

SCIENTIFICUniversity of Maryland Medical SystemREGISTRY OFCenter Code: MDUM

REGISTRY OFCenter Code: MDUMTRANSPLANTTransplant Program (Organ): Kidney-Pancreas
Release Date: January 7, 2025RECIPIENTSBased on Data Available: October 31, 2024

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

COVID-19 Guide

Adjustments to Transplant Program and OPO Evaluation Metrics

The Scientific Registry of Transplant Recipients (SRTR), under contract from the Health Resources and Services Administration (HRSA), is charged with evaluating the performance of the nation's transplant system through publication of semi-annual transplant program-specific reports (PSRs) and organ procurement organization (OPO)-specific reports (OSRs). These reports contain performance metrics covering various time periods. For OPOs, these metrics include 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 kidney-pancreas transplant program at University of Maryland Medical System. The report has three main sections:

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

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

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

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

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



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confidence interval includes (crosses) 1.0, then we cannot say that this program's observed transplant rate is different from what would be expected. The observed deceased donor transplant rate at this program was 36.0 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. 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 of offers.

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



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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.

Additional information regarding the technical methods and the risk adjustment models used to estimate expected event rates is available on the SRTR website at http://www.srtr.org. We welcome and encourage feedback on these reports. Please feel free to share feedback with the SRTR at the following e-mail: srtr@srtr.org.



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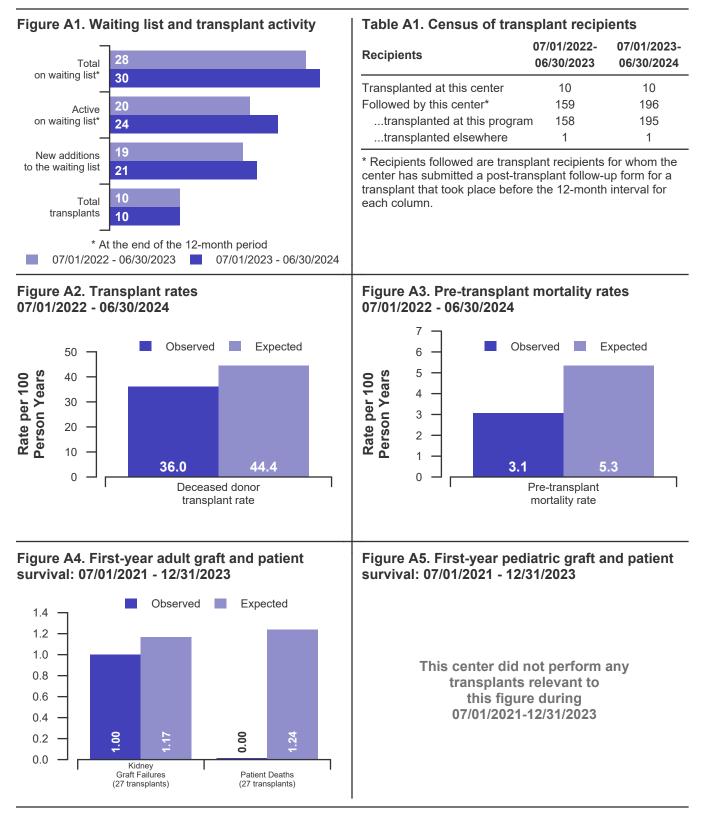
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A. Program Summary





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B. Waiting List Information

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

		ts for enter	as percent of	Activity for 07/01/2023 to 06/30/20 s 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	25	28	100.0	100.0	100.0		
New listings at this center	19	21	75.0	64.2	80.7		
Removals							
Transferred to another center	0	0	0.0	1.3	2.0		
Received living donor transplant*	0	1	3.6	5.2	4.3		
Received deceased donor transplant*	10	10	35.7	41.9	38.4		
Died	0	2	7.1	5.2	4.8		
Transplanted at another center	1	1	3.6	4.2	5.5		
Deteriorated	3	2	7.1	5.5	5.4		
Recovered	0	2	7.1	1.3	0.8		
Other reasons	2	1	3.6	9.0	9.7		
On waiting list at end of period	28	30	107.1	90.6	109.8		

* 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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B. Waiting List Information

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

Demographic Characteristic		ting List Regi 023 to 06/30/2			ing List Regis 1 06/30/2024 (
	This Center (N=21)	OPTN Region (N=199)	U.S. (N=1,638)	This Center (N=30)	OPTN Region (N=281)	U.S. (N=2,228)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	38.1	28.6	39.3	20.0	33.8	41.7
African-American	33.3	40.2	29.9	56.7	42.7	29.6
Hispanic/Latino	19.0	17.6	21.6	13.3	14.9	19.9
Asian	4.8	10.6	5.2	6.7	6.4	5.3
Other	4.8	1.0	3.2	3.3	1.1	3.0
Unknown	0.0	2.0	0.8	0.0	1.1	0.4
Age (%)						
<2 years	0.0	0.0	0.0	0.0	0.0	0.0
2-11 years	0.0	1.0	0.2	0.0	0.4	0.1
12-17 years	0.0	0.0	0.1	0.0	0.0	0.1
18-34 years	14.3	20.6	24.1	13.3	25.3	26.8
35-49 years	61.9	52.8	50.8	50.0	48.0	50.6
50-64 years	23.8	25.6	24.2	36.7	26.3	21.9
65-69 years	0.0	0.0	0.5	0.0	0.0	0.5
70+ years	0.0	0.0	0.0	0.0	0.0	0.0
Gender (%)						
Male	47.6	56.3	56.5	40.0	57.7	53.7
Female	52.4	43.7	43.5	60.0	42.3	46.3

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



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B. Waiting List Information

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

Medical Characteristic		iting List Regis 023 to 06/30/20			ing List Regist n 06/30/2024 (%	
	This Center (N=21)	OPTN Region (N=199)	U.S. (N=1,638)	This Center (N=30)	OPTN Region (N=281)	U.S. (N=2,228)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Blood Type (%)						
0	57.1	40.7	47.9	63.3	52.3	49.8
A	23.8	34.2	33.9	16.7	28.8	30.7
В	19.0	20.6	14.7	16.7	17.1	17.3
AB	0.0	4.5	3.5	3.3	1.8	2.3
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Previous Transplant (%)						
Yes	4.8	5.0	2.9	3.3	6.4	4.6
No	95.2	95.0	97.1	96.7	93.6	95.4
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Initial CPRA (%)*						
0-9%	14.3	10.6	8.6	16.7	35.9	30.5
10-79%	38.1	26.6	17.9	40.0	22.4	18.7
80+%	9.5	11.6	6.0	10.0	10.3	7.7
Unknown*	38.1	51.3	67.5	33.3	31.3	43.1

* cPRA is calculated from unacceptable antigens. "Unknown" indicates no unacceptable antigens have been entered. For the purpose of the risk-adjustment models, unknown cPRA is treated as cPRA = 0.



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B. Waiting List Information

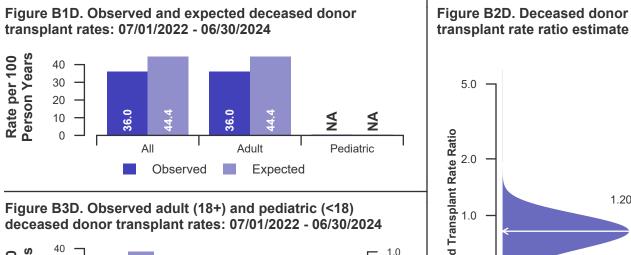
Table B4D. Deceased donor transplant rates: 07/01/2022 - 06/30/2024

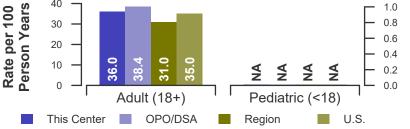
Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	25	119	391	2,555
Person Years**	55.6	228.2	755.2	5,167.5
Removals for Transplant	20	87	234	1,811
Adult (18+) Candidates				
Count on waiting list at start*	25	118	390	2,552
Person Years**	55.6	224.1	751.0	5,159.5
Removals for transpant	20	86	233	1,808
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Removals for transplant				

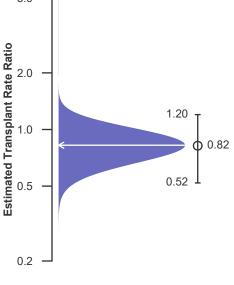
Since candidates listed for combined liver-intestine transplants are also often listed for a pancreas for vascular continuity, candidates simultaneously listed for intestine transplants are not included in this table.

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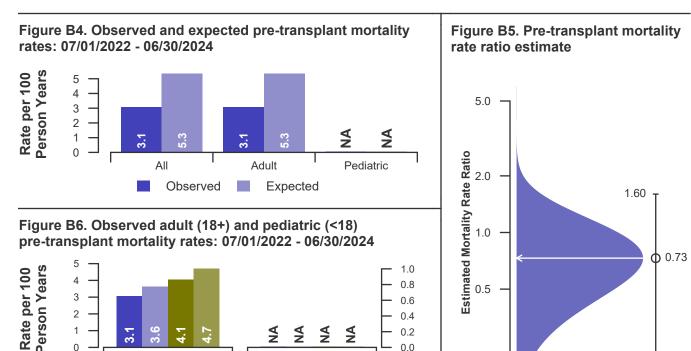
Table B5. Pre-transplant mortality rates: 07/01/2022 - 06/30/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	25	119	391	2,555
Person Years**	65.2	279.7	893.3	5,937.6
Number of deaths	2	11	37	279
Adult (18+) Candidates				
Count on waiting list at start*	25	118	390	2,552
Person Years**	65.2	275.1	888.7	5,929.0
Number of deaths	2	10	36	278
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Number of deaths				

Since candidates listed for combined liver-intestine transplants are also often listed for a pancreas for vascular continuity, candidates simultaneously listed for intestine transplants are not included in this table.

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

** Person years are calculated as days (converted to fractional years). The number of days from July 1 or from the date of first wait listing until death, transplant, 60 days after recovery, transfer or June 30.



Pediatric (<18)

Region

0.0

U.S.

0.2

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

Adult (18+)

OPO/DSA

0

This Center

0.20



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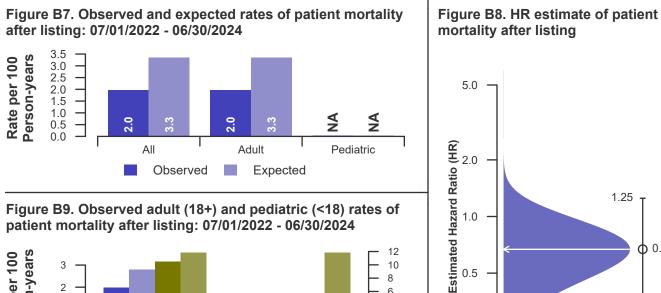
Table B6. Rates of patient mortality after listing: 07/01/2022 - 06/30/2024

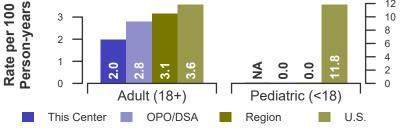
Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Patients				
Count at risk during the evaluation period	178	515	1,266	9,399
Person-years*	253.4	714.9	1,780.3	13,013.5
Number of Deaths	5	20	56	463
Adult (18+) Patients				
Count at risk during the evaluation period	178	514	1,265	9,392
Person-years*	253.4	713.3	1,778.7	13,005.0
Number of Deaths	5	20	56	462
Pediatric (<18) Patients				
Count at risk during the evaluation period	0	1	1	7
Person-years*	0.0	1.6	1.6	8.5
Number of Deaths	0	0	0	1

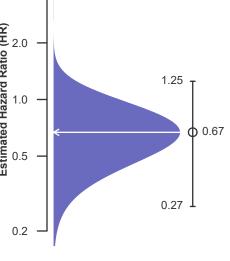
Since candidates listed for combined liver-intestine transplants are also often listed for a pancreas for vascular continuity, candidates simultaneously listed for intestine transplants are not included in this table.

* 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.









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B. Waiting List Information

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

	This	Center (N	l=24)		S. (N=1,48	
Waiting list status (survival status)	Monti 6	ns Since L 12	isting. 18	Montr 6	ns Since L 12	isting. 18
Kidney						
Alive on waiting list (%)	75.0	54.2	20.8	63.2	44.5	31.9
Died on the waiting list without transplant (%)	0.0	0.0	4.2	0.9	1.9	2.8
Removed without transplant (%):						
Condition worsened (status unknown)	0.0	4.2	4.2	0.5	1.6	2.7
Condition improved (status unknown)	0.0	0.0	4.2	0.5	0.7	1.4
Refused transplant (status unknown)	0.0	0.0	0.0	0.1	0.2	0.2
Other	0.0	4.2	8.3	1.7	3.8	6.3
Transplant (living or deceased donor) (%):						
Functioning (alive)	25.0	25.0	33.3	30.0	39.8	31.2
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	4.2	4.2	0.1	0.3	0.2
Died	0.0	0.0	0.0	0.5	1.2	1.5
Status Yet Unknown*	0.0	8.3	20.8	2.4	5.4	20.3
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.2	0.5	1.5
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	0.0	0.0	4.2	1.3	3.2	4.4
Total % known died or removed as unstable	0.0	4.2	8.3	1.9	4.8	7.1
Total % removed for transplant	25.0	37.5	58.3	32.9	46.7	53.2
Total % with known functioning transplant (alive)	25.0	25.0	33.3	30.0	39.8	31.2
Pancreas						
Alive on waiting list (%)	75.0	54.2	20.8	63.2	44.5	31.9
Died on the waiting list without transplant (%)	0.0	0.0	4.2	0.9	1.9	2.8
Removed without transplant (%):						
Condition worsened (status unknown)	0.0	4.2	4.2	0.5	1.6	2.7
Condition improved (status unknown)	0.0	0.0	4.2	0.5	0.7	1.4
Refused transplant (status unknown)	0.0	0.0	0.0	0.1	0.2	0.2
Other	0.0	4.2	8.3	1.7	3.8	6.3
Transplant (living or deceased donor) (%):						
Functioning (alive)	25.0	25.0	33.3	25.3	33.6	26.5
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	4.2	0.0	1.5	1.8	1.5
Died	0.0	0.0	0.0	0.5	1.2	1.5
Status Yet Unknown*	0.0	8.3	25.0	5.6	10.0	23.7
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.2	0.5	1.5
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	0.0	0.0	4.2	1.3	3.2	4.4
Total % known died or removed as unstable	0.0	4.2	8.3	1.9	4.8	7.1
Total % removed for transplant	25.0	37.5	58.3	32.9	46.7	53.2
Total % with known functioning transplant (alive)	25.0	25.0	33.3	25.3	33.6	26.5

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



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B. Waiting List Information

 Table B8. Percent of candidates with deceased donor transplants: demographic characteristics

 Candidates registered on the waiting list between 07/01/2018 and 06/30/2021

Characteristic			ercent t his Cent	-	nted at t	ime pe		nce listii iited Sta	-	
	Ν				3 years	Ν				3 years
All	91	28.6	82.4	84.6	84.6	4,102	11.0	46.5	57.8	62.3
Ethnicity/Race*										
White	38	28.9	84.2	86.8	86.8	1,961	10.0	45.2	56.9	61.2
African-American	44	29.5	84.1	86.4	86.4	1,224	11.3	48.9	59.3	63.5
Hispanic/Latino	5	20.0	80.0	80.0	80.0	672	13.1	46.9	57.6	62.6
Asian	4	25.0	50.0	50.0	50.0	182	14.3	47.8	63.2	67.0
Other	0					63	6.3	33.3	42.9	52.4
Unknown	0					0				
Age										
<2 years	0					0				
2-11 years	0					10	20.0	50.0	70.0	70.0
12-17 years	0					5	20.0	60.0	60.0	60.0
18-34 years	11	27.3	81.8	81.8	81.8	1,034	9.4	45.2	58.1	62.9
35-49 years	45	40.0	88.9	91.1	91.1	2,102	12.1	47.2	58.2	62.9
50-64 years	35	14.3	74.3	77.1	77.1	939	10.2	45.8	56.2	60.0
65-69 years	0					12	16.7	75.0	75.0	75.0
70+ years	0					0				
Gender										
Male	55	30.9	87.3	87.3	87.3	2,353	12.2	49.2	60.0	64.4
Female	36	25.0	75.0	80.6	80.6	1,749	9.5	42.9	54.9	59.4

* 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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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

Characteristic			ercent t nis Cent	-	nted at t	ime pe		ice listi ited Sta	-	
	Ν				3 years	Ν			2 years	3 years
All	91	28.6	82.4	84.6	84.6	4,102	11.0	46.5	57.8	62.3
Blood Type										
0	43	23.3	86.0	90.7	90.7	2,008	12.0	46.2	58.4	62.9
A	29	48.3	93.1	93.1	93.1	1,337	11.3	50.3	60.9	65.0
В	15	6.7	46.7	46.7	46.7	622	7.2	36.5	47.4	52.9
AB	4	25.0	100.0	100.0	100.0	135	11.9	59.3	65.9	68.9
Previous Transplant										
Yes	3	33.3	100.0	100.0	100.0	158	5.1	27.8	36.1	38.6
No	88	28.4	81.8	84.1	84.1	3,944	11.3	47.2	58.7	63.2
Peak PRA/CPRA*										
0-9%	77	33.8	87.0	88.3	88.3	3,282	12.1	48.6	60.2	64.7
10-79%	13	0.0	61.5	69.2	69.2	584	8.7	42.3	52.7	57.0
80+%	1	0.0	0.0	0.0	0.0	236	2.1	27.1	37.3	40.7
Unknown*	0					0				
Years Since Diabetes Onset										
0-20	29	31.0	79.3	79.3	79.3	1,308	10.3	46.6	58.2	62.7
20-30	40	25.0	90.0	90.0	90.0	1,697	11.0	45.9	56.8	61.2
30 +	22	31.8	72.7	81.8	81.8	903	10.6	46.4	58.5	63.2
Unknown	0					194	18.6	51.0	60.8	64.4

* cPRA is calculated from unacceptable antigens. "Unknown" indicates no unacceptable antigens have been entered. For the purpose of the risk-adjustment models, unknown cPRA is treated as cPRA = 0.



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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	0.3	0.4	0.4
10th	0.3	0.5	1	0.9
25th	1.0	1.7	3.7	3.2
50th (median time to transplant)	2.8	7.6	14.9	12.7
75th	17.3	55.1	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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B. Waiting List Information

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	268	475	1,110	7,664
Number of Acceptances	10	54	114	737
Expected Acceptances	20.6	42.6	105.2	736.0
Offer Acceptance Ratio*	0.53	1.25	1.08	1.00
95% Credible Interval**	[0.28, 0.87]			
PHS increased infectious risk				
Number of Offers	24	50	119	864
Number of Acceptances	1	7	14	102
Expected Acceptances	2.7	5.4	14.6	101.0
Offer Acceptance Ratio*	0.64	1.22	0.97	1.01
95% Credible Interval**	[0.13, 1.55]			
High risk donor				
Number of Offers	82	142	276	1,204
Number of Acceptances	1	7	26	82
Expected Acceptances	4.9	10.1	20.2	86.3
Offer Acceptance Ratio*	0.43	0.74	1.26	0.95
95% Credible Interval**	[0.09, 1.05]			
Donor BMI > 28				
Number of Offers	58	84	169	1,503
Number of Acceptances	2	5	13	100
Expected Acceptances	3.7	5.8	13.8	106.3
Offer Acceptance Ratio*	0.70	0.89	0.95	0.94
95% Credible Interval**	[0.19, 1.53]			
Hard-to-Place Donor (Over 10 Offers)				
Number of Offers	171	298	670	4,179
Number of Acceptances	2	22	47	198
Expected Acceptances	7.2	17.4	39.4	202.2
Offer Acceptance Ratio*	0.44	1.24	1.19	0.98
95% Credible Interval**	[0.12, 0.95]			
Donor more than 250 miles away				
Number of Offers	91	143	266	2,917
Number of Acceptances	1	7	13	166
Expected Acceptances	5.8	9.8	17.8	184.9
Offer Acceptance Ratio*	0.38	0.76	0.76	0.90
95% Credible Interval**	[0.08, 0.92]			

* The offer acceptance ratio estimates the relative offer acceptance practice of University of Maryland Medical System 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).

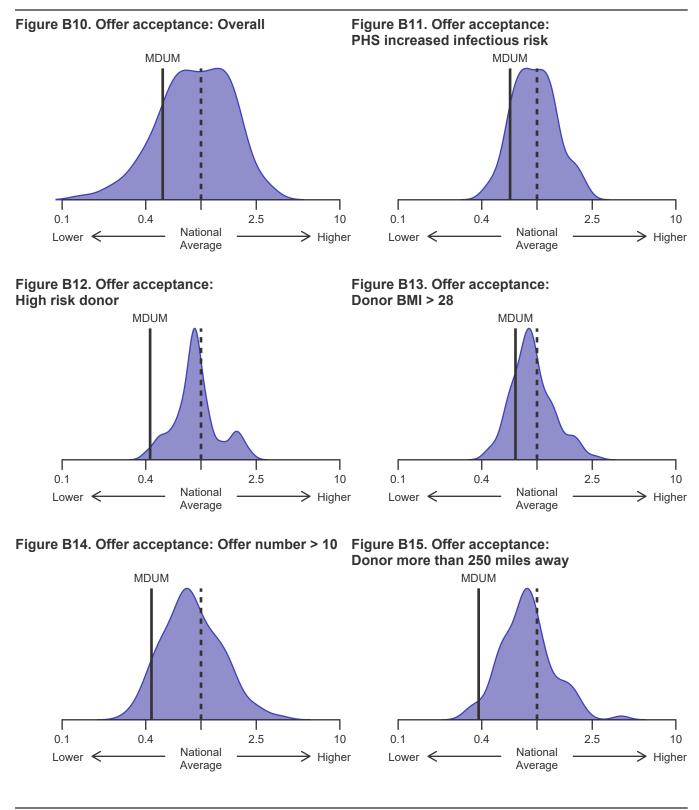
** As an example, the 95% Credible Interval for the overall offer acceptance ratio, [0.28, 0.87], indicates the location of MDUM's true offer acceptance ratio with 95% probability. The best estimate is 47% less likely to accept an offer compared to nationalacceptance behavior, but MDUM's performance could plausibly range from 72% reduced acceptance up to 13% reduced acceptance.



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B. Waiting List Information





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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

	Percentage in each category		
Characteristic	Center (N=10)	Region (N=119)	U.S. (N=747)
Ethnicity/Race (%)*			
White	50.0	29.4	40.6
African-American	40.0	46.2	32.4
Hispanic/Latino	10.0	14.3	20.6
Asian	0.0	9.2	4.4
Other	0.0	0.0	1.5
Unknown	0.0	0.8	0.5
Age (%)			
<2 years	0.0	0.0	0.0
2-11 years	0.0	0.8	0.3
12-17	0.0	0.0	0.0
18-34	10.0	16.8	23.3
35-49 years	60.0	55.5	52.2
50-64 years	30.0	26.9	23.6
65-69 years	0.0	0.0	0.7
70+ years	0.0	0.0	0.0
Gender (%)			
Male	60.0	58.8	61.2
Female	40.0	41.2	38.8

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



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C. Transplant Information

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

	Percentage in each category		
Characteristic	Center (N=10)	Region (N=119)	U.S. (N=747)
Blood Type (%)			
0	30.0	42.9	50.3
A	50.0	30.3	32.7
В	20.0	19.3	11.4
AB	0.0	7.6	5.6
Previous Transplant (%)			
Yes	0.0	1.7	2.0
No	100.0	98.3	98.0
Peak PRA/CPRA Prior to Transplant (%)*			
0-9%	60.0	35.3	28.0
10-79%	20.0	20.2	22.4
80+ %	10.0	8.4	7.5
Unknown*	10.0	36.1	42.2
Body Mass Index (%)			
0-20	0.0	10.9	8.8
21-25	60.0	41.2	41.1
26-30	30.0	38.7	38.0
31-35	10.0	6.7	9.8
36-40	0.0	0.8	0.4
41+	0.0	0.8	0.3
Unknown	0.0	0.8	1.6

* cPRA is calculated from unacceptable antigens. "Unknown" indicates no unacceptable antigens have been entered. For the purpose of the risk-adjustment models, unknown cPRA is treated as cPRA = 0.



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C. Transplant Information

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

	Percentage in each category		
Donor Characteristic	Center (N=10)	Region (N=119)	U.S. (N=747)
Cause of Death (%)			
Deceased: Stroke	10.0	17.6	9.2
Deceased: MVA	10.0	25.2	24.5
Deceased: Other	80.0	57.1	66.3
Ethnicity/Race (%)*			
White	50.0	55.5	59.3
African-American	20.0	17.6	18.5
Hispanic/Latino	30.0	21.0	17.5
Asian	0.0	5.0	2.8
Other	0.0	0.8	1.2
Not Reported	0.0	0.0	0.7
Age (%)			
<2 years	0.0	0.0	0.0
2-11 years	0.0	7.6	4.1
12-17	20.0	11.8	15.9
18-34	50.0	59.7	65.6
35-49 years	30.0	21.0	14.3
50-64 years	0.0	0.0	0.0
65-69 years	0.0	0.0	0.0
70+ years	0.0	0.0	0.0
Gender (%)			
Male	70.0	67.2	70.1
Female	30.0	32.8	29.9
Blood Type (%)			
0	30.0	43.7	50.7
A	50.0	35.3	36.3
В	20.0	21.0	11.5
AB	0.0	0.0	1.5
Unknown	0.0	0.0	0.0

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



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C. Transplant Information

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

Transplant Characteristic Center (N=10) Region (N=14) U.S. (N=747) Cold Ischemic Time (Hours): Local (%) 33.3 59.5 71.6 Deceased: 0-11 hr 33.3 59.5 71.6 Deceased: 22.31 hr 16.7 2.7 1.6 Deceased: 23.41 hr 0.0 0.0 0.0 Deceased: 22.31 hr 0.0 54.4 3.5 Cold Ischemic Time (Hours): Shared (%) 25.0 46.3 54.9 Deceased: 12-21 hr 25.0 46.3 54.9 Deceased: 12-21 hr 0.0 0.0 0.0 0.0 A Locus Mismatches (%) 0 0.0 0.0 0.0 0.0		Percentage in each category		
Deceased: 0-11 hr 33.3 59.5 71.6 Deceased: 12-21 hr 50.0 32.4 23.2 Deceased: 22-31 hr 16.7 2.7 1.6 Deceased: 32-41 hr 0.0 0.0 0.0 Not Reported 0.0 5.4 3.5 Cold Ischemic Time (Hours): Shared (%) Deceased: 0-11 hr 25.0 46.3 54.9 Deceased: 12-21 hr 0.0 0.0 0.0 0.0 Deceased: 22-31 hr 0.0 0.0 0.0 0.0 Deceased: 22-31 hr 0.0 0.0 0.0 0.0 Deceased: 22-31 hr 0.0 0.0 1.2 2.5 Level of Mismatche (%) 0 1.2 2.5 Not Reported 0.0 5.0 7.1 1 1 50.0 52.9 52.5 5.0 Not Reported 0.0 0.0 0.0 0.0 1 2 50.0 74.8 73.8	Transplant Characteristic			
Deceased: 0-11 hr 33.3 59.5 71.6 Deceased: 12-21 hr 50.0 32.4 23.2 Deceased: 22-31 hr 16.7 2.7 1.6 Deceased: 32-41 hr 0.0 0.0 0.0 Not Reported 0.0 5.4 3.5 Cold Ischemic Time (Hours): Shared (%) Deceased: 0-11 hr 25.0 46.3 54.9 Deceased: 12-21 hr 0.0 0.0 0.0 0.0 Deceased: 22-31 hr 0.0 0.0 0.0 0.0 Deceased: 22-31 hr 0.0 0.0 0.0 0.0 Deceased: 22-31 hr 0.0 0.0 1.2 2.5 Level of Mismatche (%) 0 1.2 2.5 Not Reported 0.0 5.0 7.1 1 1 50.0 52.9 52.5 5.0 Not Reported 0.0 0.0 0.0 0.0 1 2 50.0 74.8 73.8	Cold Ischemic Time (Hours): Local (%)			
Deceased: 12-21 hr 50.0 32.4 23.2 Deceased: 22-31 hr 16.7 2.7 1.6 Deceased: 32-41 hr 0.0 0.0 0.0 Not Reported 0.0 5.4 3.5 Cold Ischemic Time (Hours): Shared (%) Deceased: 12-21 hr 75.0 52.4 41.6 Deceased: 22-31 hr 0.0 0.0 0.0 Deceased: 22-31 hr 0.0 0.0 0.0 Deceased: 32-41 hr 0.0 0.0 0.0 Deceased: 32-41 hr 0.0 0.0 0.0 Deceased: 32-41 hr 0.0 1.2 2.5 Level of Mismatches (%) 0 1.2 2.5 A Locus Mismatches (%) 0 0 0.0 0.0 0 10.2 2.7 24.9 2 1 10.0 2.5 1.3 1.3 1 0.0 0.0 0.0 0.0 0 10.0 5.0 5.9 1.3		33.3	59.5	71.6
Deceased: 22-31 hr 16,7 2.7 1.6 Deceased: 32-41 hr 0.0 0.0 0.0 Not Reported 0.0 0.0 0.0 Not Reported 0.0 5.4 3.5 Cold Ischemic Time (Hours): Shared (%) 25.0 46.3 54.9 Deceased: 0-11 hr 25.0 46.3 54.9 Deceased: 12-21 hr 75.0 52.4 41.6 Deceased: 12-21 hr 0.0 0.0 0.0 Deceased: 22-31 hr 0.0 0.0 0.0 Deceased: 42-hr 0.0 0.0 0.0 Not Reported 0.0 0.0 0.0 Level of Mismatches (%) 0 0.0 50.0 7.1 1 50.0 7.4.8 7.3.8 7.3.8 Not Reported 0.0 0.0 0.0 0.0 0 10.0 2.5 1.3 1 1 40.0 2.7 24.9 2.5 Not Reported 0.0 0.0				
Deceased: 32-41 hr 0.0 0.0 0.0 Not Reported 0.0 5.4 3.5 Cold Ischemic Time (Hours): Shared (%)				
Deceased: 42+ hr 0.0 0.0 0.0 Not Reported 0.0 5.4 3.5 Cold Ischemic Time (Hours): Shared (%) 25.0 46.3 54.9 Deceased: 12-21 hr 25.0 46.3 54.9 Deceased: 22-31 hr 0.0 0.0 0.0 0.0 Deceased: 32-41 hr 0.0 0.0 0.0 0.0 Deceased: 32-41 hr 0.0 0.0 1.2 2.5 Deceased: 42+ hr 0.0 0.0 1.2 2.5 Level of Mismatch (%) 7.1 1 2 2.5 A Locus Mismatches (%) 0 0.0 5.0 7.1 0 0.0 5.0 7.1 1 1 50.0 5.0 7.1 1 2 50.0 7.4 3.0 7.3 Not Reported 0.0 0.0 0.0 0.0 0 10.0 2.5 1.3 1 1 40.0 46.2 37.8				
Not Reported 0.0 5.4 3.5 Cold Ischemic Time (Hours): Shared (%) 25.0 46.3 54.9 Deceased: 12-21 hr 75.0 52.4 41.6 Deceased: 22-31 hr 0.0 0.0 0.9 Deceased: 32-41 hr 0.0 0.0 0.0 Deceased: 42+ hr 0.0 0.0 1.2 2.5 Level of Mismatches (%) 0 0.0 5.0 7.1 A Locus Mismatches (%) 0 0.0 0.0 0.0 Deceased: 42+ hr 0.0 0.0 0.0 0.0 A Locus Mismatches (%) 0 0.0 0.0 0.0 Deceased: 42+ hr 50.0 52.9 52.5 Not Reported 0.0 0.0 0.0 0.0 Deceased: 42+ hr 50.0 52.9 52.5 52.5 Not Reported 0.0 0.0 0.0 0.0 0.0 Deceased: 42+ hr 0.0 0.0 0.0 0.0 0.0 0.0 0.0				
Cold Ischemic Time (Hours): Shared (%) Understand State (%) State (%)				
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	Median Time in Hospital After Transplant	8.5 Days	7.5 Days	8.0 Days



R E G I S T R Y OFCenter Code: MDUMT R A N S P L A N TTransplant Program (Organ): Kidney-PancreasRelease Date: January 7, 2025R E C I P I E N T SBased on Data Available: October 31, 2024

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

C. Transplant Information

Table C5DKI. Adult (18+) 1-month survival with a functioning deceased donor kidney graft SPK transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

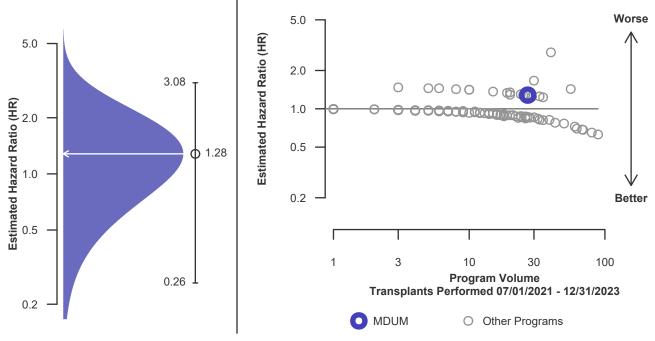
	MDUM	U.S.
Number of transplants evaluated	27	1,992
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	96.30% [89.43%-100.00%]	98.69% [98.20%-99.19%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.68%	
Number of observed graft failures (including deaths) during the first month after transplant	1	26
Number of expected graft failures (including deaths) during the first month after transplant	0.34	26
Estimated hazard ratio*	1.28	1.00
95% credible interval for the hazard ratio**	[0.26, 3.08]	

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

** The 95% credible interval, [0.26, 3.08], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 28% higher risk of kidney graft failure compared to an average program, but MDUM's performance could plausibly range from 74% reduced risk up to 208% increased risk.

Figure C1DKI. Adult (18+) 1-month deceased donor kidney graft failure HR estimate

Figure C2DKI. Adult (18+) 1-month deceased donor kidney graft failure HR program comparison





R E G I S T R Y OFCenter Code: MDUMT R A N S P L A N TTransplant Program (Organ): Kidney-PancreasR E C I P I E N T SBased on Data Available: October 31, 2024

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

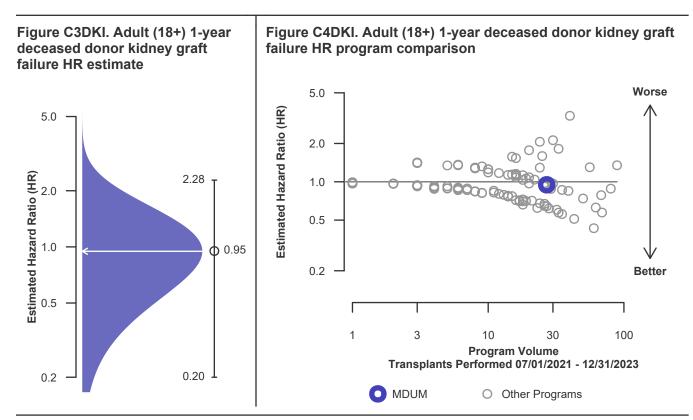
C. Transplant Information

Table C6DKI. Adult (18+) 1-year survival with a functioning deceased donor kidney graft SPK transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

	MDUM	U.S.
Number of transplants evaluated	27	1,992
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	96.30% [89.43%-100.00%]	95.40% [94.45%-96.35%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	95.36%	
Number of observed graft failures (including deaths) during the first year after transplant	1	87
Number of expected graft failures (including deaths) during the first year after transplant	1.17	87
Estimated hazard ratio*	0.95	1.00
95% credible interval for the hazard ratio**	[0.20, 2.28]	

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

** The 95% credible interval, [0.20, 2.28], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 5% lower risk of kidney graft failure compared to an average program, but MDUM's performance could plausibly range from 80% reduced risk up to 128% increased risk.





 REGISTRY OF
 Center Code: MDUM

 TRANSPLANT
 Transplant Program (Organ): Kidney-Pancreas

 Polosso Date: Japuany 7, 2025

TRANSPLANT Release Date: January 7, 2025 RECIPIENTS Based on Data Available: October 31, 2024 SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

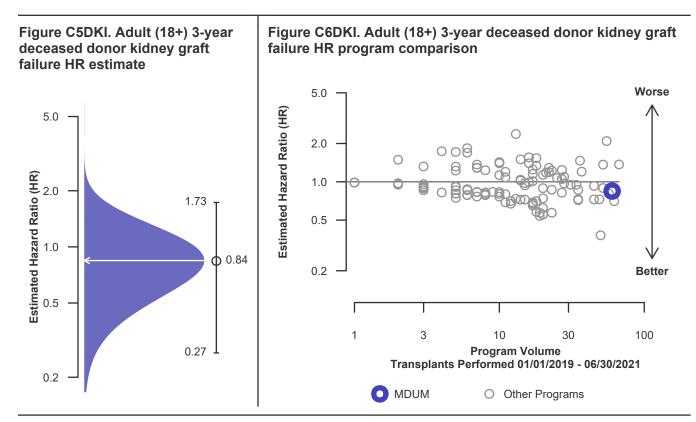
C. Transplant Information

Table C7DKI. Adult (18+) 3-year survival with a functioning deceased donor kidney graft SPK 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

	MDUM	U.S.
Number of transplants evaluated	60	1,966
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	86.67% [73.58%-100.00%]	89.40% [87.61%-91.23%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	87.62%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	3	131
Number of expected graft failures (including deaths) during the first 3 years after transplant	3.92	131
Estimated hazard ratio*	0.84	1.00
95% credible interval for the hazard ratio**	[0.27, 1.73]	

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

** The 95% credible interval, [0.27, 1.73], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 16% lower risk of kidney graft failure compared to an average program, but MDUM's performance could plausibly range from 73% reduced risk up to 73% increased risk.





REGISTRY OFCenter Code: MDUMTRANSPLANTTransplant Program (Organ): Kidney-PancreasRelease Date: January 7, 2025RECIPIENTSBased on Data Available: October 31, 2024

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C. Transplant Information

Table C8DKI. Pediatric (<18) 1-month survival with a functioning deceased donor kidney graft</th>SPK transplants performed between 07/01/2021 and 12/31/2023Deaths 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 C7DKI. Pediatric (<18) 1-month deceased donor kidney graft failure HR estimate	Figure C8DKI. Pediatric (<18) 1-month deceased donor kidney graft failure HR program comparison
This center did not perform any	This center did not perform any
transplants relevant to	transplants relevant to
this figure during	this figure during
07/01/2021-12/31/2023	07/01/2021-12/31/2023



REGISTRY OFCenter Code: MDUMTRANSPLANTTransplant Program (Organ): Kidney-PancreasRelease Date: January 7, 2025RECIPIENTSBased on Data Available: October 31, 2024

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C. Transplant Information

 Table C9DKI. Pediatric (<18) 1-year survival with a functioning deceased donor kidney graft</th>

 SPK 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 C9DKI. Pediatric (<18) 1-year deceased donor kidney graft failure HR estimate	Figure C10DKI. Pediatric (<18) 1-year deceased donor kidney graft failure HR program comparison
This center did not perform any	This center did not perform any
transplants relevant to	transplants relevant to
this figure during	this figure during
07/01/2021-12/31/2023	07/01/2021-12/31/2023



R E G I S T R Y
T R A N S P L A N TCenter Code: MDUM
Transplant Program (Organ): Kidney-Pancreas
Release Date: January 7, 2025R E C I P I E N T SBased on Data Available: October 31, 2024

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C. Transplant Information

Table C10DKI. Pediatric (<18) 3-year survival with a functioning deceased donor kidney graft SPK 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 C11DKI. Pediatric (<18) 3-year deceased donor kidney graft failure HR estimate	Figure C12DKI. Pediatric (<18) 3-year deceased donor kidney graft failure HR program comparison
This center did not perform any	This center did not perform any
transplants relevant to	transplants relevant to
this figure during	this figure during
01/01/2019-06/30/2021	01/01/2019-06/30/2021



REGISTRY OFCenter Code: MDUMTRANSPLANTTransplant Program (Organ): Kidney-Pancreas
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C. Transplant Information

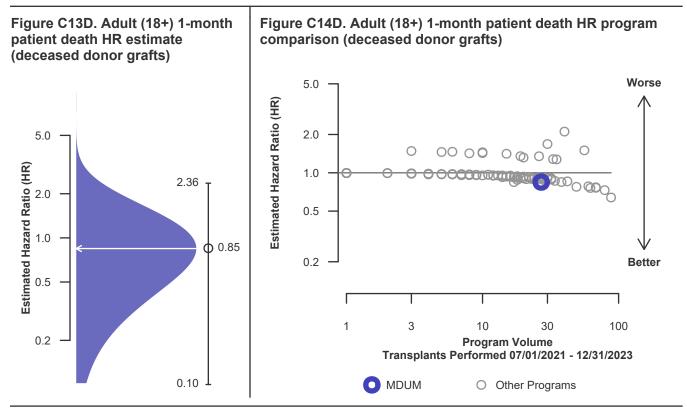
Table C11D. Adult (18+) 1-month patient survival (deceased donor graft recipients) SPK transplants performed between 07/01/2021 and 12/31/2023

Retransplants excluded

	MDUM	U.S.
Number of transplants evaluated	27	1,981
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.04% [98.61%-99.47%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.66%	
Number of observed deaths during the first month after transplant	0	19
Number of expected deaths during the first month after transplant	0.37	19
Estimated hazard ratio*	0.85	1.00
95% credible interval for the hazard ratio**	[0.10, 2.36]	

* The hazard ratio provides an estimate of how University of Maryland Medical System's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If MDUM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.10, 2.36], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 15% lower risk of patient death compared to an average program, but MDUM's performance could plausibly range from 90% reduced risk up to 136% increased risk.





REGISTRY OFCenter Code: MDUMTRANSPLANTTransplant Program (Organ): Kidney-PancreasRelease Date: January 7, 2025RECIPIENTSBased on Data Available: October 31, 2024

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C. Transplant Information

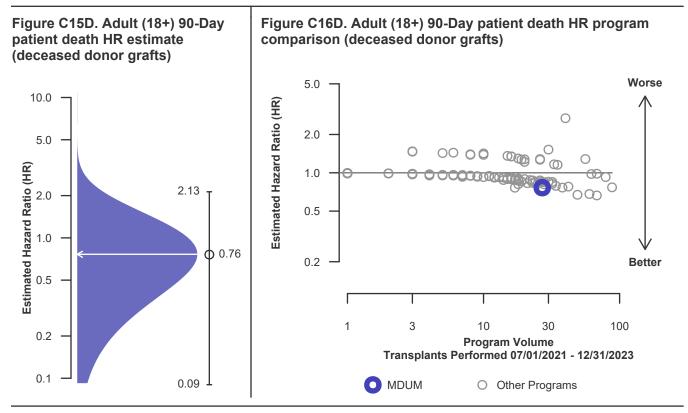
Table C12D. Adult (18+) 90-Day patient survival (deceased donor graft recipients) SPK transplants performed between 07/01/2021 and 12/31/2023

Retransplants excluded

	MDUM	U.S.
Number of transplants evaluated	27	1,981
Estimated probability of surviving at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.38% [97.83%-98.94%]
Expected probability of surviving at 90 days (adjusted for patient and donor characteristics)	97.75%	
Number of observed deaths during the first 90 days after transplant	0	32
Number of expected deaths during the first 90 days after transplant	0.62	32
Estimated hazard ratio*	0.76	1.00
95% credible interval for the hazard ratio**	[0.09, 2.13]	

* The hazard ratio provides an estimate of how University of Maryland Medical System's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If MDUM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.09, 2.13], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 24% lower risk of patient death compared to an average program, but MDUM's performance could plausibly range from 91% reduced risk up to 113% increased risk.





R E G I S T R Y OFCenter Code: MDUMT R A N S P L A N TTransplant Program (Organ): Kidney-PancreasRelease Date: January 7, 2025R E C I P I E N T SBased on Data Available: October 31, 2024

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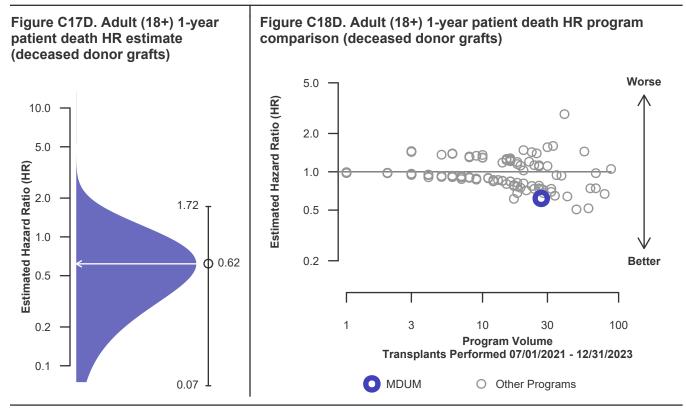
Table C13D. Adult (18+) 1-year patient survival (deceased donor graft recipients)SPK transplants performed between 07/01/2021 and 12/31/2023

Retransplants excluded

	MDUM	U.S.
Number of transplants evaluated	27	1,981
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	96.67% [95.86%-97.49%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	95.41%	
Number of observed deaths during the first year after transplant	0	63
Number of expected deaths during the first year after transplant	1.24	63
Estimated hazard ratio*	0.62	1.00
95% credible interval for the hazard ratio**	[0.07, 1.72]	

* The hazard ratio provides an estimate of how University of Maryland Medical System's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If MDUM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.07, 1.72], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 38% lower risk of patient death compared to an average program, but MDUM's performance could plausibly range from 93% reduced risk up to 72% increased risk.





R E G I S T R Y OFCenter Code: MDUMT R A N S P L A N TTransplant Program (Organ): Kidney-Pancreas
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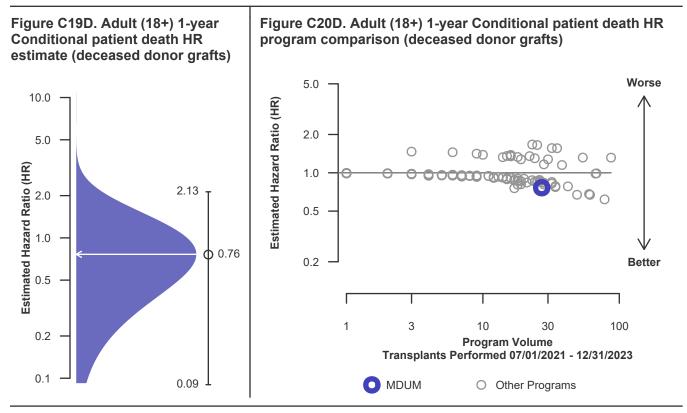
C. Transplant Information

Table C14D. Adult (18+) 1-year Conditional patient survival (deceased donor graft recipients) SPK transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

	MDUM	U.S.
Number of transplants evaluated	27	1,949
Estimated probability of surviving at 1 year, among patients alive at day 90 & [95% CI] (unadjusted for patient and donor characteristics	100.00% [100.00%-100.00%]	98.26% [97.99%-98.53%]
Expected probability of surviving at 1 year, among patients alive at day 90 (adjusted for patient and donor characteristics)	97.60%	
Number of observed deaths from day 91 through day 365 after transplant	0	31
Number of expected deaths from day 91 through day 365 after transplant	0.62	31
Estimated hazard ratio*	0.76	1.00
95% credible interval for the hazard ratio**	[0.09, 2.13]	

* The hazard ratio provides an estimate of how University of Maryland Medical System's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If MDUM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.09, 2.13], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 24% lower risk of patient death compared to an average program, but MDUM's performance could plausibly range from 91% reduced risk up to 113% increased risk.





REGISTRY OFCenter Code: MDUMTRANSPLANTTransplant Program (Organ): Kidney-PancreasRelease Date: January 7, 2025RECIPIENTSBased on Data Available: October 31, 2024

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C. Transplant Information

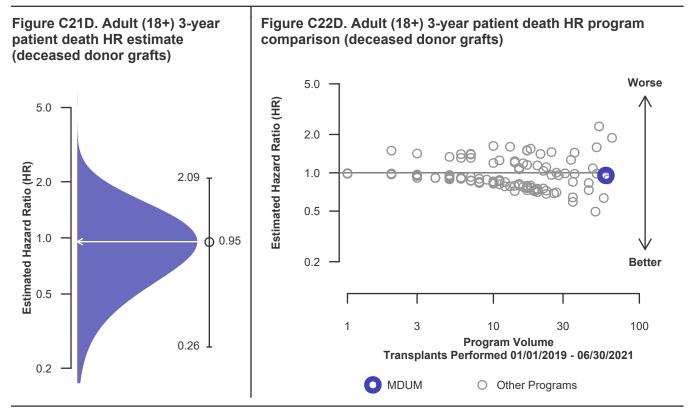
Table C15D. Adult (18+) 3-year patient survival (deceased donor graft recipients) SPK transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Retransplants excluded

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

	MDUM	U.S.
Number of transplants evaluated	59	1,949
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	91.09% [79.91%-100.00%]	94.14% [92.79%-95.51%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.93%	
Number of observed deaths during the first 3 years after transplant	2	74
Number of expected deaths during the first 3 years after transplant	2.19	74
Estimated hazard ratio*	0.95	1.00
95% credible interval for the hazard ratio**	[0.26, 2.09]	

* The hazard ratio provides an estimate of how University of Maryland Medical System's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If MDUM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.26, 2.09], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 5% lower risk of patient death compared to an average program, but MDUM's performance could plausibly range from 74% reduced risk up to 109% increased risk.





REGISTRY OFCenter Code: MDUMTRANSPLANTTransplant Program (Organ): Kidney-PancreasRelease Date: January 7, 2025RECIPIENTSBased on Data Available: October 31, 2024

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Table C16D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients)</th>SPK transplants performed between 07/01/2021 and 12/31/2023Retransplants excluded

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

Figure C23D. Pediatric (<18) 1-month patient death HR estimate (deceased donor grafts)	Figure C24D. Pediatric (<18) 1-month patient death HR program comparison (deceased donor grafts)
This center did not perform any	This center did not perform any
transplants relevant to	transplants relevant to
this figure during	this figure during
07/01/2021-12/31/2023	07/01/2021-12/31/2023



REGISTRY OFCenter Code: MDUMTRANSPLANTTransplant Program (Organ): Kidney-PancreasRelease Date: January 7, 2025RECIPIENTSBased on Data Available: October 31, 2024

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Table C17D. Pediatric (<18) 90-Day patient survival (deceased donor graft recipients)</th>SPK transplants performed between 07/01/2021 and 12/31/2023Retransplants excluded

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

Figure C25D. Pediatric (<18) 90-Day patient death HR estimate (deceased donor grafts)	Figure C26D. Pediatric (<18) 90-Day patient death HR program comparison (deceased donor grafts)
This center did not perform any	This center did not perform any
transplants relevant to	transplants relevant to
this figure during	this figure during
07/01/2021-12/31/2023	07/01/2021-12/31/2023



R E G I S T R Y OFCenter Code: MDUMT R A N S P L A N TTransplant Program (Organ): Kidney-PancreasRelease Date: January 7, 2025R E C I P I E N T SBased on Data Available: October 31, 2024

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C. Transplant Information

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

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

Figure C27D. Pediatric (<18) 1-year patient death HR estimate (deceased donor grafts)	Figure C28D. Pediatric (<18) 1-year patient death HR program comparison (deceased donor grafts)
This center did not perform any	This center did not perform any
transplants relevant to	transplants relevant to
this figure during	this figure during
07/01/2021-12/31/2023	07/01/2021-12/31/2023



R E G I S T R Y OFCenter Code: MDUMT R A N S P L A N TTransplant Program (Organ): Kidney-PancreasRelease Date: January 7, 2025R E C I P I E N T SBased on Data Available: October 31, 2024

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C. Transplant Information

Table C19D. Pediatric (<18) 1-year Conditional patient survival (deceased donor graft recipients)</th>SPK transplants performed between 07/01/2021 and 12/31/2023Retransplants 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 Conditional patient death HR estimate (deceased donor grafts)	Figure C30D. Pediatric (<18) 1-year Conditional patient death HR program comparison (deceased donor grafts)
This center did not perform any	This center did not perform any
transplants relevant to	transplants relevant to
this figure during	this figure during
07/01/2021-12/31/2023	07/01/2021-12/31/2023



R E G I S T R Y OFCenter Code: MDUMT R A N S P L A N TTransplant Program (Organ): Kidney-PancreasRelease Date: January 7, 2025R E C I P I E N T SBased on Data Available: October 31, 2024

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C. Transplant Information

Table C20D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients) SPK 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	This center did not perform any
transplants relevant to	transplants relevant to
this figure during	this figure during
01/01/2019-06/30/2021	01/01/2019-06/30/2021