



COVID-19 Guide

Adjustments to Transplant Program and OPO Evaluation Metrics

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

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

The SRTR Review Committee (SRC) reviewed the metrics at its meetings on January 20, 2021, and February 9, 2021, with the goal of determining whether continued adjustments are necessary, or if the SRTR should resume regular reporting of transplant program and OPO performance metrics. The committee reviewed data on how the pandemic has affected the nation's transplant system, and the extent to which the effects varied geographically and temporally. The committee made the following recommendations to SRTR. These recommendations were reviewed by the Health Resources and Services Administration's (HRSA's) Division of Transplantation, which oversees the SRTR. HRSA approved of these recommendations which the SRTR will implement for the July 2021 reporting cycle:

Posttransplant Outcomes (including 1-month, 1-year, and 3-year graft and patient survival):
Evaluations cohorts will continue to exclude transplants and follow-up time beyond March 12, 2020.

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

3-year Patient and Graft Survival Evaluations: Transplants 1/1/2015-12/31/2017; follow-up
through 3/12/2020.

Pre-Transplant Mortality Rate (formerly called Waitlist Mortality Rate): Evaluation cohorts will be
modified on an organ-specific basis:

Kidney and Lung: Candidates on the waitlist 1/1/2019-3/12/2020.

Liver, Heart, Pancreas, and Intestine: Candidates on the waitlist 1/1/2019-12/31/2020.

Transplant Rate: The first quarter following declaration of a national emergency will be excluded
from the transplant rate evaluations for all organ types.

Candidates on the waitlist 1/1/2019-3/12/2020 and 6/13/2020-12/31/2020.



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Overall Rate of Mortality After Listing: Patient follow-up will continue to be truncated on 3/12/2020:

Evaluation period: 1/1/2019-3/12/2020.

Offer Acceptance Rate: These evaluations will return to normal reporting cohorts.

Offers received 1/1/2020-12/31/2020.

These decisions will apply to the evaluations released in the SRTR's semi-annual program-specific reports scheduled for release on July 6, 2021. These changes have been communicated to the leadership of the Organ Procurement and Transplantation Network's 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 January 2022.

As with the January 2021 reports, SRTR will continue to report descriptive data beyond March 12, 2020, e.g., waitlist counts, transplant counts, recipient characteristics, donor counts, donor characteristics, etc., but will alter data for performance evaluation metrics as described above.



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This report contains a wide range of useful information about the pancreas transplant program at University of Maryland Medical System (MDUM). 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 50.1 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 01/01/2015 and 06/30/2020. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this program was 0.1 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 12/31/2020 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.



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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-C10 present information on graft survival (survival of the transplanted organ), with data presented separately for adult and pediatric recipients. Patients are followed from the time of transplant until either failure of the transplanted organ or death, whichever comes first. Please refer to the technical methods for more information on these calculations (<http://www.srtr.org>).

While Tables C5-C10 present data on graft survival, Tables C11-C16 present information on patient survival. For these tables, patients are followed from the time of transplant until death, regardless of whether the transplant is functioning or the patient required another transplant to survive.

Tables C17 and C18 summarize the multiorgan transplant outcomes at this program. The summary statistics in these tables are descriptive and are not risk-adjusted for different donor and candidate characteristics.

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



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A. Program Summary

Figure A1. Waiting list and transplant activity

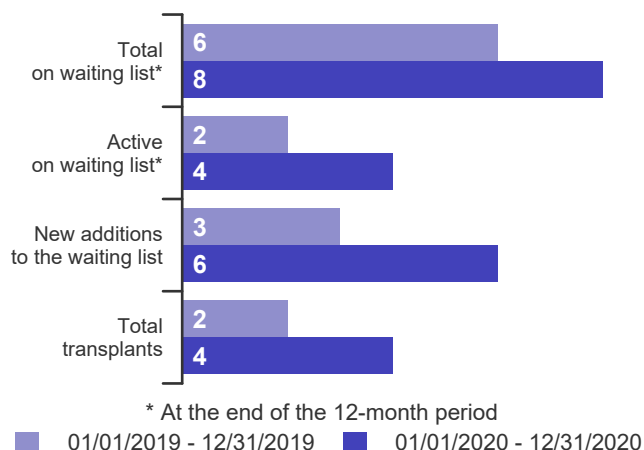


Table A1. Census of transplant recipients

Recipients	01/01/2019-12/31/2019	01/01/2020-12/31/2020
Transplanted at this center	2	4
Followed by this center*	47	16
...transplanted at this program	47	16
...transplanted elsewhere	0	0

* Recipients followed are transplant recipients for whom the center has submitted a post-transplant follow-up form for a transplant that took place before the 12-month interval for each column.

Figure A2. Transplant rates
01/01/2019 - 03/12/2020, 06/13/2020 - 12/31/2020

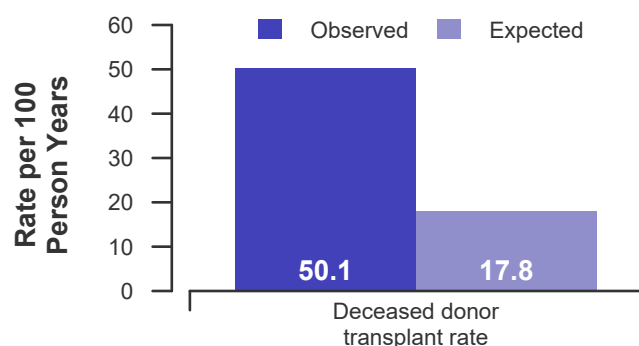


Figure A3. Pre-transplant mortality rates
01/01/2019 - 12/31/2020

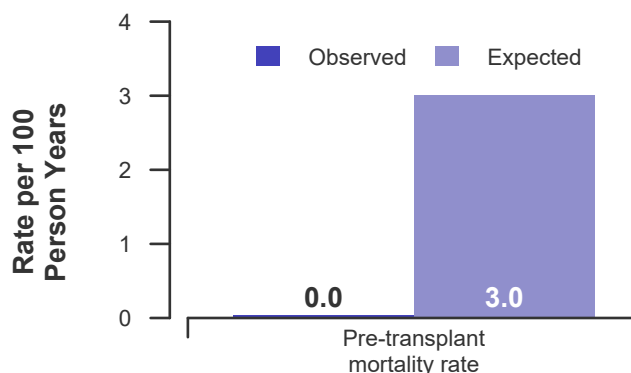


Figure A4. First-year adult patient survival:
01/01/2018 - 03/12/2020

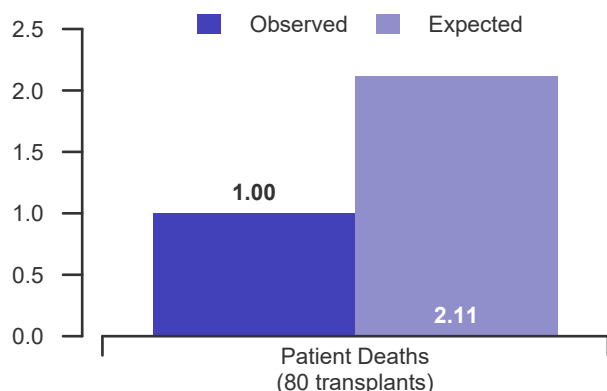


Figure A5. First-year pediatric patient survival:
01/01/2018 - 03/12/2020

This center did not perform any transplants relevant to this figure during 01/01/2018-03/12/2020



B. Waiting List Information

Table B1. Waiting list activity summary: 01/01/2019 - 12/31/2020

Waiting List Registrations	Counts for this center		Activity for 01/01/2020 to 12/31/2020 as percent of registrants on waiting list on 01/01/2020		
	01/01/2019-12/31/2019	01/01/2020-12/31/2020	This Center (%)	OPTN Region (%)	U.S. (%)
On waiting list at start	10	6	100.0	100.0	100.0
Additions					
New listings at this center	3	6	100.0	41.7	44.4
Removals					
Transferred to another center	0	0	0.0	0.0	0.3
Received living donor transplant*	0	0	0.0	0.0	0.0
Received deceased donor transplant*	2	4	66.7	14.6	19.4
Died	0	0	0.0	1.0	1.9
Transplanted at another center	0	0	0.0	1.9	0.9
Deteriorated	2	0	0.0	1.9	3.3
Recovered	0	0	0.0	6.8	1.6
Other reasons	3	0	0.0	11.7	14.5
On waiting list at end of period	6	8	133.3	103.9	102.6

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



B. Waiting List Information

Table B2. Demographic characteristics of waiting list candidates**Candidates registered on the waiting list between 01/01/2020 and 12/31/2020**

Demographic Characteristic	New Waiting List Registrations 01/01/2020 to 12/31/2020 (%)			All Waiting List Registrations on 12/31/2020 (%)		
	This Center (N=6)	OPTN Region (N=43)	U.S. (N=307)	This Center (N=8)	OPTN Region (N=107)	U.S. (N=710)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	83.3	58.1	62.9	62.5	57.9	66.9
African-American	16.7	27.9	21.5	37.5	26.2	17.2
Hispanic/Latino	0.0	11.6	13.7	0.0	12.1	13.0
Asian	0.0	2.3	0.7	0.0	3.7	2.1
Other	0.0	0.0	1.3	0.0	0.0	0.8
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Age (%)						
<2 years	0.0	7.0	3.6	0.0	4.7	2.0
2-11 years	0.0	4.7	4.2	0.0	10.3	4.8
12-17 years	0.0	7.0	1.6	0.0	2.8	0.8
18-34 years	16.7	18.6	24.4	37.5	25.2	25.1
35-49 years	83.3	46.5	44.3	50.0	43.9	48.9
50-64 years	0.0	16.3	20.5	12.5	13.1	17.6
65-69 years	0.0	0.0	1.0	0.0	0.0	0.7
70+ years	0.0	0.0	0.3	0.0	0.0	0.1
Gender (%)						
Male	50.0	51.2	46.9	62.5	47.7	46.6
Female	50.0	48.8	53.1	37.5	52.3	53.4

* 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%.



B. Waiting List Information

Table B3. Medical characteristics of waiting list candidates**Candidates registered on the waiting list between 01/01/2020 and 12/31/2020**

Medical Characteristic	New Waiting List Registrations 01/01/2020 to 12/31/2020 (%)			All Waiting List Registrations on 12/31/2020 (%)		
	This Center	OPTN Region	U.S.	This Center	OPTN Region	U.S.
	(N=6)	(N=43)	(N=307)	(N=8)	(N=107)	(N=710)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Blood Type (%)						
O	33.3	39.5	42.0	50.0	53.3	46.9
A	50.0	39.5	41.4	25.0	34.6	39.2
B	16.7	16.3	11.7	25.0	8.4	10.1
AB	0.0	4.7	4.9	0.0	3.7	3.8
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Previous Transplant (%)						
Yes	50.0	46.5	41.0	62.5	46.7	49.6
No	50.0	53.5	59.0	37.5	53.3	50.4
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Years Since Diabetes Onset (%)						
Less than 20 Years	16.7	16.3	19.5	50.0	23.4	21.0
20 to 25 Years	16.7	16.3	17.9	12.5	14.0	18.0
25 to 30 Years	33.3	16.3	12.1	12.5	15.0	15.6
30 Years or More	33.3	20.9	22.1	25.0	20.6	27.6
Unknown	0.0	30.2	28.3	0.0	27.1	17.7



B. Waiting List Information

Table B4D. Deceased donor transplant rates: 01/01/2019 - 03/12/2020, 06/13/2020 - 12/31/2020

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	10	54	268	2,272
Person Years**	12.0	72.7	503.7	4,019.0
Removals for Transplant	6	72	236	1,774
Adult (18+) Candidates				
Count on waiting list at start*	10	54	265	2,269
Person Years**	12.0	72.7	500.0	4,013.4
Removals for transplant	6	72	236	1,771
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 January 1 or from the date of first wait listing until death, transplant, removal from the waiting list or December 31.

Figure B1D. Observed and expected deceased donor transplant rates: 01/01/2019 - 03/12/2020, 06/13/2020 - 12/31/2020

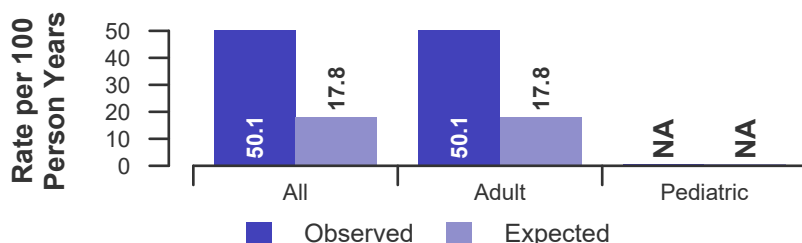


Figure B2D. Deceased donor transplant rate ratio estimate

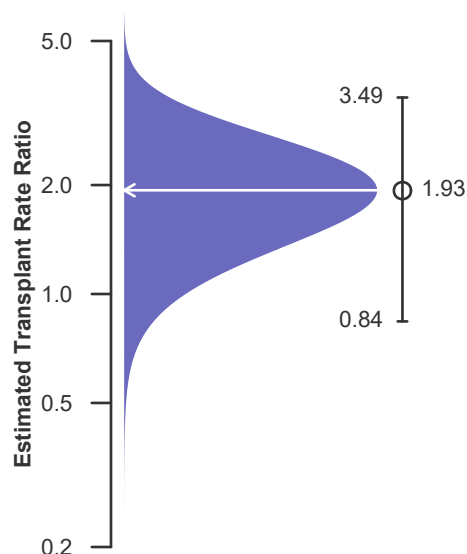
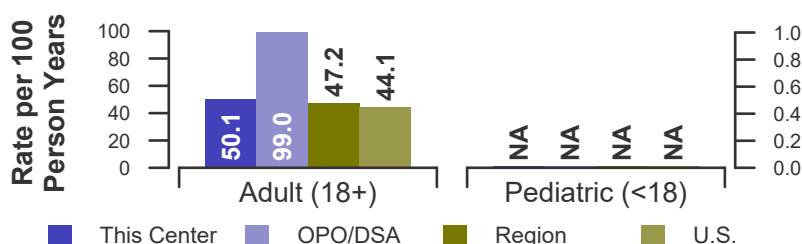


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 01/01/2019 - 03/12/2020, 06/13/2020 - 12/31/2020





B. Waiting List Information

Table B5. Pre-transplant mortality rates: 01/01/2019 - 12/31/2020

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	10	54	268	2,272
Person Years**	23.4	76.4	464.1	3,674.0
Number of deaths	0	4	17	161
Adult (18+) Candidates				
Count on waiting list at start*	10	54	265	2,269
Person Years**	23.4	76.4	456.7	3,663.4
Number of deaths	0	4	17	161
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 January 1 or from the date of first wait listing until death, transplant, 60 days after recovery, transfer or December 31.

Figure B4. Observed and expected pre-transplant mortality rates: 01/01/2019 - 12/31/2020

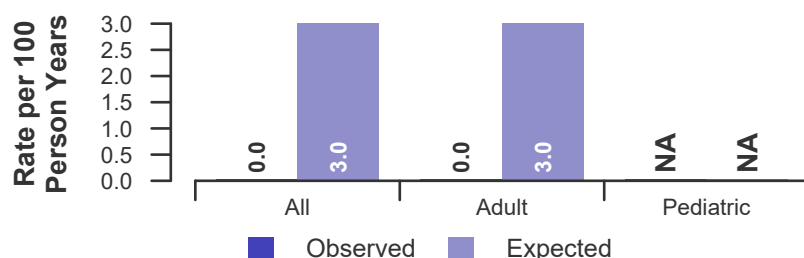


Figure B6. Observed adult (18+) and pediatric (<18) pre-transplant mortality rates: 01/01/2019 - 12/31/2020

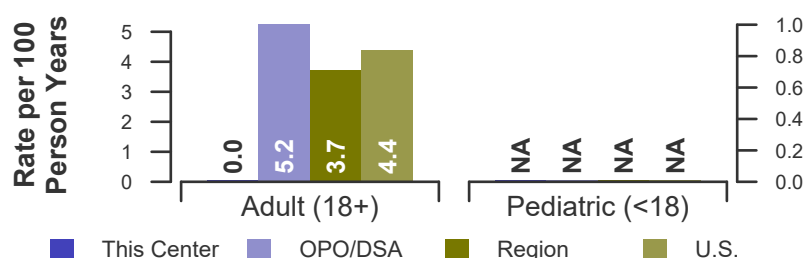
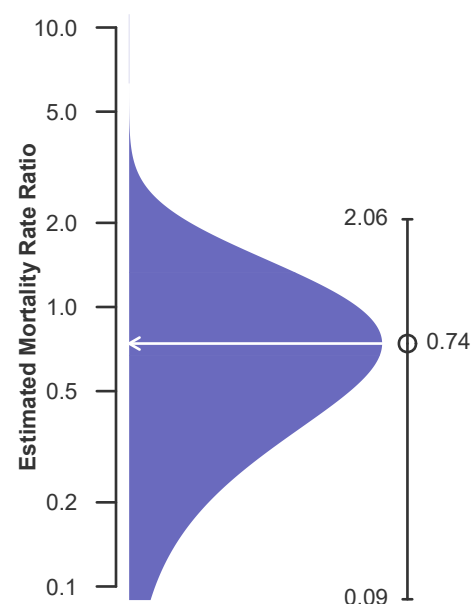


Figure B5. Pre-transplant mortality rate ratio estimate





B. Waiting List Information

Table B6. Rates of patient mortality after listing: 01/01/2019 - 03/12/2020

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Patients				
Count at risk during the evaluation period	33	37	133	1,073
Person-years*	27.6	30.6	119.6	985.9
Number of Deaths	0	1	1	15
Adult (18+) Patients				
Count at risk during the evaluation period	33	37	126	1,060
Person-years*	27.6	30.6	111.5	973.2
Number of Deaths	0	1	1	15
Pediatric (<18) Patients				
Count at risk during the evaluation period	0	0	7	13
Person-years*	0.0	0.0	8.1	12.7
Number of Deaths	0	0	0	0

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 01/01/2019, or from the date of first wait listing until death, reaching 5 years after listing or March 12, 2020.

** Patient mortality after listing describes the relative survival experience of patients after listing. It depends on many factors, some of which are outside of the control of the transplant program. For example, availability of organs may not be the same in every part of the country.

Figure B7. Observed and expected rates of patient mortality after listing: 01/01/2019 - 03/12/2020

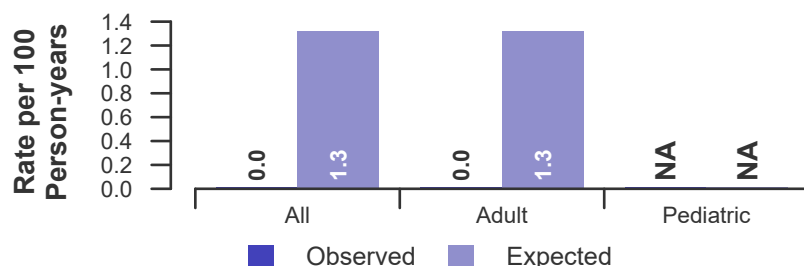


Figure B8. HR estimate of patient mortality after listing

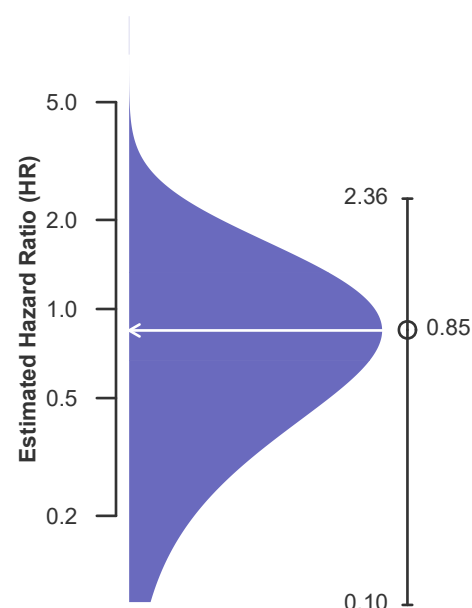
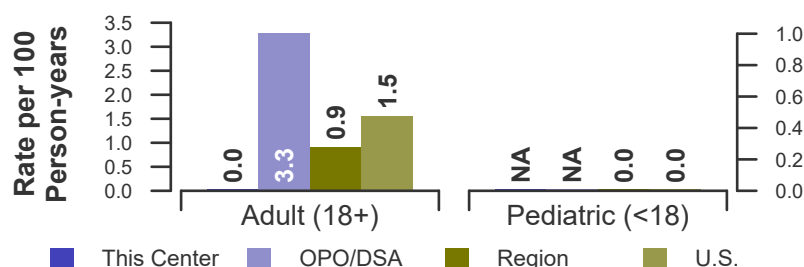


Figure B9. Observed adult (18+) and pediatric (<18) rates of patient mortality after listing: 01/01/2019 - 03/12/2020





B. Waiting List Information

Table B7. Waiting list candidate status after listing
Candidates registered on waiting list between 07/01/2018 and 06/30/2019

Waiting list status (survival status)	This Center (N=2)			U.S. (N=330)		
	Months Since Listing			Months Since Listing		
	6	12	18	6	12	18
Alive on waiting list (%)	0.0	0.0	0.0	63.9	49.7	42.1
Died on the waiting list without transplant (%)	0.0	0.0	0.0	2.1	2.4	2.7
Removed without transplant (%):						
Condition worsened (status unknown)	0.0	0.0	0.0	1.8	3.0	3.6
Condition improved (status unknown)	0.0	0.0	0.0	0.0	0.3	0.3
Refused transplant (status unknown)	0.0	0.0	0.0	0.6	1.5	2.4
Other	0.0	0.0	0.0	4.5	8.8	10.9
Transplant (living or deceased donor) (%):						
Functioning (alive)	100.0	50.0	0.0	23.6	27.0	21.5
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.0	0.0	0.3	0.0	0.0
Died	0.0	0.0	0.0	1.5	3.0	4.2
Status Yet Unknown*	0.0	50.0	100.0	1.2	3.9	11.8
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.3	0.3	0.3
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	0.0	0.0	0.0	3.6	5.5	7.0
Total % known died or removed as unstable	0.0	0.0	0.0	5.5	8.5	10.6
Total % removed for transplant	100.0	100.0	100.0	26.7	33.9	37.6
Total % with known functioning transplant (alive)	100.0	50.0	0.0	23.6	27.0	21.5

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



B. Waiting List Information

Table B8. Percent of candidates with deceased donor transplants: demographic characteristics
Candidates registered on the waiting list between 01/01/2015 and 12/31/2017

Characteristic	Percent transplanted at time periods since listing									
	This Center					United States				
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	20	15.0	55.0	60.0	60.0	1,220	7.9	36.4	44.7	48.5
Ethnicity/Race*										
White	16	12.5	43.8	50.0	50.0	906	7.5	38.1	46.4	50.4
African-American	3	33.3	100.0	100.0	100.0	147	8.8	33.3	39.5	42.2
Hispanic/Latino	0	--	--	--	--	122	9.8	30.3	40.2	43.4
Asian	1	0.0	100.0	100.0	100.0	28	10.7	32.1	42.9	42.9
Other	0	--	--	--	--	17	0.0	23.5	35.3	47.1
Unknown	0	--	--	--	--	0	--	--	--	--
Age										
<2 years	0	--	--	--	--	60	16.7	50.0	55.0	60.0
2-11 years	0	--	--	--	--	83	9.6	50.6	59.0	60.2
12-17 years	0	--	--	--	--	28	3.6	46.4	50.0	57.1
18-34 years	3	0.0	33.3	33.3	33.3	270	7.0	36.3	47.4	51.9
35-49 years	10	20.0	60.0	70.0	70.0	482	6.4	33.4	41.3	44.8
50-64 years	7	14.3	57.1	57.1	57.1	283	9.2	33.2	41.0	45.2
65-69 years	0	--	--	--	--	12	8.3	50.0	50.0	50.0
70+ years	0	--	--	--	--	2	0.0	0.0	0.0	0.0
Gender										
Male	11	18.2	54.5	54.5	54.5	615	8.8	37.4	45.4	47.6
Female	9	11.1	55.6	66.7	66.7	605	6.9	35.4	44.0	49.4

* 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%.



B. Waiting List Information

Table B9. Percent of candidates with deceased donor transplants: medical characteristics
Candidates registered on the waiting list between 01/01/2015 and 12/31/2017

Characteristic	N	Percent transplanted at time periods since listing									
		This Center					United States				
		30 day	1 year	2 years	3 years		30 day	1 year	2 years	3 years	
All	20	15.0	55.0	60.0	60.0	1,220	7.9	36.4	44.7	48.5	
Blood Type											
O	6	0.0	33.3	50.0	50.0	550	7.1	31.8	42.2	46.5	
A	8	25.0	75.0	75.0	75.0	480	7.9	39.0	46.0	49.8	
B	6	16.7	50.0	50.0	50.0	140	7.9	40.0	45.0	47.1	
AB	0	--	--	--	--	50	16.0	52.0	58.0	62.0	
Previous Transplant											
Yes	15	20.0	53.3	53.3	53.3	485	6.2	29.9	38.6	42.7	
No	5	0.0	60.0	80.0	80.0	735	9.0	40.7	48.7	52.4	
Years Since Diabetes Onset											
0-20	1	0.0	0.0	0.0	0.0	217	6.0	38.7	48.4	53.0	
20-30	10	20.0	80.0	90.0	90.0	310	6.1	30.6	41.0	44.8	
30 +	8	12.5	37.5	37.5	37.5	341	4.7	27.6	35.5	39.9	
Unknown	1	0.0	0.0	0.0	0.0	352	13.6	48.6	54.5	57.4	



B. Waiting List Information

Table B10. Time to transplant for waiting list candidates*

Candidates registered on the waiting list between 01/01/2015 and 06/30/2020

Percentile	Center	Months to Transplant**		U.S.
		OPO/DSA	Region	
5th	0.1	0.2	0.5	0.6
10th	0.3	0.4	2.1	1.2
25th	1.7	2.1	6.7	5.1
50th (median time to transplant)	3.8	6.3	Not Observed	61.7
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 12/31/2020. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had received a transplant.



B. Waiting List Information

Table B11. Offer Acceptance Practices: 01/01/2020 - 12/31/2020

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
Overall				
Number of Offers	33	37	154	1,337
Number of Acceptances	4	4	10	91
Expected Acceptances	2.2	2.4	8.8	90.2
Offer Acceptance Ratio*	1.42	1.38	1.11	1.01
95% Credible Interval**	[0.52, 2.76]	--	--	--
PHS increased infectious risk				
Number of Offers	9	10	66	410
Number of Acceptances	3	3	3	19
Expected Acceptances	0.8	0.8	2.7	19.0
Offer Acceptance Ratio*	1.79	1.76	1.07	1.00
95% Credible Interval**	[0.58, 3.67]	--	--	--
High risk donor				
Number of Offers	11	13	25	198
Number of Acceptances	0	0	0	9
Expected Acceptances	0.4	0.4	0.6	7.4
Offer Acceptance Ratio*	0.84	0.83	0.76	1.17
95% Credible Interval**	[0.10, 2.33]	--	--	--
Donor BMI > 28				
Number of Offers	7	7	34	251
Number of Acceptances	1	1	2	16
Expected Acceptances	0.1	0.1	1.7	13.6
Offer Acceptance Ratio*	1.44	1.44	1.07	1.15
95% Credible Interval**	[0.30, 3.48]	--	--	--
Hard-to-Place Pancreas (Over 10 Offers)				
Number of Offers	23	25	100	828
Number of Acceptances	3	3	5	30
Expected Acceptances	0.9	1.0	3.3	27.9
Offer Acceptance Ratio*	1.70	1.66	1.32	1.07
95% Credible Interval**	[0.55, 3.48]	--	--	--
Donor more than 250 miles away				
Number of Offers	13	16	50	738
Number of Acceptances	1	1	2	28
Expected Acceptances	0.4	0.5	1.5	29.2
Offer Acceptance Ratio*	1.23	1.19	1.15	0.96
95% Credible Interval**	[0.25, 2.95]	--	--	--

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

** As an example, the 95% Credible Interval for the overall offer acceptance ratio, [0.52, 2.76], indicates the location of MDUM's true offer acceptance ratio with 95% probability. The best estimate is 42% more likely to accept an offer compared to national acceptance behavior, but MDUM's performance could plausibly range from 48% reduced acceptance up to 176% higher acceptance.



B. Waiting List Information

Figure B10. Offer acceptance: Overall

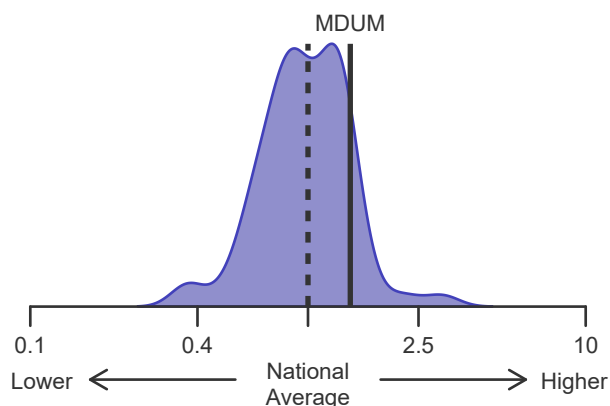


Figure B11. Offer acceptance:
PHS increased infectious risk

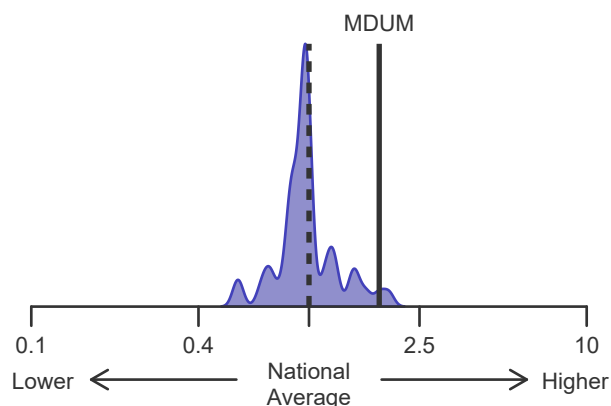


Figure B12. Offer acceptance:
High risk donor

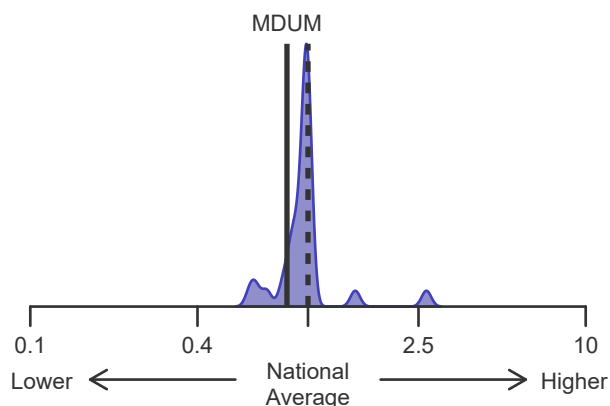


Figure B13. Offer acceptance:
Donor BMI > 28

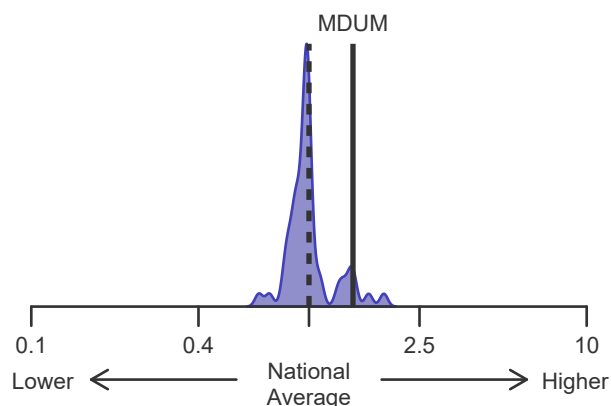


Figure B14. Offer acceptance: Offer number > 10

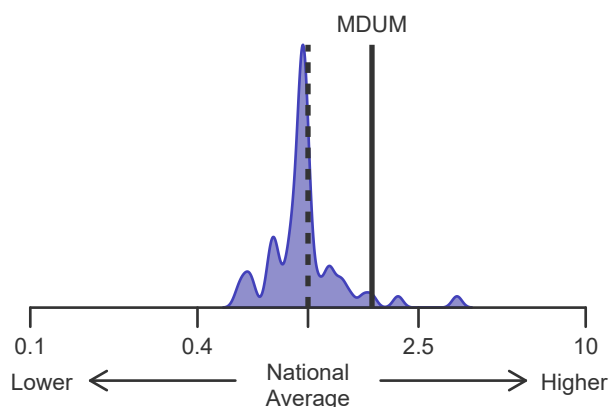
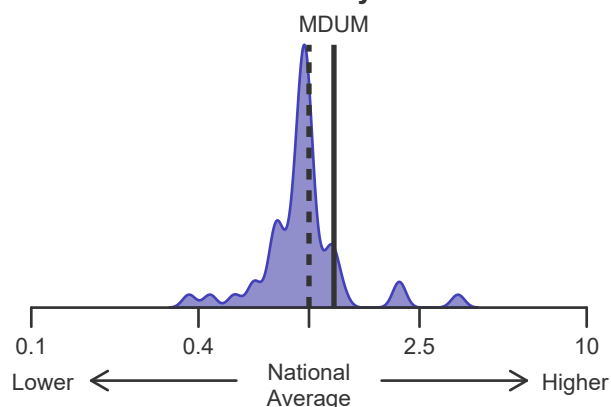


Figure B15. Offer acceptance:
Donor more than 250 miles away





C. Transplant Information

Table C1D. Deceased donor transplant recipient demographic characteristics**Patients transplanted between 01/01/2020 and 12/31/2020**

Characteristic	Percentage in each category		
	Center (N=4)	Region (N=15)	U.S. (N=135)
Ethnicity/Race (%)*			
White	100.0	86.7	70.4
African-American	0.0	13.3	14.8
Hispanic/Latino	0.0	0.0	13.3
Asian	0.0	0.0	1.5
Other	0.0	0.0	0.0
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	0.0	6.7	3.7
2-11 years	0.0	6.7	7.4
12-17	0.0	0.0	2.2
18-34	25.0	26.7	20.7
35-49 years	75.0	40.0	37.8
50-64 years	0.0	20.0	27.4
65-69 years	0.0	0.0	0.7
70+ years	0.0	0.0	0.0
Gender (%)			
Male	25.0	40.0	51.1
Female	75.0	60.0	48.9

* 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%.



C. Transplant Information

Table C2D. Deceased donor transplant recipient medical characteristics

Patients transplanted between 01/01/2020 and 12/31/2020

Characteristic	Percentage in each category		
	Center (N=4)	Region (N=15)	U.S. (N=135)
Blood Type (%)			
O	25.0	13.3	45.2
A	75.0	66.7	35.6
B	0.0	20.0	15.6
AB	0.0	0.0	3.7
Previous Transplant (%)			
Yes	50.0	66.7	49.6
No	50.0	33.3	50.4
Peak PRA/CPRA Prior to Transplant (%)			
0-9%	100.0	80.0	73.3
10-79%	0.0	20.0	17.8
80+ %	0.0	0.0	8.9
Unknown	0.0	0.0	0.0
Body Mass Index (%)			
0-20	0.0	26.7	23.7
21-25	75.0	53.3	34.8
26-30	25.0	20.0	31.1
31-35	0.0	0.0	5.2
36-40	0.0	0.0	3.7
41+	0.0	0.0	1.5
Unknown	0.0	0.0	0.0



C. Transplant Information

Table C3D. Deceased donor characteristics

Transplants performed between 01/01/2020 and 12/31/2020

Donor Characteristic	Percentage in each category		
	Center (N=4)	Region (N=15)	U.S. (N=135)
Cause of Death (%)			
Deceased: Stroke	25.0	13.3	8.9
Deceased: MVA	0.0	6.7	23.7
Deceased: Other	75.0	80.0	67.4
Ethnicity/Race (%)*			
White	75.0	60.0	63.7
African-American	25.0	26.7	20.0
Hispanic/Latino	0.0	13.3	14.1
Asian	0.0	0.0	2.2
Other	0.0	0.0	0.0
Not Reported	0.0	0.0	0.0
Age (%)			
<2 years	0.0	6.7	5.9
2-11 years	0.0	13.3	14.8
12-17	0.0	6.7	12.6
18-34	100.0	60.0	60.0
35-49 years	0.0	13.3	6.7
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	75.0	86.7	71.1
Female	25.0	13.3	28.9
Blood Type (%)			
O	25.0	40.0	63.0
A	75.0	53.3	28.9
B	0.0	6.7	7.4
AB	0.0	0.0	0.7
Unknown	0.0	0.0	0.0

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



C. Transplant Information

Table C4D. Deceased donor transplant characteristics
Transplants performed between 01/01/2020 and 12/31/2020

Transplant Characteristic	Percentage in each category		
	Center (N=4)	Region (N=15)	U.S. (N=135)
Total Ischemic Time (Hours): Local (%)			
Deceased: 0-11 hr	100.0	80.0	89.3
Deceased: 12-21 hr	0.0	20.0	10.7
Deceased: 22-31 hr	0.0	0.0	0.0
Deceased: 32-41 hr	0.0	0.0	0.0
Deceased: 42+ hr	0.0	0.0	0.0
Not Reported	0.0	0.0	0.0
Total Ischemic Time (Hours): Shared (%)			
Deceased: 0-11 hr	33.3	70.0	65.8
Deceased: 12-21 hr	66.7	20.0	31.6
Deceased: 22-31 hr	0.0	0.0	1.3
Deceased: 32-41 hr	0.0	0.0	0.0
Deceased: 42+ hr	0.0	0.0	0.0
Not Reported	0.0	10.0	1.3
Procedure Type (%)			
Single organ	100.0	66.7	68.9
Multi organ	0.0	33.3	31.1
Donor Location (%)			
Local Donation Service Area (DSA)	25.0	33.3	41.5
Another Donation Service Area (DSA)	75.0	66.7	58.5
Median Time in Hospital After Transplant*	6.5 Days	7.0 Days	7.0 Days

* Multi organ transplants are excluded from this statistic.



C. Transplant Information

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

All transplant types (ALL)

Pancreas transplants performed between 01/01/2018 and 03/12/2020

Deaths and retransplants are considered graft failures

Graft failure has not been defined for pancreas grafts

**Figure C1ALL. Adult (18+)
1-month deceased donor graft
failure HR estimate: (ALL)**

Graft failure has not been
defined for pancreas grafts

**Figure C2ALL. Adult (18+) 1-month deceased donor graft
failure HR program comparison: (ALL)**

Graft failure has not been
defined for pancreas grafts



C. Transplant Information

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

Pancreas after kidney (PAK)

Single organ transplants performed between 01/01/2018 and 03/12/2020

Deaths and retransplants are considered graft failures

Graft failure has not been defined for pancreas grafts

**Figure C1PAK. Adult (18+)
1-month deceased donor graft
failure HR estimate: (PAK)**

Graft failure has not been
defined for pancreas grafts

**Figure C2PAK. Adult (18+) 1-month deceased donor graft
failure HR program comparison: (PAK)**

Graft failure has not been
defined for pancreas grafts



C. Transplant Information

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

Pancreas transplant alone (PTA)

Single organ transplants performed between 01/01/2018 and 03/12/2020

Deaths and retransplants are considered graft failures

Graft failure has not been defined for pancreas grafts

**Figure C1PTA. Adult (18+)
1-month deceased donor graft
failure HR estimate: (PTA)**

Graft failure has not been
defined for pancreas grafts

**Figure C2PTA. Adult (18+) 1-month deceased donor graft
failure HR program comparison: (PTA)**

Graft failure has not been
defined for pancreas grafts



C. Transplant Information

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

Simultaneous pancreas-kidney (SPK)

Simultaneous pancreas-kidney transplants performed between 01/01/2018 and 03/12/2020

Deaths and retransplants are considered graft failures

Graft failure has not been defined for pancreas grafts

**Figure C1SPK. Adult (18+)
1-month deceased donor graft
failure HR estimate: (SPK)**

Graft failure has not been
defined for pancreas grafts

**Figure C2SPK. Adult (18+) 1-month deceased donor graft
failure HR program comparison: (SPK)**

Graft failure has not been
defined for pancreas grafts



C. Transplant Information

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

All transplant types (ALL)

Pancreas transplants performed between 01/01/2018 and 03/12/2020

Deaths and retransplants are considered graft failures

Graft failure has not been defined for pancreas grafts

Figure C3ALL. Adult (18+) 1-year deceased donor graft failure HR estimate: (ALL)

Graft failure has not been defined for pancreas grafts

Figure C4ALL. Adult (18+) 1-year deceased donor graft failure HR program comparison: (ALL)

Graft failure has not been defined for pancreas grafts



C. Transplant Information

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

Pancreas after kidney (PAK)

Single organ transplants performed between 01/01/2018 and 03/12/2020

Deaths and retransplants are considered graft failures

Graft failure has not been defined for pancreas grafts

**Figure C3PAK. Adult (18+) 1-year
deceased donor graft failure HR
estimate: (PAK)**

Graft failure has not been
defined for pancreas grafts

**Figure C4PAK. Adult (18+) 1-year deceased donor graft failure
HR program comparison: (PAK)**

Graft failure has not been
defined for pancreas grafts



C. Transplant Information

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

Pancreas transplant alone (PTA)

Single organ transplants performed between 01/01/2018 and 03/12/2020

Deaths and retransplants are considered graft failures

Graft failure has not been defined for pancreas grafts

Figure C3PTA. Adult (18+) 1-year deceased donor graft failure HR estimate: (PTA)

Graft failure has not been defined for pancreas grafts

Figure C4PTA. Adult (18+) 1-year deceased donor graft failure HR program comparison: (PTA)

Graft failure has not been defined for pancreas grafts



C. Transplant Information

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

Simultaneous pancreas-kidney (SPK)

Simultaneous pancreas-kidney transplants performed between 01/01/2018 and 03/12/2020

Deaths and retransplants are considered graft failures

Graft failure has not been defined for pancreas grafts

Figure C3SPK. Adult (18+) 1-year deceased donor graft failure HR estimate: (SPK)

Graft failure has not been defined for pancreas grafts

Figure C4SPK. Adult (18+) 1-year deceased donor graft failure HR program comparison: (SPK)

Graft failure has not been defined for pancreas grafts



C. Transplant Information

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

All transplant types (ALL)

Pancreas transplants performed between 07/01/2015 and 12/31/2017

Deaths and retransplants are considered graft failures

Graft failure has not been defined for pancreas grafts

**Figure C5ALL. Adult (18+) 3-year
deceased donor graft failure HR
estimate: (ALL)**

Graft failure has not been
defined for pancreas grafts

**Figure C6ALL. Adult (18+) 3-year deceased donor graft failure
HR program comparison: (ALL)**

Graft failure has not been
defined for pancreas grafts



C. Transplant Information

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

Pancreas after kidney (PAK)

Single organ transplants performed between 07/01/2015 and 12/31/2017

Deaths and retransplants are considered graft failures

Graft failure has not been defined for pancreas grafts

**Figure C5PAK. Adult (18+) 3-year
deceased donor graft failure HR
estimate: (PAK)**

Graft failure has not been
defined for pancreas grafts

**Figure C6PAK. Adult (18+) 3-year deceased donor graft failure
HR program comparison: (PAK)**

Graft failure has not been
defined for pancreas grafts



C. Transplant Information

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

Pancreas transplant alone (PTA)

Single organ transplants performed between 07/01/2015 and 12/31/2017

Deaths and retransplants are considered graft failures

Graft failure has not been defined for pancreas grafts

**Figure C5PTA. Adult (18+) 3-year
deceased donor graft failure HR
estimate: (PTA)**

Graft failure has not been
defined for pancreas grafts

**Figure C6PTA. Adult (18+) 3-year deceased donor graft failure
HR program comparison: (PTA)**

Graft failure has not been
defined for pancreas grafts



C. Transplant Information

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

Simultaneous pancreas-kidney (SPK)

Simultaneous pancreas-kidney transplants performed between 07/01/2015 and 12/31/2017

Deaths and retransplants are considered graft failures

Graft failure has not been defined for pancreas grafts

**Figure C5SPK. Adult (18+) 3-year
deceased donor graft failure HR
estimate: (SPK)**

Graft failure has not been
defined for pancreas grafts

**Figure C6SPK. Adult (18+) 3-year deceased donor graft failure
HR program comparison: (SPK)**

Graft failure has not been
defined for pancreas grafts



C. Transplant Information

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

All transplant types (ALL)

Pancreas transplants performed between 01/01/2018 and 03/12/2020

Deaths and retransplants are considered graft failures

Graft failure has not been defined for pancreas grafts

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

Graft failure has not been
defined for pancreas grafts

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

Graft failure has not been
defined for pancreas grafts



C. Transplant Information

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

All transplant types (ALL)

Pancreas transplants performed between 01/01/2018 and 03/12/2020

Deaths and retransplants are considered graft failures

Graft failure has not been defined for pancreas grafts

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

Graft failure has not been
defined for pancreas grafts

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

Graft failure has not been
defined for pancreas grafts



C. Transplant Information

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

All transplant types (ALL)

Pancreas transplants performed between 07/01/2015 and 12/31/2017

Deaths and retransplants are considered graft failures

Graft failure has not been defined for pancreas grafts

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

Graft failure has not been
defined for pancreas grafts

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

Graft failure has not been
defined for pancreas grafts



C. Transplant Information

Table C11. Adult (18+) 1-month patient survival (deceased donor graft recipients):

All transplant types (ALL)

Pancreas transplants performed between 01/01/2018 and 03/12/2020

Retransplants excluded

	MDUM	U.S.
Number of transplants evaluated	80	2,050
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.46%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.31%	--
Number of observed deaths during the first month after transplant	0	11
Number of expected deaths during the first month after transplant	0.55	11
Estimated hazard ratio*	0.78	1.00
95% credible interval for the hazard ratio**	[0.09, 2.18]	--

* The hazard ratio provides an estimate of how University of Maryland Medical System (MDUM)'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, 2.18], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 22% lower risk of patient death compared to an average program, but MDUM's performance could plausibly range from 91% reduced risk up to 118% increased risk.

Figure C13ALL. Adult (18+) 1-month patient death HR estimate (deceased donor grafts): (ALL)

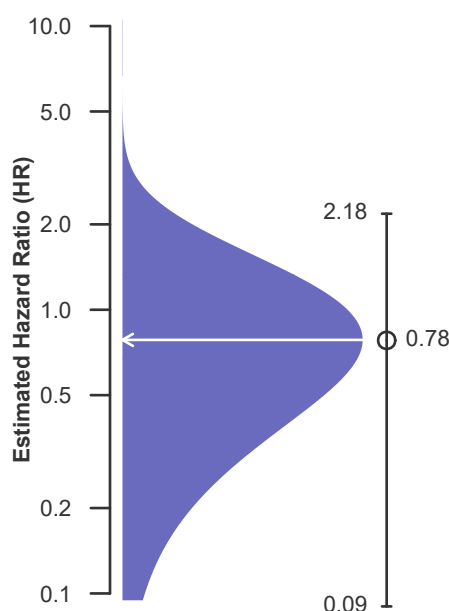
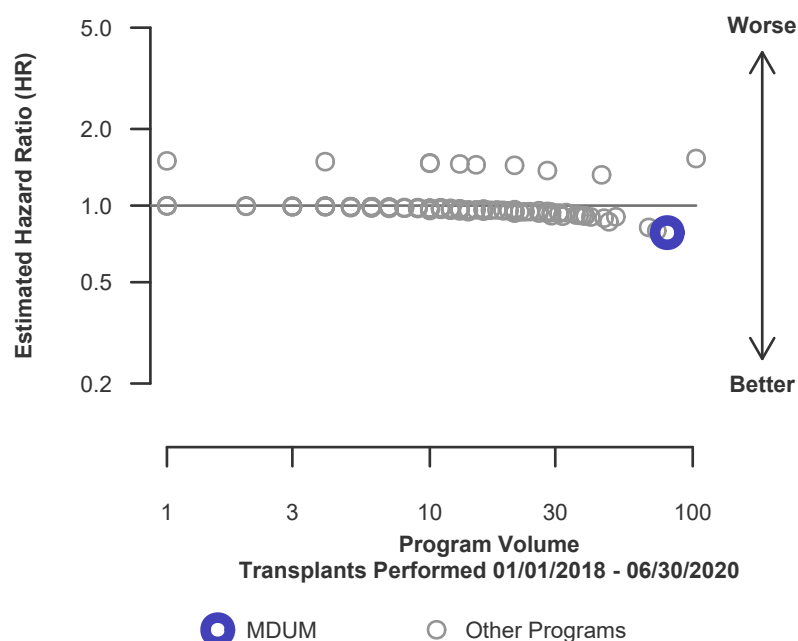


Figure C14ALL. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts): (ALL)





C. Transplant Information

Table C11. Adult (18+) 1-month patient survival (deceased donor graft recipients):

Pancreas after kidney (PAK)

Single organ transplants performed between 01/01/2018 and 03/12/2020

Retransplants excluded

	MDUM	U.S.
Number of transplants evaluated	2	94
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.92%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	96.57%	--
Number of observed deaths during the first month after transplant	0	1
Number of expected deaths during the first month after transplant	0.07	1
Estimated hazard ratio*	0.97	1.00
95% credible interval for the hazard ratio**	[0.12, 2.69]	--

* The hazard ratio provides an estimate of how University of Maryland Medical System (MDUM)'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, [0.12, 2.69], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 3% lower risk of patient death compared to an average program, but MDUM's performance could plausibly range from 88% reduced risk up to 169% increased risk.

Figure C13PAK. Adult (18+) 1-month patient death HR estimate (deceased donor grafts): (PAK)

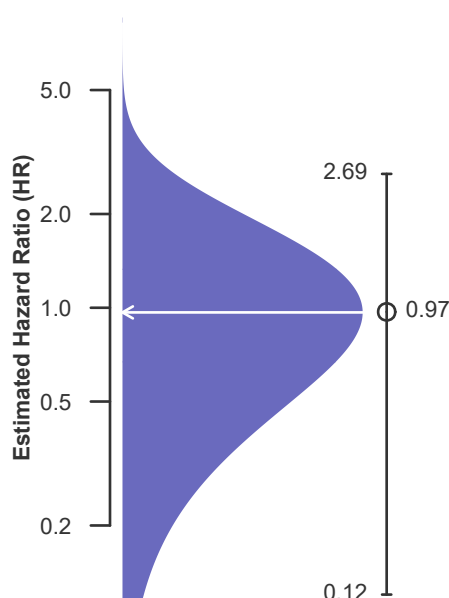
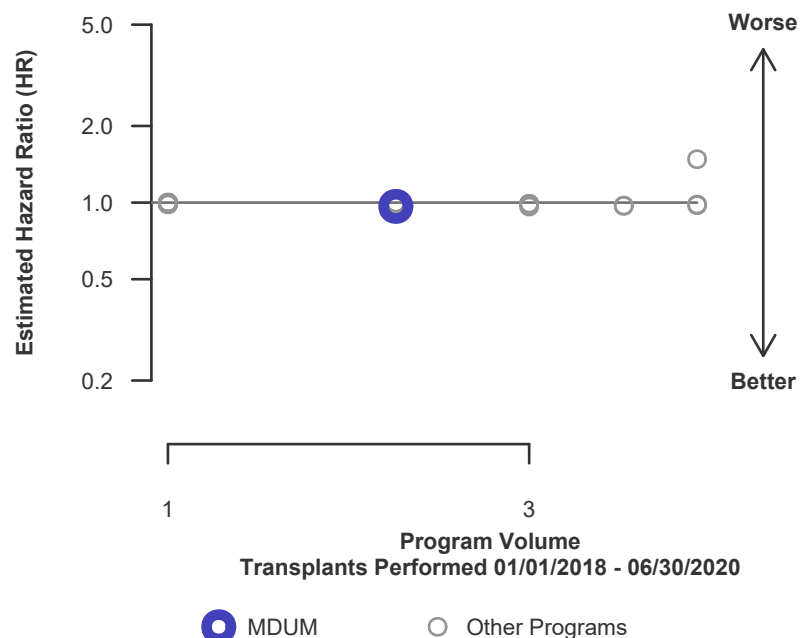


Figure C14PAK. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts): (PAK)





C. Transplant Information

Table C11. Adult (18+) 1-month patient survival (deceased donor graft recipients):

Pancreas transplant alone (PTA)

Single organ transplants performed between 01/01/2018 and 03/12/2020

Retransplants excluded

	MDUM	U.S.
Number of transplants evaluated	4	115
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.13%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.46%	--
Number of observed deaths during the first month after transplant	0	1
Number of expected deaths during the first month after transplant	0.02	1
Estimated hazard ratio*	0.99	1.00
95% credible interval for the hazard ratio**	[0.12, 2.76]	--

* The hazard ratio provides an estimate of how University of Maryland Medical System (MDUM)'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, [0.12, 2.76], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 1% lower risk of patient death compared to an average program, but MDUM's performance could plausibly range from 88% reduced risk up to 176% increased risk.

Figure C13PTA. Adult (18+) 1-month patient death HR estimate (deceased donor grafts): (PTA)

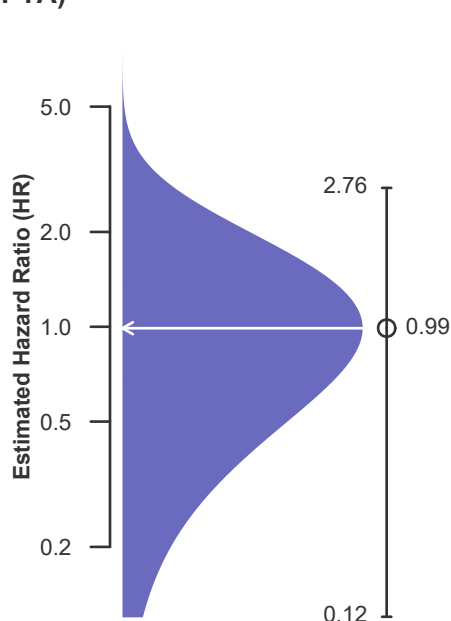
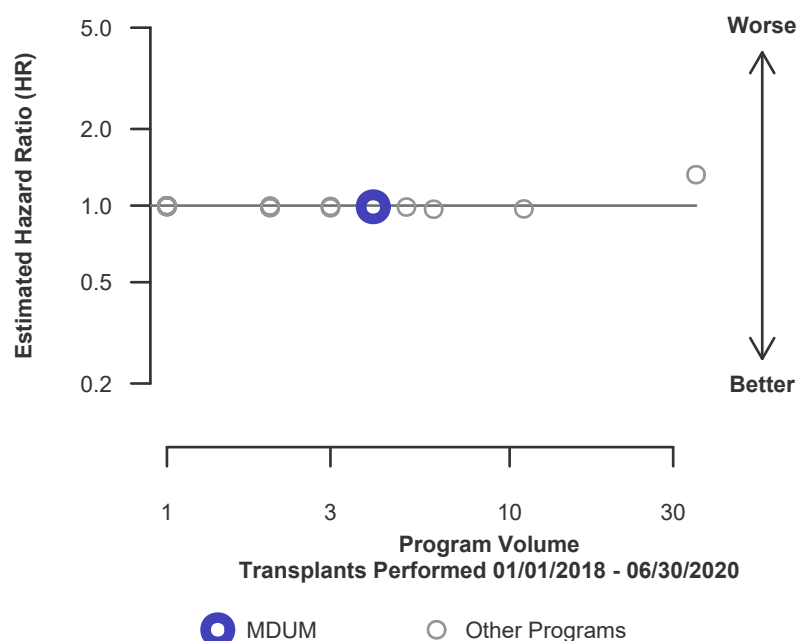


Figure C14PTA. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts): (PTA)





C. Transplant Information

Table C11. Adult (18+) 1-month patient survival (deceased donor graft recipients):

Simultaneous pancreas-kidney (SPK)

Simultaneous pancreas-kidney transplants performed between 01/01/2018 and 03/12/2020

Retransplants excluded

	MDUM	U.S.
Number of transplants evaluated	74	1,841
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.50%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.37%	--
Number of observed deaths during the first month after transplant	0	9
Number of expected deaths during the first month after transplant	0.46	9
Estimated hazard ratio*	0.81	1.00
95% credible interval for the hazard ratio**	[0.10, 2.26]	--

* The hazard ratio provides an estimate of how University of Maryland Medical System (MDUM)'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, 2.26], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 19% lower risk of patient death compared to an average program, but MDUM's performance could plausibly range from 90% reduced risk up to 126% increased risk.

Figure C13SPK. Adult (18+) 1-month patient death HR estimate (deceased donor grafts): (SPK)

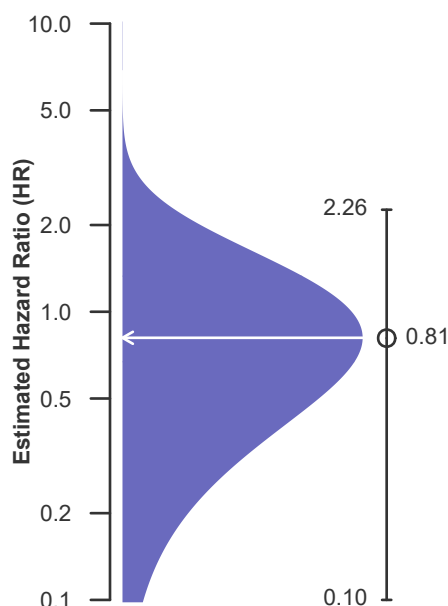
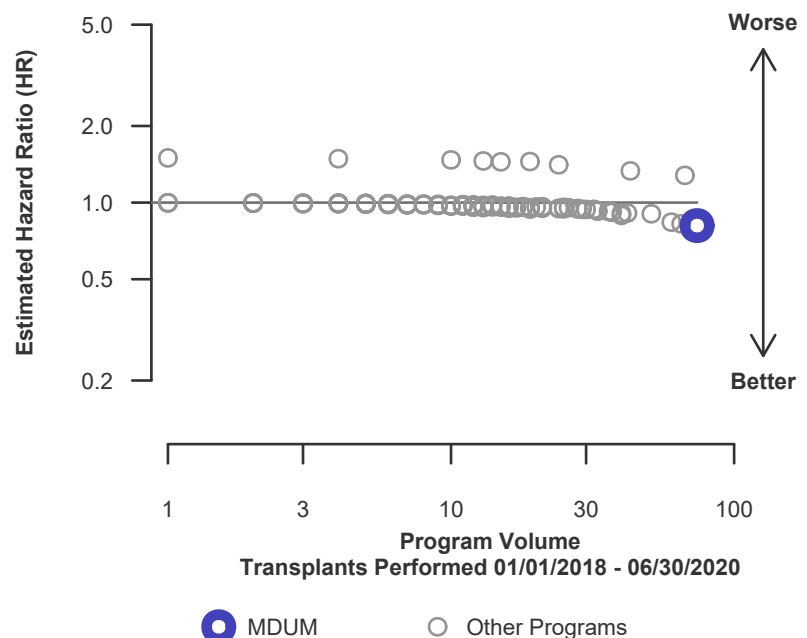


Figure C14SPK. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts): (SPK)





C. Transplant Information

Table C12. Adult (18+) 1-year patient survival (deceased donor graft recipients):

All transplant types (ALL)

Pancreas transplants performed between 01/01/2018 and 03/12/2020

Retransplants excluded

	MDUM	U.S.
Number of transplants evaluated	80	2,050
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	98.65%	97.55%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	96.85%	--
Number of observed deaths during the first year after transplant	1	42
Number of expected deaths during the first year after transplant	2.11	42
Estimated hazard ratio*	0.73	1.00
95% credible interval for the hazard ratio**	[0.15, 1.76]	--

* The hazard ratio provides an estimate of how University of Maryland Medical System (MDUM)'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, [0.15, 1.76], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 27% lower risk of patient death compared to an average program, but MDUM's performance could plausibly range from 85% reduced risk up to 76% increased risk.

Figure C15ALL. Adult (18+) 1-year patient death HR estimate (deceased donor grafts): (ALL)

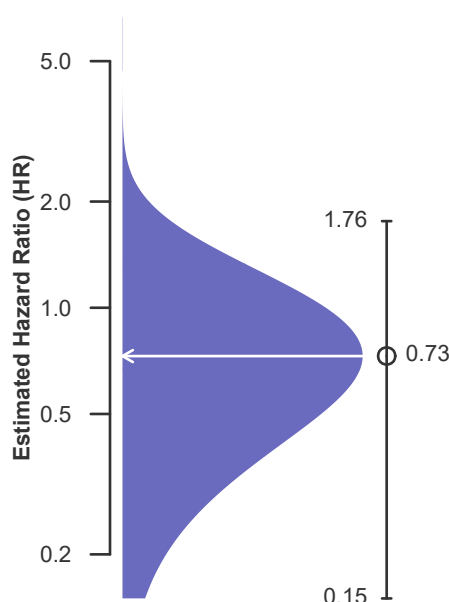
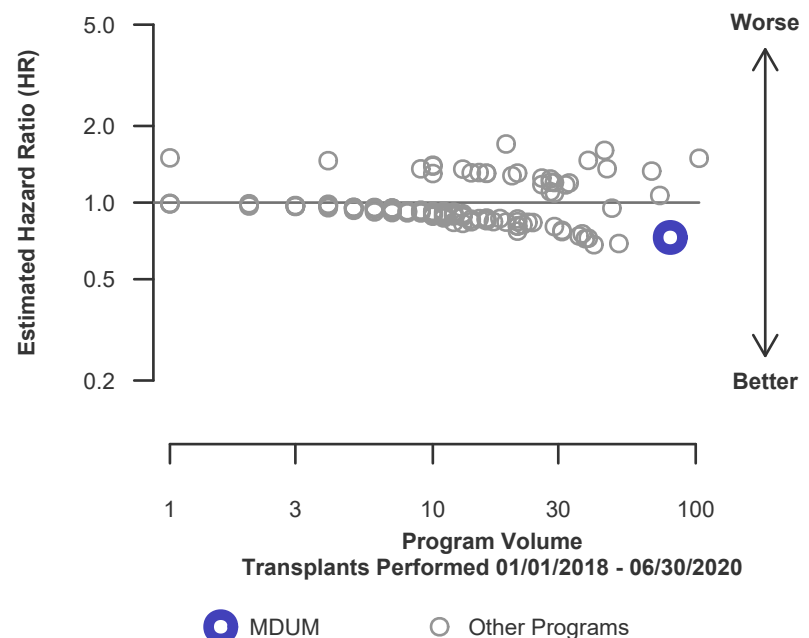


Figure C16ALL. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts): (ALL)





C. Transplant Information

Table C12. Adult (18+) 1-year patient survival (deceased donor graft recipients):

Pancreas after kidney (PAK)

Single organ transplants performed between 01/01/2018 and 03/12/2020

Retransplants excluded

	MDUM	U.S.
Number of transplants evaluated	2	94
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	96.51%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	89.42%	--
Number of observed deaths during the first year after transplant	0	3
Number of expected deaths during the first year after transplant	0.23	3
Estimated hazard ratio*	0.90	1.00
95% credible interval for the hazard ratio**	[0.11, 2.50]	--

* The hazard ratio provides an estimate of how University of Maryland Medical System (MDUM)'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, [0.11, 2.50], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 10% lower risk of patient death compared to an average program, but MDUM's performance could plausibly range from 89% reduced risk up to 150% increased risk.

Figure C15PAK. Adult (18+) 1-year patient death HR estimate (deceased donor grafts): (PAK)

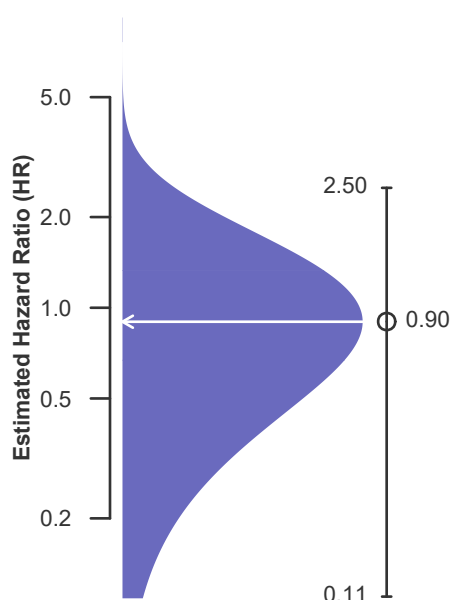
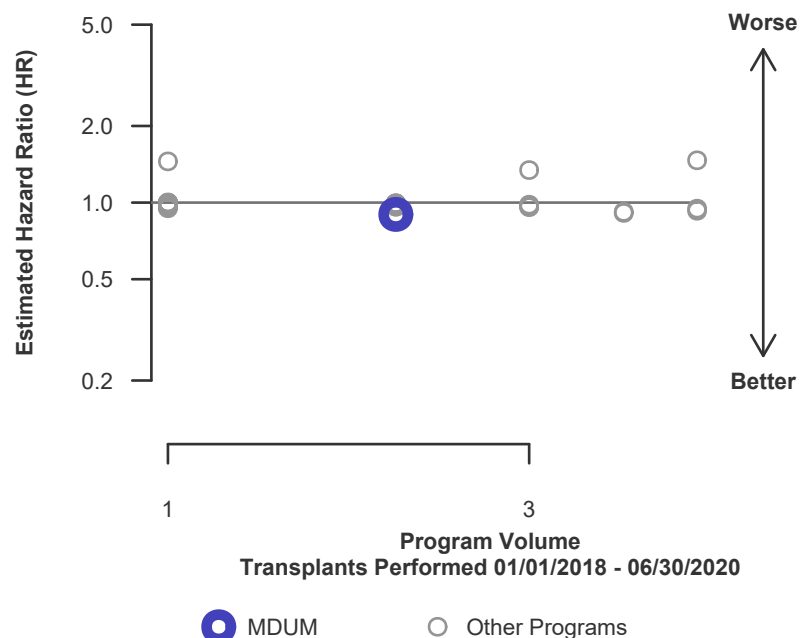


Figure C16PAK. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts): (PAK)





C. Transplant Information

Table C12. Adult (18+) 1-year patient survival (deceased donor graft recipients):

Pancreas transplant alone (PTA)

Single organ transplants performed between 01/01/2018 and 03/12/2020

Retransplants excluded

	MDUM	U.S.
Number of transplants evaluated	4	115
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	97.98%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	98.77%	--
Number of observed deaths during the first year after transplant	0	2
Number of expected deaths during the first year after transplant	0.05	2
Estimated hazard ratio*	0.98	1.00
95% credible interval for the hazard ratio**	[0.12, 2.72]	--

* The hazard ratio provides an estimate of how University of Maryland Medical System (MDUM)'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, [0.12, 2.72], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 2% lower risk of patient death compared to an average program, but MDUM's performance could plausibly range from 88% reduced risk up to 172% increased risk.

Figure C15PTA. Adult (18+) 1-year patient death HR estimate (deceased donor grafts): (PTA)

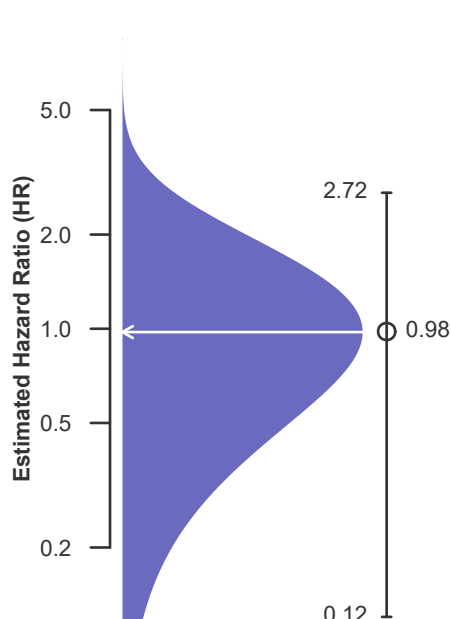
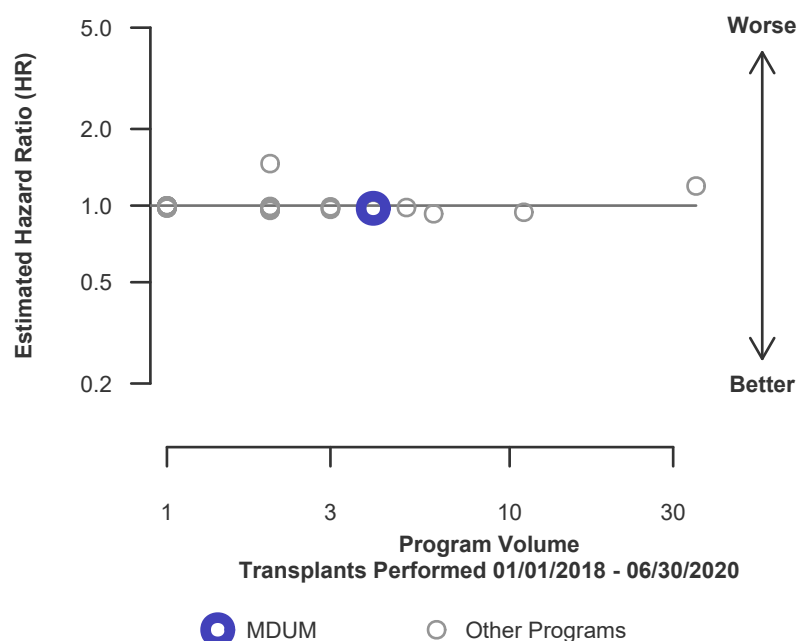


Figure C16PTA. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts): (PTA)





C. Transplant Information

Table C12. Adult (18+) 1-year patient survival (deceased donor graft recipients):

Simultaneous pancreas-kidney (SPK)

Simultaneous pancreas-kidney transplants performed between 01/01/2018 and 03/12/2020

Retransplants excluded

	MDUM	U.S.
Number of transplants evaluated	74	1,841
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	98.53%	97.57%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	96.95%	--
Number of observed deaths during the first year after transplant	1	37
Number of expected deaths during the first year after transplant	1.84	37
Estimated hazard ratio*	0.78	1.00
95% credible interval for the hazard ratio**	[0.16, 1.88]	--

* The hazard ratio provides an estimate of how University of Maryland Medical System (MDUM)'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, [0.16, 1.88], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 22% lower risk of patient death compared to an average program, but MDUM's performance could plausibly range from 84% reduced risk up to 88% increased risk.

Figure C15SPK. Adult (18+) 1-year patient death HR estimate (deceased donor grafts): (SPK)

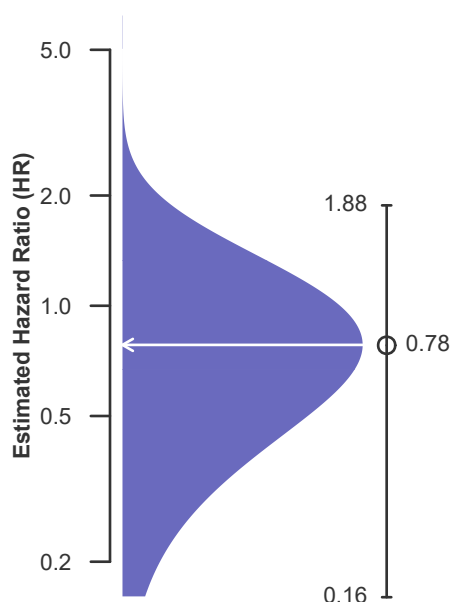
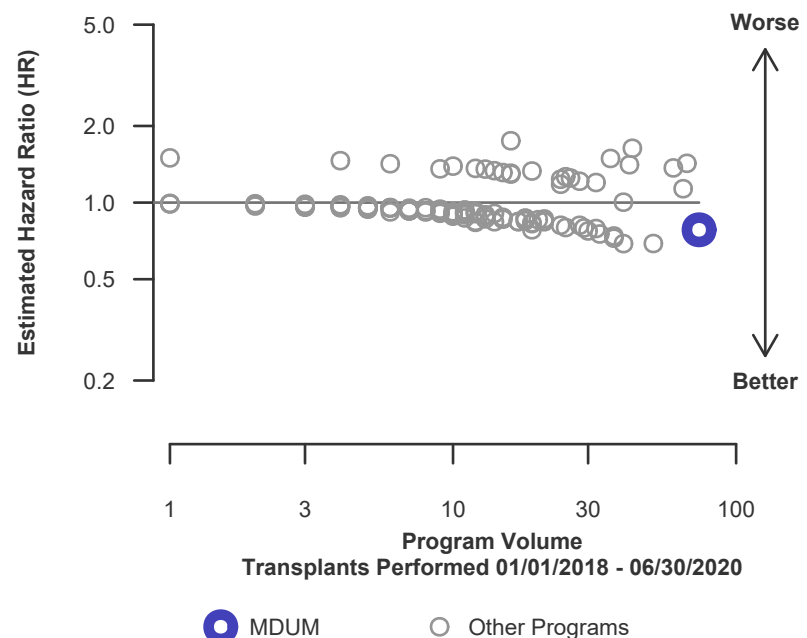


Figure C16SPK. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts): (SPK)





C. Transplant Information

Table C13. Adult (18+) 3-year patient survival (deceased donor graft recipients):

All transplant types (ALL)

Pancreas transplants performed between 07/01/2015 and 12/31/2017

Retransplants excluded

	MDUM	U.S.
Number of transplants evaluated	51	2,190
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	94.12%	95.71%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	94.80%	--
Number of observed deaths during the first 3 years after transplant	3	90
Number of expected deaths during the first 3 years after transplant	2.40	90
Estimated hazard ratio*	1.14	1.00
95% credible interval for the hazard ratio**	[0.37, 2.33]	--

* The hazard ratio provides an estimate of how University of Maryland Medical System (MDUM)'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, [0.37, 2.33], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 14% higher risk of patient death compared to an average program, but MDUM's performance could plausibly range from 63% reduced risk up to 133% increased risk.

Figure C17ALL. Adult (18+) 3-year patient death HR estimate (deceased donor grafts): (ALL)

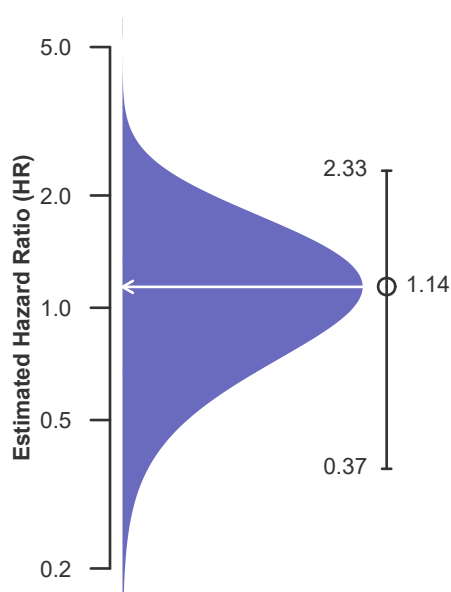
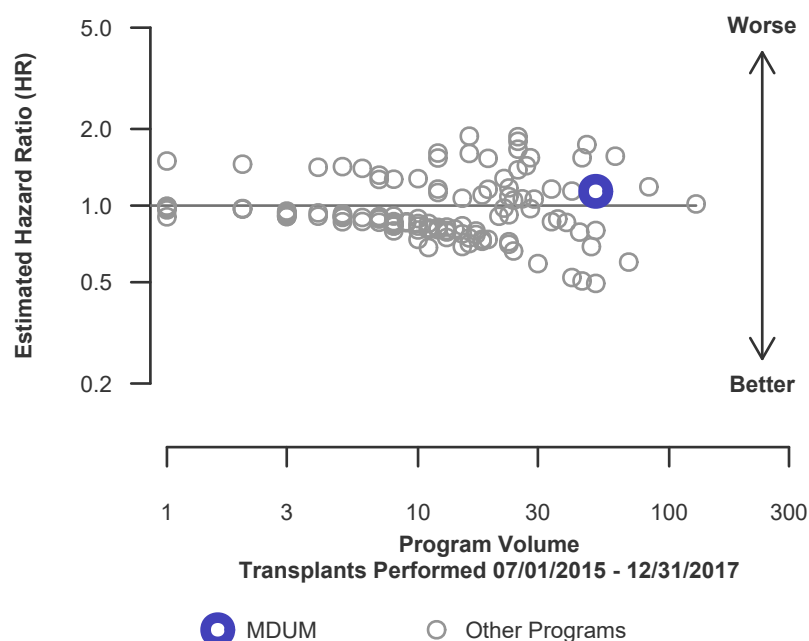


Figure C18ALL. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts): (ALL)





C. Transplant Information

Table C13. Adult (18+) 3-year patient survival (deceased donor graft recipients):

Pancreas after kidney (PAK)

Single organ transplants performed between 07/01/2015 and 12/31/2017

Retransplants excluded

	MDUM	U.S.
Number of transplants evaluated	3	125
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	94.36%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	96.13%	--
Number of observed deaths during the first 3 years after transplant	0	7
Number of expected deaths during the first 3 years after transplant	0.10	7
Estimated hazard ratio*	0.95	1.00
95% credible interval for the hazard ratio**	[0.12, 2.65]	--

* The hazard ratio provides an estimate of how University of Maryland Medical System (MDUM)'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, [0.12, 2.65], 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 88% reduced risk up to 165% increased risk.

Figure C17PAK. Adult (18+) 3-year patient death HR estimate (deceased donor grafts): (PAK)

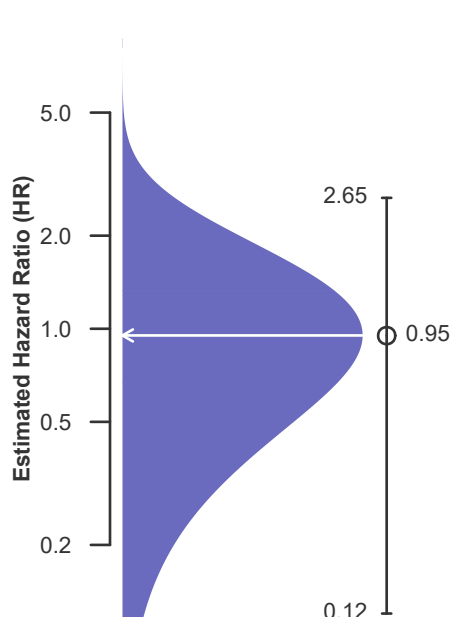
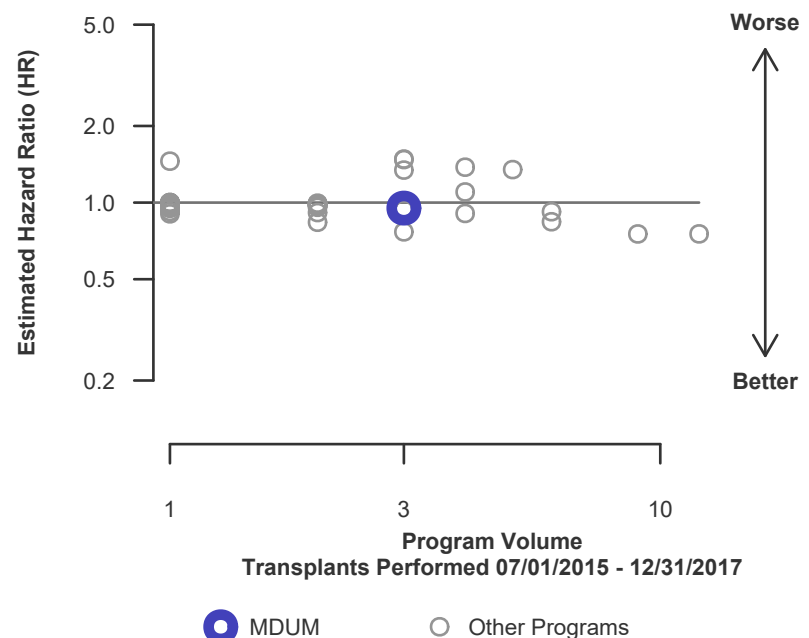


Figure C18PAK. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts): (PAK)





C. Transplant Information

Table C13. Adult (18+) 3-year patient survival (deceased donor graft recipients):

Pancreas transplant alone (PTA)

Single organ transplants performed between 07/01/2015 and 12/31/2017

Retransplants excluded

	MDUM	U.S.
Number of transplants evaluated	2	160
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	98.12%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	98.35%	--
Number of observed deaths during the first 3 years after transplant	0	3
Number of expected deaths during the first 3 years after transplant	0.03	3
Estimated hazard ratio*	0.98	1.00
95% credible interval for the hazard ratio**	[0.12, 2.74]	--

* The hazard ratio provides an estimate of how University of Maryland Medical System (MDUM)'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, [0.12, 2.74], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 2% lower risk of patient death compared to an average program, but MDUM's performance could plausibly range from 88% reduced risk up to 174% increased risk.

Figure C17PTA. Adult (18+) 3-year patient death HR estimate (deceased donor grafts): (PTA)

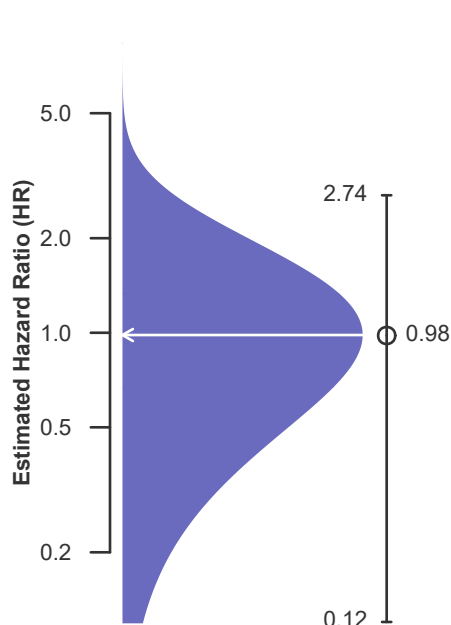
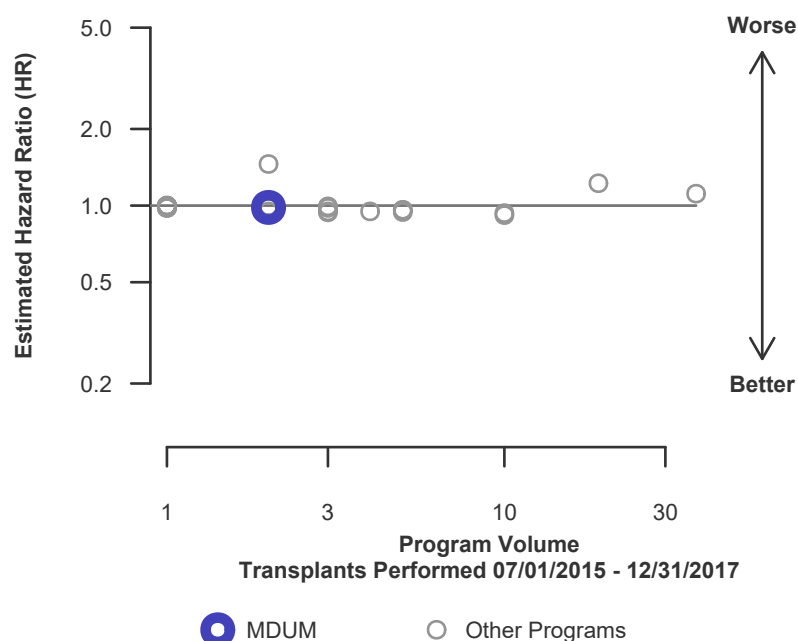


Figure C18PTA. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts): (PTA)





C. Transplant Information

Table C13. Adult (18+) 3-year patient survival (deceased donor graft recipients):

Simultaneous pancreas-kidney (SPK)

Simultaneous pancreas-kidney transplants performed between 07/01/2015 and 12/31/2017

Retransplants excluded

	MDUM	U.S.
Number of transplants evaluated	46	1,905
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	93.48%	95.59%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	94.56%	--
Number of observed deaths during the first 3 years after transplant	3	80
Number of expected deaths during the first 3 years after transplant	2.26	80
Estimated hazard ratio*	1.17	1.00
95% credible interval for the hazard ratio**	[0.38, 2.40]	--

* The hazard ratio provides an estimate of how University of Maryland Medical System (MDUM)'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, [0.38, 2.40], indicates the location of MDUM's true hazard ratio with 95% probability. The best estimate is 17% higher risk of patient death compared to an average program, but MDUM's performance could plausibly range from 62% reduced risk up to 140% increased risk.

Figure C17SPK. Adult (18+) 3-year patient death HR estimate (deceased donor grafts): (SPK)

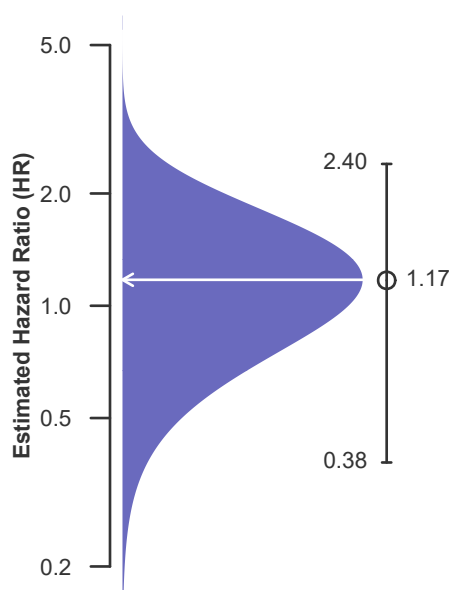
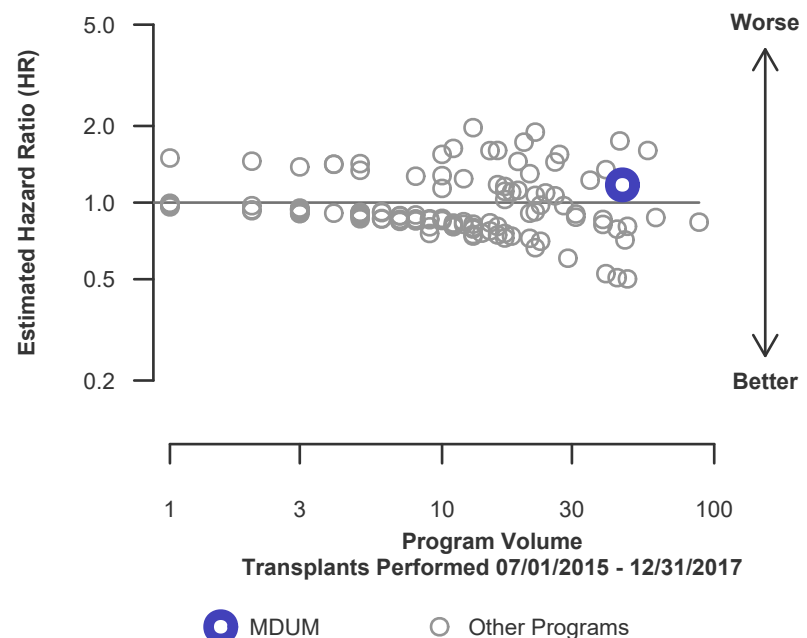


Figure C18SPK. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts): (SPK)





C. Transplant Information

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

All transplant types (ALL)

Pancreas transplants performed between 01/01/2018 and 03/12/2020

Retransplants excluded

This center did not perform any
transplants relevant to
this table during
01/01/2018-03/12/2020

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

This center did not perform any
transplants relevant to
this figure during
01/01/2018-06/30/2020

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

This center did not perform any
transplants relevant to
this figure during
01/01/2018-06/30/2020



C. Transplant Information

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

All transplant types (ALL)

Pancreas transplants performed between 01/01/2018 and 03/12/2020

Retransplants excluded

This center did not perform any
transplants relevant to
this table during
01/01/2018-03/12/2020

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

This center did not perform any
transplants relevant to
this figure during
01/01/2018-06/30/2020

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

This center did not perform any
transplants relevant to
this figure during
01/01/2018-06/30/2020



C. Transplant Information

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

All transplant types (ALL)

Pancreas transplants performed between 07/01/2015 and 12/31/2017

Retransplants excluded

This center did not perform any
transplants relevant to
this table during
07/01/2015-12/31/2017

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

This center did not perform any
transplants relevant to
this figure during
07/01/2015-12/31/2017

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

This center did not perform any
transplants relevant to
this figure during
07/01/2015-12/31/2017



C. Transplant Information

Table C17. Multi-organ transplant graft survival: 01/01/2018 - 06/30/2020

Adult (18+) Transplants

First-Year Outcomes

Transplant Type	Transplants Performed		Pancreas Graft Failures		Estimated Pancreas Graft Survival	
	MDUM-TX1	USA	MDUM-TX1	USA	MDUM-TX1	USA
Kidney-Pancreas	80	2,064	--	--		

Pediatric (<18) Transplants

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

Table C18. Multi-organ transplant patient survival: 01/01/2018 - 06/30/2020

Adult (18+) Transplants

First-Year Outcomes

Transplant Type	Transplants Performed		Patient Deaths		Estimated Patient Survival	
	MDUM-TX1	USA	MDUM-TX1	USA	MDUM-TX1	USA
Kidney-Pancreas	80	2,064	1	63	98.8%	96.9%

Pediatric (<18) Transplants

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