0 Days



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C. Transplant Information

Table C4L. Living donor transplant characteristics
Transplants performed between 07/01/2023 and 06/30/2024

This center did not perform any transplants relevant to this table during 07/01/2023-06/30/2024



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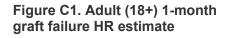
C. Transplant Information

Table C5. Adult (18+) 1-month survival with a functioning graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

	MANM	U.S.
Number of transplants evaluated	5	21,168
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	80.00% [51.61%-100.00%]	97.12% [96.89%-97.34%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	95.66%	
Number of observed graft failures (including deaths) during the first month after transplant	1	610
Number of expected graft failures (including deaths) during the first month after transplant	0.22	
Estimated hazard ratio*	1.35	
95% credible interval for the hazard ratio**	[0.28, 3.26]	

^{*} The hazard ratio provides an estimate of how Tufts Medical 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 MANM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.28, 3.26], indicates the location of MANM's true hazard ratio with 95% probability. The best estimate is 35% higher risk of graft failure compared to an average program, but MANM's performance could plausibly range from 72% reduced risk up to 226% increased



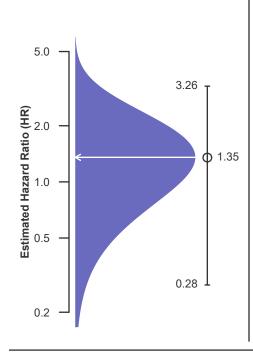
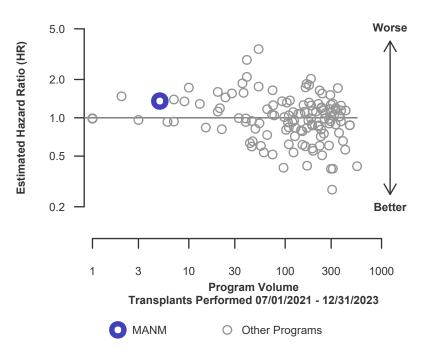


Figure C2. Adult (18+) 1-month graft failure HR program comparison





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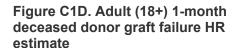
C. Transplant Information

Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

	MANM	U.S.
Number of transplants evaluated	5	19,827
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	80.00% [51.61%-100.00%]	97.14% [96.91%-97.37%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	95.66%	
Number of observed graft failures (including deaths) during the first month after transplant	1	567
Number of expected graft failures (including deaths) during the first month after transplant	0.22	
Estimated hazard ratio*	1.35	
95% credible interval for the hazard ratio**	[0.28, 3.26]	

^{*} The hazard ratio provides an estimate of how Tufts Medical 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 MANM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.28, 3.26], indicates the location of MANM's true hazard ratio with 95% probability. The best estimate is 35% higher risk of graft failure compared to an average program, but MANM's performance could plausibly range from 72% reduced risk up to 226% increased



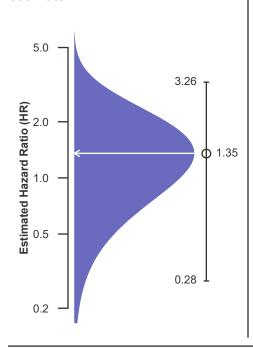
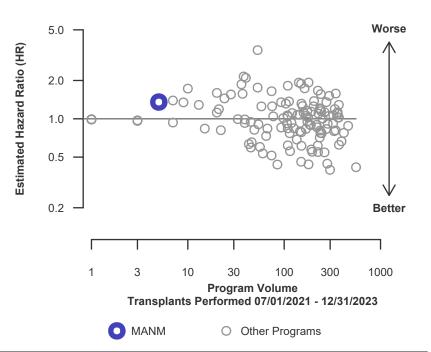


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison





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C. Transplant Information

Table C5L. Adult (18+) 1-month survival with a functioning living donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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

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

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



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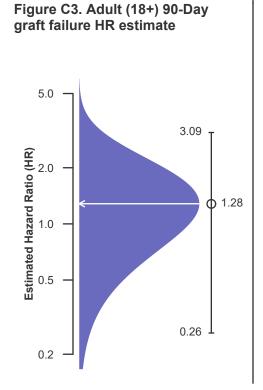
C. Transplant Information

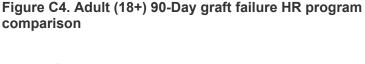
Table C6. Adult (18+) 90-Day survival with a functioning graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

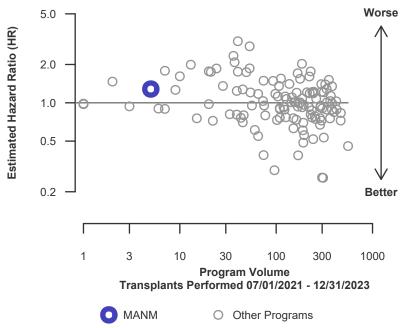
	MANM	U.S.
Number of transplants evaluated	5	21,168
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	80.00% [51.61%-100.00%]	95.39% [95.11%-95.68%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	92.87%	
Number of observed graft failures (including deaths) during the first 90 days after transplant	1	975
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.34	
Estimated hazard ratio*	1.28	
95% credible interval for the hazard ratio**	[0.26, 3.09]	

^{*} The hazard ratio provides an estimate of how Tufts Medical 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 MANM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.26, 3.09], indicates the location of MANM's true hazard ratio with 95% probability. The best estimate is 28% higher risk of graft failure compared to an average program, but MANM's performance could plausibly range from 74% reduced risk up to 209% increased









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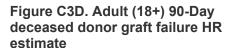
C. Transplant Information

Table C6D. Adult (18+) 90-Day survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

	MANM	U.S.
Number of transplants evaluated	5	19,827
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	80.00% [51.61%-100.00%]	95.36% [95.07%-95.66%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	92.87%	
Number of observed graft failures (including deaths) during the first 90 days after transplant	1	919
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.34	
Estimated hazard ratio*	1.28	
95% credible interval for the hazard ratio**	[0.26, 3.09]	

^{*} The hazard ratio provides an estimate of how Tufts Medical 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 MANM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.26, 3.09], indicates the location of MANM's true hazard ratio with 95% probability. The best estimate is 28% higher risk of graft failure compared to an average program, but MANM's performance could plausibly range from 74% reduced risk up to 209% increased



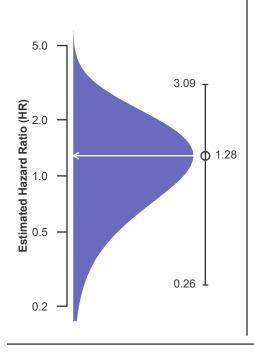
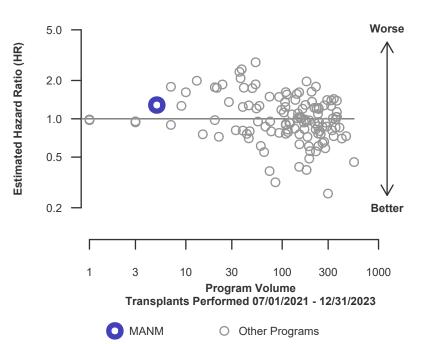


Figure C4D. Adult (18+) 90-Day deceased donor graft failure HR program comparison





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Table C6L. Adult (18+) 90-Day survival with a functioning living donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C3L. Adult (18+) 90-Day living donor graft failure HR estimate

Figure C4L. Adult (18+) 90-Day living donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



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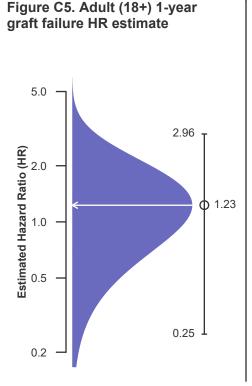
C. Transplant Information

Table C7. Adult (18+) 1-year survival with a functioning graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

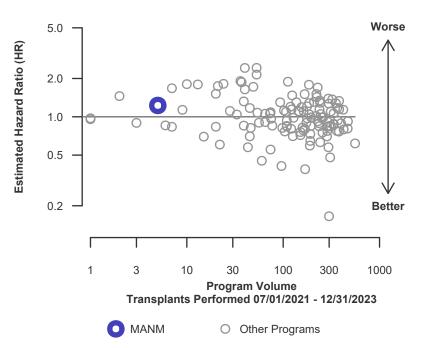
	MANM	U.S.
Number of transplants evaluated	5	21,168
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	80.00% [51.61%-100.00%]	92.24% [91.87%-92.62%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	87.89%	
Number of observed graft failures (including deaths) during the first year after transplant	1	1,560
Number of expected graft failures (including deaths) during the first year after transplant	0.44	
Estimated hazard ratio*	1.23	
95% credible interval for the hazard ratio**	[0.25, 2.96]	

^{*} The hazard ratio provides an estimate of how Tufts Medical 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 MANM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.25, 2.96], indicates the location of MANM's true hazard ratio with 95% probability. The best estimate is 23% higher risk of graft failure compared to an average program, but MANM's performance could plausibly range from 75% reduced risk up to 196% increased









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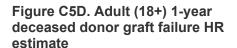
C. Transplant Information

Table C7D. Adult (18+) 1-year survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

	MANM	U.S.
Number of transplants evaluated	5	19,827
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	80.00% [51.61%-100.00%]	92.14% [91.75%-92.53%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	87.89%	
Number of observed graft failures (including deaths) during the first year after transplant	1	1,479
Number of expected graft failures (including deaths) during the first year after transplant	0.44	
Estimated hazard ratio*	1.23	
95% credible interval for the hazard ratio**	[0.25, 2.96]	

^{*} The hazard ratio provides an estimate of how Tufts Medical 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 MANM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.25, 2.96], indicates the location of MANM's true hazard ratio with 95% probability. The best estimate is 23% higher risk of graft failure compared to an average program, but MANM's performance could plausibly range from 75% reduced risk up to 196% increased



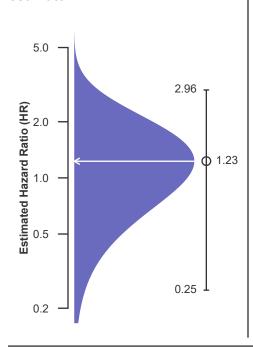
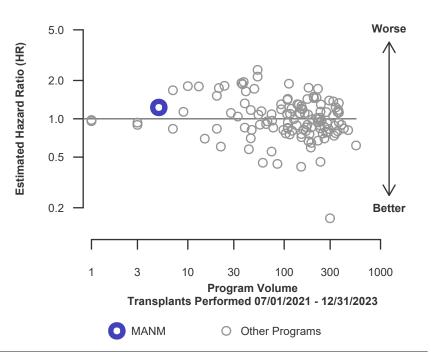


Figure C6D. Adult (18+) 1-year deceased donor graft failure HR program comparison





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Table C7L. Adult (18+) 1-year survival with a functioning living donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C5L. Adult (18+) 1-year living donor graft failure HR estimate

Figure C6L. Adult (18+) 1-year living donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



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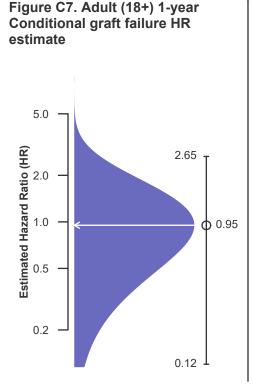
C. Transplant Information

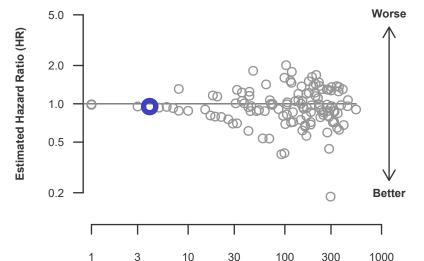
Table C8. Adult (18+) 1-year Conditional survival with a functioning graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

	MANM	U.S.
Number of transplants evaluated	4	20,193
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%]	96.70% [96.59%-96.80%]
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)	94.64%	
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	585
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.10	
Estimated hazard ratio*	0.95	
95% credible interval for the hazard ratio**	[0.12, 2.65]	

^{*} The hazard ratio provides an estimate of how Tufts Medical 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 MANM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

program comparison





MANM

Program Volume

Transplants Performed 07/01/2021 - 12/31/2023

O Other Programs

Figure C8. Adult (18+) 1-year Conditional graft failure HR

^{**} The 95% credible interval, [0.12, 2.65], indicates the location of MANM's true hazard ratio with 95% probability. The best estimate is 5% lower risk of graft failure compared to an average program, but MANM's performance could plausibly range from 88% reduced risk up to 165% increased risk.



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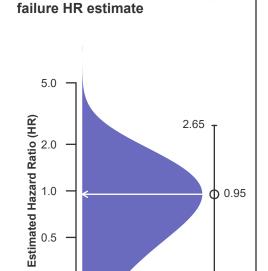
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C. Transplant Information

Table C8D. Adult (18+) 1-year Conditional survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

	MANM	U.S.
Number of transplants evaluated	4	18,908
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%]	96.62% [96.51%-96.73%]
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)	94.64%	
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	560
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.10	
Estimated hazard ratio*	0.95	
95% credible interval for the hazard ratio**	[0.12, 2.65]	

^{*} The hazard ratio provides an estimate of how Tufts Medical 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 MANM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

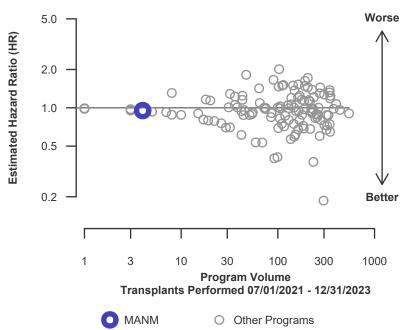


0.2

Figure C7D. Adult (18+) 1-year

Conditional deceased donor graft

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



0.12

^{**} The 95% credible interval, [0.12, 2.65], indicates the location of MANM's true hazard ratio with 95% probability. The best estimate is 5% lower risk of graft failure compared to an average program, but MANM's performance could plausibly range from 88% reduced risk up to 165% increased risk.



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Table C8L. Adult (18+) 1-year Conditional survival with a functioning living donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C7L. Adult (18+) 1-year Conditional living donor graft failure HR estimate

Figure C8L. Adult (18+) 1-year Conditional living donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



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C. Transplant Information

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

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Deaths and retransplants are considered graft failures Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

> This center did not perform any transplants relevant to this table during 01/01/2019-06/30/2021

Figure C9. Adult (18+) 3-year graft failure HR estimate

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

This center did not perform any transplants relevant to this figure during 01/01/2019-06/30/2021



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Table C9D. Adult (18+) 3-year survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Deaths and retransplants are considered graft failures Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

> This center did not perform any transplants relevant to this table during 01/01/2019-06/30/2021

Figure C9D. Adult (18+) 3-year deceased donor graft failure HR estimate

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

This center did not perform any transplants relevant to this figure during 01/01/2019-06/30/2021



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Table C9L. Adult (18+) 3-year survival with a functioning living donor graft Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Deaths and retransplants are considered graft failures Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

> This center did not perform any transplants relevant to this table during 01/01/2019-06/30/2021

Figure C9L. Adult (18+) 3-year living donor graft failure HR estimate

Figure C10L. Adult (18+) 3-year living donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 01/01/2019-06/30/2021



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C. Transplant Information

Table C10. Pediatric (<18) 1-month survival with a functioning graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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 07/01/2021-12/31/2023



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C. Transplant Information

Table C10D. Pediatric (<18) 1-month survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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 07/01/2021-12/31/2023



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Table C10L. Pediatric (<18) 1-month survival with a functioning living donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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 07/01/2021-12/31/2023



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Table C11. Pediatric (<18) 90-Day survival with a functioning graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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 07/01/2021-12/31/2023



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Table C11D. Pediatric (<18) 90-Day survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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 07/01/2021-12/31/2023



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Table C11L. Pediatric (<18) 90-Day survival with a functioning living donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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 07/01/2021-12/31/2023



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C. Transplant Information

Table C12. Pediatric (<18) 1-year survival with a functioning graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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 07/01/2021-12/31/2023



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Table C12D. Pediatric (<18) 1-year survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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 07/01/2021-12/31/2023



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Table C12L. Pediatric (<18) 1-year survival with a functioning living donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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 07/01/2021-12/31/2023



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Table C13. Pediatric (<18) 1-year Conditional survival with a functioning graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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 07/01/2021-12/31/2023



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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 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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 07/01/2021-12/31/2023



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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 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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 07/01/2021-12/31/2023



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C. Transplant Information

Table C14. Pediatric (<18) 3-year survival with a functioning graft Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Deaths and retransplants are considered graft failures Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

> This center did not perform any transplants relevant to this table during 01/01/2019-06/30/2021

Figure C19. Pediatric (<18) 3-year graft failure HR estimate

Figure C20. Pediatric (<18) 3-year graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 01/01/2019-06/30/2021



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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 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Deaths and retransplants are considered graft failures Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

> This center did not perform any transplants relevant to this table during 01/01/2019-06/30/2021

Figure C19D. Pediatric (<18) 3-year deceased donor graft failure HR estimate

Figure C20D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 01/01/2019-06/30/2021



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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 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Deaths and retransplants are considered graft failures Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

> This center did not perform any transplants relevant to this table during 01/01/2019-06/30/2021

Figure C19L. Pediatric (<18) 3-year living donor graft failure **HR** estimate

Figure C20L. Pediatric (<18) 3-year living donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 01/01/2019-06/30/2021



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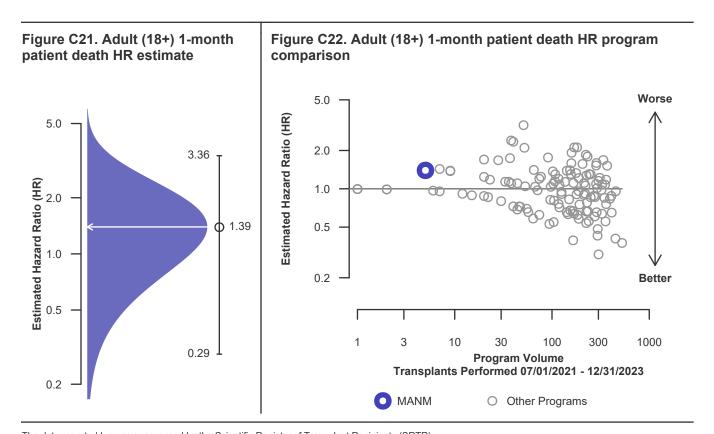
C. Transplant Information

Table C15. Adult (18+) 1-month patient survival Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

	MANM	U.S.
Number of transplants evaluated	5	20,474
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	80.00% [51.61%-100.00%]	98.25% [98.07%-98.43%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	96.94%	
Number of observed deaths during the first month after transplant	1	358
Number of expected deaths during the first month after transplant	0.15	
Estimated hazard ratio*	1.39	
95% credible interval for the hazard ratio**	[0.29, 3.36]	

^{*} The hazard ratio provides an estimate of how Tufts Medical 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 MANM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.29, 3.36], indicates the location of MANM's true hazard ratio with 95% probability. The best estimate is 39% higher risk of patient death compared to an average program, but MANM's performance could plausibly range from 71% reduced risk up to 236% increased





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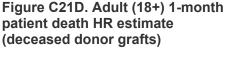
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C. Transplant Information

Table C15D. Adult (18+) 1-month patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

	MANM	U.S.
Number of transplants evaluated	5	19,149
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	80.00% [51.61%-100.00%]	98.21% [98.02%-98.40%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	96.94%	
Number of observed deaths during the first month after transplant	1	343
Number of expected deaths during the first month after transplant	0.15	
Estimated hazard ratio*	1.39	
95% credible interval for the hazard ratio**	[0.29, 3.36]	

^{*} The hazard ratio provides an estimate of how Tufts Medical 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 MANM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.



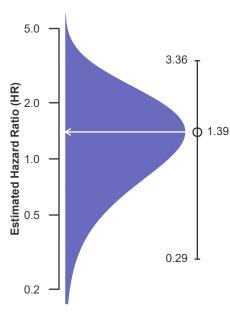
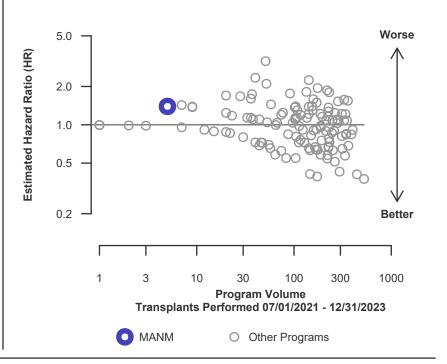


Figure C22D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)



^{**} The 95% credible interval, [0.29, 3.36], indicates the location of MANM's true hazard ratio with 95% probability. The best estimate is 39% higher risk of patient death compared to an average program, but MANM's performance could plausibly range from 71% reduced risk up to 236% increased



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C. Transplant Information

Table C15L. Adult (18+) 1-month patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C21L. Adult (18+) 1-month patient death HR estimate (living donor grafts)

Figure C22L. Adult (18+) 1-month patient death HR program comparison (living donor grafts)

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



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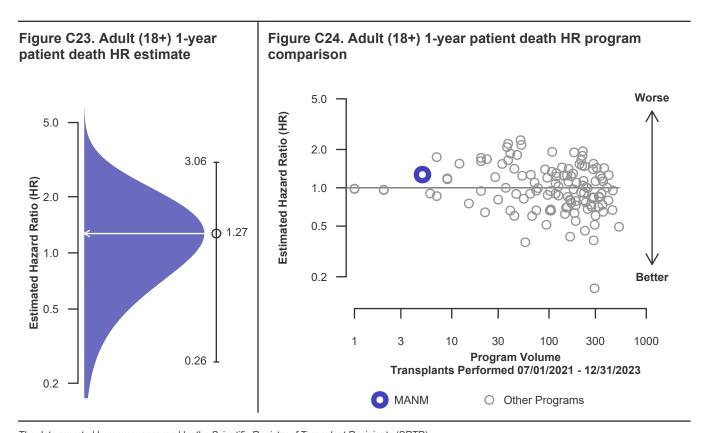
C. Transplant Information

Table C16. Adult (18+) 1-year patient survival Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

	MANM	U.S.
Number of transplants evaluated	5	20,474
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	80.00% [51.61%-100.00%]	94.17% [93.84%-94.50%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	89.67%	
Number of observed deaths during the first year after transplant	1	1,125
Number of expected deaths during the first year after transplant	0.36	
Estimated hazard ratio*	1.27	
95% credible interval for the hazard ratio**	[0.26, 3.06]	

^{*} The hazard ratio provides an estimate of how Tufts Medical 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 MANM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.26, 3.06], indicates the location of MANM's true hazard ratio with 95% probability. The best estimate is 27% higher risk of patient death compared to an average program, but MANM's performance could plausibly range from 74% reduced risk up to 206% increased





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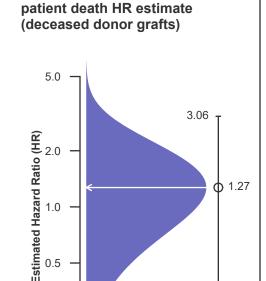
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C. Transplant Information

Table C16D. Adult (18+) 1-year patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

	MANM	U.S.
Number of transplants evaluated	5	19,149
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	80.00% [51.61%-100.00%]	94.03% [93.68%-94.38%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	89.67%	
Number of observed deaths during the first year after transplant	1	1,078
Number of expected deaths during the first year after transplant	0.36	
Estimated hazard ratio*	1.27	
95% credible interval for the hazard ratio**	[0.26, 3.06]	

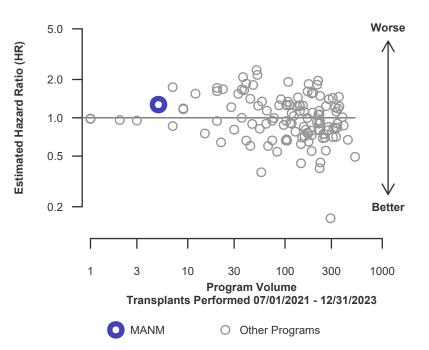
^{*} The hazard ratio provides an estimate of how Tufts Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), 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 MANM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.



0.2

Figure C23D. Adult (18+) 1-year

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



0.26

^{**} The 95% credible interval, [0.26, 3.06], indicates the location of MANM's true hazard ratio with 95% probability. The best estimate is 27% higher risk of patient death compared to an average program, but MANM's performance could plausibly range from 74% reduced risk up to 206% increased



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C. Transplant Information

Table C16L. Adult (18+) 1-year patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C23L. Adult (18+) 1-year patient death HR estimate (living donor grafts)

Figure C24L. Adult (18+) 1-year patient death HR program comparison (living donor grafts)

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



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C. Transplant Information

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

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Retransplants excluded

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

This center did not perform any transplants relevant to this table during 01/01/2019-06/30/2021

Figure C25. Adult (18+) 3-year patient death HR estimate

Figure C26. Adult (18+) 3-year patient death HR program comparison

This center did not perform any transplants relevant to this figure during 01/01/2019-06/30/2021



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C. Transplant Information

Table C17D. Adult (18+) 3-year patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Retransplants excluded Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

> This center did not perform any transplants relevant to this table during 01/01/2019-06/30/2021

Figure C25D. Adult (18+) 3-year patient death HR estimate (deceased donor grafts)

Figure C26D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)

This center did not perform any transplants relevant to this figure during 01/01/2019-06/30/2021



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C. Transplant Information

Table C17L. Adult (18+) 3-year patient survival (living donor graft recipients) Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Retransplants excluded Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

> This center did not perform any transplants relevant to this table during 01/01/2019-06/30/2021

Figure C25L. Adult (18+) 3-year patient death HR estimate (living donor grafts)

Figure C26L. Adult (18+) 3-year patient death HR program comparison (living donor grafts)

This center did not perform any transplants relevant to this figure during 01/01/2019-06/30/2021



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C. Transplant Information

Table C18. Pediatric (<18) 1-month patient survival Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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 07/01/2021-12/31/2023



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C. Transplant Information

Table C18D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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 07/01/2021-12/31/2023



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C. Transplant Information

Table C18L. Pediatric (<18) 1-month patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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 07/01/2021-12/31/2023



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C. Transplant Information

Table C19. Pediatric (<18) 1-year patient survival Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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 07/01/2021-12/31/2023



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C. Transplant Information

Table C19D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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 07/01/2021-12/31/2023



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C. Transplant Information

Table C19L. Pediatric (<18) 1-year patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

> This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

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 07/01/2021-12/31/2023



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C. Transplant Information

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

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Retransplants excluded

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

This center did not perform any transplants relevant to this table during 01/01/2019-06/30/2021

Figure C31. Pediatric (<18) 3-year patient death HR estimate

Figure C32. Pediatric (<18) 3-year patient death HR program comparison

This center did not perform any transplants relevant to this figure during 01/01/2019-06/30/2021



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C. Transplant Information

Table C20D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Retransplants excluded Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

> This center did not perform any transplants relevant to this table during 01/01/2019-06/30/2021

Figure C31D. Pediatric (<18) 3-year patient death HR estimate (deceased donor grafts)

Figure C32D. Pediatric (<18) 3-year patient death HR program comparison (deceased donor grafts)

This center did not perform any transplants relevant to this figure during 01/01/2019-06/30/2021



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C. Transplant Information

Table C20L. Pediatric (<18) 3-year patient survival (living donor graft recipients) Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Retransplants excluded Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

> This center did not perform any transplants relevant to this table during 01/01/2019-06/30/2021

Figure C31L. Pediatric (<18) 3-year patient death HR estimate (living donor grafts)

Figure C32L. Pediatric (<18) 3-year patient death HR program comparison (living donor grafts)

This center did not perform any transplants relevant to this figure during 01/01/2019-06/30/2021



Tufts Medical Center

Center Code: MANM Transplant Program (Organ): Liver Release Date: January 7, 2025

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C. Transplant Information

Table C21. Multi-organ transplant graft survival: 07/01/2021 - 12/31/2023 Adult (18+) Transplants

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

Pediatric (<18) Transplants

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

Table C22. Multi-organ transplant patient survival: 07/01/2021 - 12/31/2023 Adult (18+) Transplants

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

Pediatric (<18) Transplants

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



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D. Living Donor Information

Table D1. Living donor summary: 07/01/2021 - 06/30/2024

		This Center			United States		
Living Donor Follow-Up	07/2021- 06/2022	07/2022- 06/2023	07/2023- 12/2023	07/2021- 06/2022	07/2022- 06/2023	07/2023- 12/2023	
Number of Living Donors							
6-Month Follow-Up Donors due for follow-up							
Timely clinical data	 %	 %	 %	 %	 %	 %	
Timely lab data	 %	 %	 %	 %	 %	 %	
12-Month Follow-Up Donors due for follow-up							
Timely clinical data	 %	 %		 %	 %		
Timely lab data	 %	 %		 %	 %		
24-Month Follow-Up Donors due for follow-up							
Timely clinical data	 %			 %			
Timely lab data	 %			 %			

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