

Center Code: MSUM Transplant Program (Organ): Liver Release Date: July 6, 2021

Based on Data Available: April 30, 2021

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

# **COVID-19 Guide**

Adjustments to Transplant Program and OPO Evaluation Metrics

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

In response to the current global pandemic, SRTR modified the evaluation metrics for transplant programs and OPOs for the reports released in January 2021. 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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## **User Guide**

This report contains a wide range of useful information about the liver transplant program at University of Mississippi Medical Center (MSUM). The report has three main sections:

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

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

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

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

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



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confidence interval includes (crosses) 1.0, then we cannot say that this program's observed transplant rate is different from what would be expected. The observed transplant rate at this program was 179.4 per 100 person-years. Transplant rates are also provided for adult and pediatric patients separately along with comparisons to adult and pediatric rates in the DSA, the OPTN region, and the nation. Transplant rates are also presented excluding transplants from a living donor (Table B4D and Figures B1D-B3D). Please refer to the PSR Technical Methods documentation available at http://www.srtr.org for more detail regarding how expected rates are calculated.

The pre-transplant mortality rate (previously called the waiting list mortality rate) for candidates on the waiting list is presented in Table B5 and Figures B4-B6. These data are presented in the same way as the transplant rate data in the previous section. The intent of this table and figures is to describe risk of death once candidates are listed rather than while they are listed, but before they are transplanted. Therefore, time at risk and deaths after removal from the waiting list for reasons other than transplant, transfer to another transplant program, or recovery (no longer needing a transplant), and before any subsequent transplant, are included. As with transplant rates, mortality rates should be interpreted carefully taking into consideration the interval displayed in Figure B5. For a complete description of how observed and expected mortality rates are calculated, please refer to the technical documentation available at http://www.srtr.org.

Survival from listing is presented in Table B6 and Figures B7-B9. These data are presented in the same way as the pre-transplant mortality rate data in the previous section. The intent of this table and figures is to describe risk of death once candidates are listed rather than while they are listed, including after a transplant. As with transplant rates, mortality rates should be interpreted carefully taking into consideration the interval displayed in Figure B8. For a complete description of how observed and expected mortality rates are calculated, please refer to the technical documentation available at http://www.srtr.org.

Table B7 presents information on what happens to candidates on the waiting list by three different time points after listing: 6 months, 12 months, and 18 months. The table displays percentages of candidates who have died, been removed from the waiting list, been transplanted, or been transferred or lost-to-follow-up. Tables B8 and B9 provide more detail regarding how many candidates have received a deceased donor transplant by certain time points during the first 3 years after being put on the transplant waiting list. Each row of Tables B8 and B9 presents the percent of candidates who received a deceased donor transplant by each time point. Table B10 presents data on the time it took for different percentages of patients to be transplanted for candidates added to the list between 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



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of offers.

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

Starting with Table C5, transplant outcomes are presented along with comparisons to what would be expected at this program and what happened in the nation as a whole. Tables C5-C10 present information on graft survival (survival of the transplanted organ), with data presented separately for adult and pediatric recipients. Patients are followed from the time of transplant until either failure of the transplanted organ or death, whichever comes first. Please refer to the technical methods for more information on these calculations (http://www.srtr.org).

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

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

Table D1 shows the rates of follow-up for living donors.

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



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# **A. Program Summary**

Figure A1. Waiting list and transplant activity

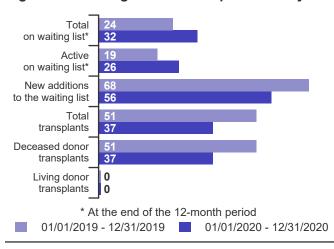


Table A1. Census of transplant recipients

Recipients	01/01/2019- 12/31/2019	01/01/2020- 12/31/2020
Transplanted at this center	51	37
Followed by this center*	153	192
transplanted at this progran	ո 150	188
transplanted elsewhere	3	4

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

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

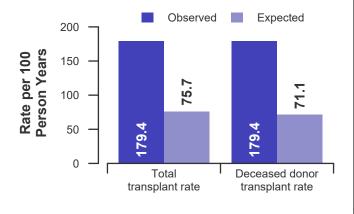


Figure A3. Pre-transplant mortality rates 01/01/2019 - 12/31/2020

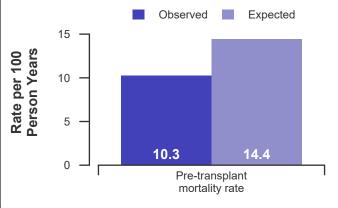


Figure A4. First-year adult graft and patient survival: 01/01/2018 - 03/12/2020

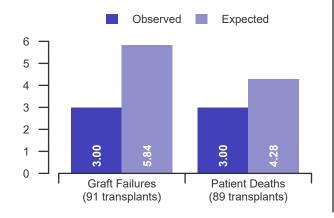


Figure A5. First-year pediatric graft and patient survival: 01/01/2018 - 03/12/2020

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



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

		its for center	Activity for 01/01/2020 to 12/31/2020 as percent of registrants on waiting lis on 01/01/2020			
Waiting List Registrations	01/01/2019- 12/31/2019	01/01/2020- 12/31/2020	This Center (%)	OPTN Region (%)	U.S. (%)	
On waiting list at start Additions	16	24	100.0	100.0	100.0	
New listings at this center	68	56	233.3	137.9	100.1	
Removals						
Transferred to another center	0	0	0.0	0.9	1.1	
Received living donor transplant*	0	0	0.0	0.8	3.8	
Received deceased donor transplant*	51	37	154.2	103.8	64.6	
Died	3	2	8.3	7.8	8.5	
Transplanted at another center	1	2	8.3	2.1	2.6	
Deteriorated	3	6	25.0	10.1	9.5	
Recovered	1	0	0.0	10.1	7.5	
Other reasons	1	1	4.2	11.3	8.8	
On waiting list at end of period	24	32	133.3	90.9	93.6	

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



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

Demographic Characteristic		iting List Regi 020 to 12/31/2		All Waiting List Registrations on 12/31/2020 (%)			
	This Center (N=56)	OPTN Region (N=1,766)	U.S. (N=13,026)	This Center (N=32)	OPTN Region (N=1,165)	U.S. (N=12,187)	
AII (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Ethnicity/Race (%)*							
White	76.8	72.2	68.4	87.5	76.2	67.0	
African-American	23.2	10.1	7.5	12.5	10.3	7.1	
Hispanic/Latino	0.0	14.6	18.1	0.0	11.2	19.2	
Asian	0.0	2.3	4.4	0.0	1.9	5.3	
Other	0.0	0.7	1.6	0.0	0.4	1.5	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Age (%)							
<2 years	0.0	1.9	2.2	0.0	0.7	1.1	
2-11 years	0.0	1.2	1.4	0.0	8.0	1.2	
12-17 years	0.0	1.1	1.1	0.0	0.4	1.0	
18-34 years	1.8	6.9	6.8	0.0	6.0	6.4	
35-49 years	17.9	18.9	19.7	6.2	18.5	19.1	
50-64 years	64.3	47.7	46.7	71.9	51.4	51.3	
65-69 years	14.3	16.7	16.4	18.8	17.4	15.8	
70+ years	1.8	5.5	5.6	3.1	4.8	4.1	
Gender (%)							
Male	51.8	61.2	61.7	62.5	59.2	60.5	
Female	48.2	38.8	38.3	37.5	40.8	39.5	

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



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

Medical Characteristic	01/01/2	ting List Regi 020 to 12/31/2	020 (%)	All Waiting List Registrations on 12/31/2020 (%)			
medical offaracteristic	This Center OPTN Region U.S. (N=56) (N=1,766) (N=13,026)		This Center (N=32)	OPTN Region (N=1,165)	U.S. (N=12,187)		
All (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Blood Type (%)							
0	41.1	45.8	46.2	50.0	47.6	48.9	
A	42.9	39.2	37.6	46.9	44.0	38.9	
В	12.5	11.3	11.9	0.0	7.2	9.9	
AB	3.6	3.7	4.3	3.1	1.2	2.3	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Previous Transplant (%)							
Yes	5.4	4.4	4.6	0.0	3.9	3.4	
No	94.6	95.6	95.4	100.0	96.1	96.6	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Primary Disease (%)							
Acute Hepatic Necrosis	0.0	3.5	5.1	0.0	1.5	1.8	
Non-Cholestatic Cirrhosis	83.9	67.8	66.3	78.1	68.9	70.1	
Cholestatic Liver Disease/Cirrhosis	7.1	5.8	6.8	3.1	8.3	7.7	
Biliary Atresia	0.0	1.8	1.9	0.0	0.9	1.7	
Metabolic Diseases	0.0	1.4	1.8	0.0	1.5	1.5	
Malignant Neoplasms	1.8	13.7	12.4	9.4	12.4	11.5	
Other	7.1	6.0	5.5	9.4	6.2	5.7	
Missing	0.0	0.1	0.1	0.0	0.2	0.1	
Medical Urgency Status/MELD/PEL	D at Listing	(%)*					
Status 1A	0.0	2.2	2.7	0.0	0.0	0.2	
Status 1B	0.0	0.2	0.4	0.0	0.0	0.0	
Status 2A	0.0	0.0	0.0	0.0	0.0	0.0	
Status 2B	0.0	0.0	0.0	0.0	0.0	0.0	
Status 3	0.0	0.0	0.0	0.0	0.0	0.4	
MELD 6-10	10.7	14.1	16.8	25.0	26.3	29.7	
MELD 11-14	5.4	11.7	12.5	15.6	23.7	23.1	
MELD 15-20	39.3	24.5	20.6	50.0	30.7	25.6	
MELD 21-30	26.8	25.3	23.5	9.4	12.1	12.8	
MELD 31-40	10.7	12.2	12.3	0.0	0.9	8.0	
PELD less than or equal to 10	0.0	1.1	1.6	0.0	1.1	1.7	
PELD 11-14	0.0	0.2	0.3	0.0	0.0	0.2	
PELD 15-20	0.0	0.3	0.3	0.0	0.1	0.1	
PELD 21-30	0.0	0.6	0.4	0.0	0.2	0.1	
PELD 31 or greater	0.0	0.3	0.2	0.0	0.1	0.0	
Temporarily Inactive	1.8	3.5	4.4	0.0	4.8	5.0	

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



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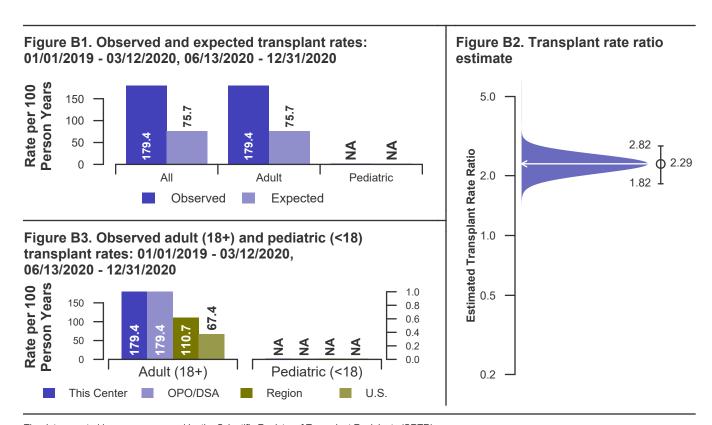
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Table B4. Transplant rates: 01/01/2019 - 03/12/2020, 06/13/2020 - 12/31/2020

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	16	16	1,259	13,629
Person Years**	44.6	44.6	2,187.0	22,707.0
Removals for Transplant	80	80	2,465	15,764
Adult (18+) Candidates				
Count on waiting list at start*	16	16	1,232	13,111
Person Years**	44.6	44.6	2,139.0	21,912.0
Removals for transpant	80	80	2,367	14,778
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Removals for transplant				

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

<sup>\*\*</sup> Person years are calculated as days (converted to fractional years). The number of days from January 1 or from the date of first wait listing until death, transplant, removal from the waiting list or December 31.





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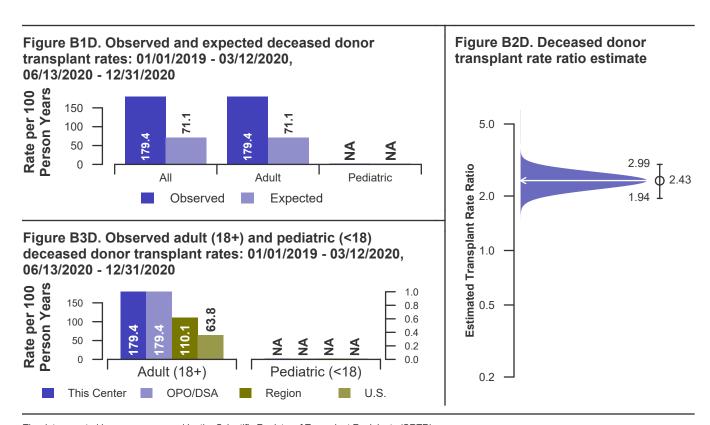
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Table B4D. Deceased donor transplant rates: 01/01/2019 - 03/12/2020, 06/13/2020 - 12/31/2020

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				_
Count on waiting list at start*	16	16	1,259	13,629
Person Years**	44.6	44.6	2,187.0	22,707.0
Removals for Transplant	80	80	2,448	14,833
Adult (18+) Candidates				
Count on waiting list at start*	16	16	1,232	13,111
Person Years**	44.6	44.6	2,139.0	21,912.0
Removals for transpant	80	80	2,355	13,985
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Removals for transplant				

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

<sup>\*\*</sup> Person years are calculated as days (converted to fractional years). The number of days from January 1 or from the date of first wait listing until death, transplant, removal from the waiting list or December 31.





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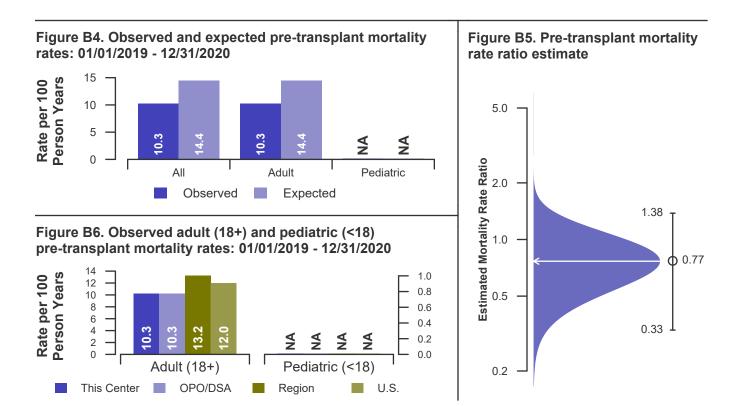
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Table B5. Pre-transplant mortality rates: 01/01/2019 - 12/31/2020

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	16	16	1,259	13,629
Person Years**	58.5	58.5	2,912.2	30,037.0
Number of deaths	6	6	382	3,531
Adult (18+) Candidates				
Count on waiting list at start*	16	16	1,232	13,111
Person Years**	58.5	58.5	2,847.3	29,053.4
Number of deaths	6	6	376	3,480
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Number of deaths				

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

<sup>\*\*</sup> Person years are calculated as days (converted to fractional years). The number of days from January 1 or from the date of first wait listing until death, transplant, 60 days after recovery, transfer or December 31.





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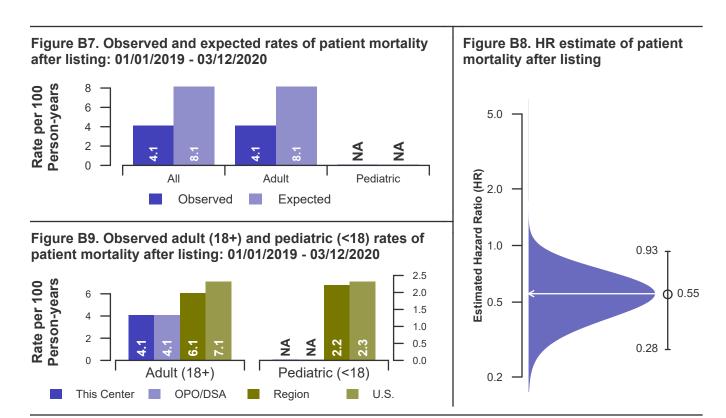
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Table B6. Rates of patient mortality after listing: 01/01/2019 - 03/12/2020

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Patients				
Count at risk during the evaluation period	243	243	9,194	63,714
Person-years*	219.7	219.7	8,599.2	59,036.5
Number of Deaths	9	9	505	3,999
Adult (18+) Patients				
Count at risk during the evaluation period	243	243	8,773	59,812
Person-years*	219.7	219.7	8,193.3	55,274.3
Number of Deaths	9	9	496	3,912
Pediatric (<18) Patients				
Count at risk during the evaluation period	0	0	421	3,902
Person-years*	0.0	0.0	405.8	3,762.3
Number of Deaths	0	0	9	87

<sup>\*</sup> 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.

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





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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)		Center (N ns Since L 12	,	U.S. (N=13,076) Months Since Listing 6 12 18			
Alive on waiting list (%)	25.4	13.6	11.9	44.7	25.6	17.5	
Died on the waiting list without transplant (%)	3.4	3.4	3.4	4.6	6.1	6.9	
Removed without transplant (%):							
Condition worsened (status unknown)	5.1	8.5	8.5	4.0	5.9	6.8	
Condition improved (status unknown)	0.0	0.0	0.0	1.3	2.1	2.8	
Refused transplant (status unknown)	0.0	0.0	0.0	0.2	0.3	0.5	
Other	0.0	0.0	0.0	1.9	3.2	4.2	
Transplant (living donor from waiting list only) (%):							
Functioning (alive)	0.0	0.0	0.0	2.3	2.9	2.0	
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.1	0.1	
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0	
Died	0.0	0.0	0.0	0.0	0.1	0.1	
Status Yet Unknown**	0.0	0.0	0.0	0.0	0.2	1.3	
Transplant (deceased donor) (%):							
Functioning (alive)	64.4	66.1	52.5	36.4	43.0	33.3	
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.3	0.5	0.6	
Failed-alive not retransplanted	0.0	0.0	0.0	0.1	0.0	0.0	
Died	1.7	1.7	3.4	1.6	2.8	3.8	
Status Yet Unknown*	0.0	6.8	20.3	2.3	6.6	19.3	
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.2	0.6	8.0	
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Total % known died on waiting list or after transplant	5.1	5.1	6.8	6.3	9.0	10.8	
Total % known died or removed as unstable	10.2	13.6	15.3	10.3	14.9	17.6	
Total % removed for transplant	66.1	74.6	76.3	43.0	56.2	60.5	
Total % with known functioning transplant (alive)	64.4	66.1	52.5	38.7	45.9	35.2	

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



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Table B7S1. Medical urgency status 1 candidate status after listing Candidates registered on the waiting list between 07/01/2018 and 06/30/2019

Waiting list status (survival status)	This Center (N=2 us) Months Since list 6 12				U.S. (N=469) Months Since listing 8 6 12 18			
Alive on waiting list (%)	0.0	0.0	0.0	3.2	1.9	0.9		
Died on the waiting list without transplant (%)	0.0	0.0	0.0	9.2	9.4	9.4		
Removed without transplant (%):								
Condition worsened (status unknown)	0.0	0.0	0.0	6.8	6.8	6.8		
Condition improved (status unknown)	0.0	0.0	0.0	15.6	16.2	17.1		
Refused transplant (status unknown)	0.0	0.0	0.0	0.2	0.2	0.2		
Other	0.0	0.0	0.0	1.5	1.5	1.5		
Transplant (living donor from waiting list only) (%):								
Functioning (alive)	0.0	0.0	0.0	0.6	0.6	0.2		
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0		
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0		
Died	0.0	0.0	0.0	0.2	0.2	0.2		
Status Yet Unknown**	0.0	0.0	0.0	0.0	0.0	0.4		
Transplant (deceased donor) (%):								
Functioning (alive)	100.0	100.0	100.0	55.2	47.3	36.9		
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.4	0.4	0.4		
Failed-alive not retransplanted	0.0	0.0	0.0	0.4	0.0	0.0		
Died	0.0	0.0	0.0	4.5	5.1	6.4		
Status Yet Unknown*	0.0	0.0	0.0	1.5	9.6	19.0		
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.6	0.6	0.6		
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	13.9	14.7	16.0		
Total % known died or removed as unstable	0.0	0.0	0.0	20.7	21.5	22.8		
Total % removed for transplant	100.0	100.0	100.0	62.9	63.3	63.5		
Total % with known functioning transplant (alive)	100.0	100.0	100.0	55.9	48.0	37.1		

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



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Based on Data Available: April 30, 2021

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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 01/01/2015 and 12/31/2017

	Percent transplanted at time periods since listing									
Characteristic		TI	nis Cent	ter			Un	ited Sta	ites	
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	129	36.4	83.7	86.8	86.8	37,243	19.4	48.5	56.0	57.8
Ethnicity/Race*										
White	99	35.4	83.8	86.9	86.9	25,551	19.4	49.6	56.7	58.3
African-American	27	40.7	85.2	88.9	88.9	3,421	22.4	52.3	60.0	61.6
Hispanic/Latino	1	0.0	100.0	100.0	100.0	5,929	18.5	43.4	51.6	53.9
Asian	0					1,748	17.0	41.8	53.4	55.4
Other	2	50.0	50.0	50.0	50.0	594	19.7	47.8	55.1	56.6
Unknown	0					0				
Age										
<2 years	0					891	24.0	69.2	73.5	74.7
2-11 years	0					735	27.6	68.8	74.0	75.9
12-17 years	1	100.0	100.0	100.0	100.0	462	21.6	55.4	64.1	65.8
18-34 years	7	28.6	71.4	71.4	71.4	2,120	28.0	50.3	56.3	58.7
35-49 years	29	55.2	89.7	89.7	89.7	6,035	27.5	51.2	56.6	58.4
50-64 years	69	27.5	79.7	84.1	84.1	20,021	17.5	47.0	55.1	57.0
65-69 years	20	35.0	90.0	95.0	95.0	5,723	13.9	45.0	53.6	55.1
70+ years	3	66.7	100.0	100.0	100.0	1,256	13.6	44.0	51.2	51.6
Gender										
Male	64	29.7	84.4	85.9	85.9	23,450	19.1	49.7	57.6	59.4
Female	65	43.1	83.1	87.7	87.7	13,793	20.0	46.5	53.2	55.0

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



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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 01/01/2015 and 12/31/2017

Characteristic			ercent to		nted at t	ime per		ice listi ited Sta	_	
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	129	36.4	83.7	86.8	86.8	37,243	19.4	48.5	56.0	57.8
Blood Type										
0	63	44.4	84.1	88.9	88.9	17,395	18.9	46.5	54.3	56.1
A	51	25.5	82.4	84.3	84.3	13,691	18.3	47.1	54.9	56.5
В	11	45.5	90.9	90.9	90.9	4,678	20.9	54.1	61.1	62.9
AB	4	25.0	75.0	75.0	75.0	1,479	30.5	67.0	70.8	72.1
Previous Transplant										
Yes	4	25.0	75.0	75.0	75.0	1,956	28.0	50.5	56.0	57.5
No	125	36.8	84.0	87.2	87.2	35,287	18.9	48.4	56.0	57.8
Primary Disease										
Acute Hepatic Necrosis	2	100.0	100.0	100.0	100.0	1,523	47.9	56.5	59.4	60.3
Non-Cholestatic Cirrhosis	92	39.1	84.8	87.0	87.0	24,903	19.8	47.0	53.6	55.3
Cholestatic Liver	11	27.3	72.7	81.8	81.8	2,683	17.0	48.2	56.4	59.3
Disease/Cirrhosis	11	21.3	12.1	01.0	01.0	2,003	17.0	40.2		59.5
Biliary Atresia	0					744	16.1	64.9	72.2	74.1
Metabolic Diseases	1	0.0	100.0	100.0	100.0	906	22.5	62.8	68.9	70.5
Malignant Neoplasms	12	16.7	91.7	91.7	91.7	4,537	8.6	48.7	62.1	63.6
Other	11	36.4	72.7	81.8	81.8	1,935	21.1	49.3	57.7	59.5
Missing	0					12	8.3	16.7	25.0	25.0
Medical Urgency Status/MELD/	PELD	at Listin	g*							
Status 1	0					0				
Status 1A	2	50.0	50.0	50.0	50.0	1,133	60.5	61.3	61.3	61.3
Status 1B	0					161	45.3	82.6	82.6	82.6
Status 2A	0					0				
Status 2B	0					0				
Status 3	0					0				
MELD 6-10	19	10.5	73.7	84.2	84.2	7,469	2.9	36.7	50.5	52.8
MELD 11-14	19	10.5	84.2	89.5	89.5	5,521	2.6	31.8	42.6	45.3
MELD 15-20	32	31.2	75.0	78.1	78.1	8,027	7.8	41.5	50.5	53.1
MELD 21-30	36	47.2	94.4	94.4	94.4	7,846	25.7	58.6	61.9	62.9
MELD 31-40	12	83.3	91.7	91.7	91.7	3,651	66.8	75.9	76.3	76.4
PELD less than or equal to 10	0					713	11.5	65.8	73.1	75.9
PELD 11-14	0					103	14.6	74.8	82.5	84.5
PELD 15-20	0					156	13.5	71.8	77.6	78.2
PELD 21-30	0					167	31.7	75.4	77.8	77.8
PELD 31 or greater	0					57	64.9	84.2	84.2	84.2
Temporarily Inactive	9	55.6	88.9	88.9	88.9	2,239	36.8	53.6	58.3	58.8

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



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# **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

	Months to Transplant**					
Percentile	Center	OPO/DSA	Region	U.S.		
5th	0.1	0.1	0.1	0.1		
10th	0.1	0.1	0.2	0.3		
25th	0.4	0.4	0.8	1.5		
50th (median time to transplant)	1.9	1.9	4.5	9.1		
75th	9.6	9.6	Not Observed	Not Observed		

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

<sup>\*\*</sup> Censored on 12/31/2020. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had received a transplant.



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

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
Overall				
Number of Offers	726	726	21,205	273,328
Number of Acceptances	32	32	1,164	7,441
Expected Acceptances	22.7	22.7	981.0	7,431.4
Offer Acceptance Ratio*	1.38	1.38	1.19	1.00
95% Credible Interval**	[0.95, 1.88]			
PHS increased infectious risk				
Number of Offers	211	211	5,612	66,157
Number of Acceptances	9	9	325	2,131
Expected Acceptances	5.9	5.9	275.0	2,126.1
Offer Acceptance Ratio*	1.40	1.40	1.18	1.00
95% Credible Interval**	[0.70, 2.33]			
DCD donor				
Number of Offers	287	287	5,699	67,752
Number of Acceptances	3	3	132	744
Expected Acceptances	2.5	2.5	103.8	746.8
Offer Acceptance Ratio*	1.11	1.11	1.27	1.00
95% Credible Interval**	[0.36, 2.27]			
HCV+ donor				
Number of Offers	5	5	1,293	9,084
Number of Acceptances	0	0	80	430
Expected Acceptances	0.0	0.0	80.6	430.4
Offer Acceptance Ratio*	0.98	0.98	0.99	1.00
95% Credible Interval**	[0.12, 2.72]			
Hard-to-Place Livers (Over 50 Offers)				
Number of Offers	486	486	10,606	173,055
Number of Acceptances	2	2	104	851
Expected Acceptances	1.5	1.5	57.2	862.9
Offer Acceptance Ratio*	1.15	1.15	1.79	0.99
95% Credible Interval**	[0.31, 2.52]			
Donor more than 500 miles away				
Number of Offers	328	328	7,928	92,267
Number of Acceptances	4	4	147	854
Expected Acceptances	3.6	3.6	109.9	821.9
Offer Acceptance Ratio*	1.07	1.07	1.33	1.04
95% Credible Interval**	[0.39, 2.09]			

<sup>\*</sup> The offer acceptance ratio estimates the relative offer acceptance practice of University of Mississippi Medical Center (MSUM) 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).

<sup>\*\*</sup> As an example, the 95% Credible Interval for the overall offer acceptance ratio, [0.95, 1.88], indicates the location of MSUM's true offer acceptance ratio with 95% probability. The best estimate is 38% more likely to accept an offer compared to national acceptance behavior, but MSUM's performance could plausibly range from 5% reduced acceptance up to 88% higher acceptance.



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Figure B10. Offer acceptance: Overall

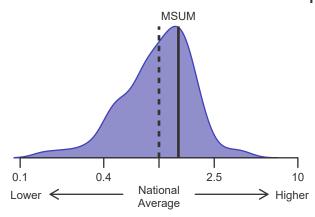


Figure B11. Offer acceptance: PHS increased infectious risk

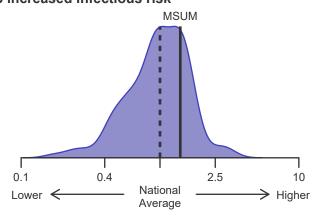
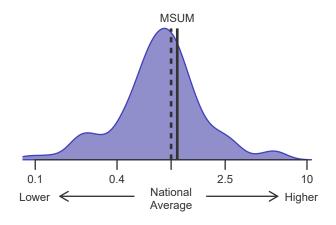


Figure B12. Offer acceptance: DCD Donor

Figure B13. Offer acceptance: HCV+ Donor



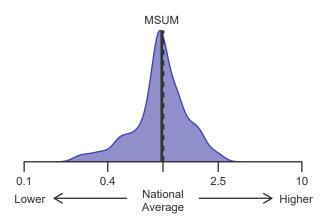
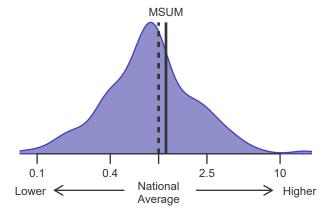
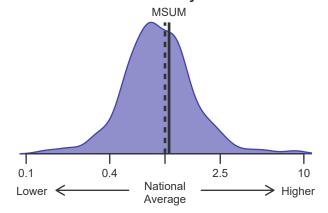


Figure B14. Offer acceptance: Offer number > 50 Figure B15. Offer acceptance: Donor more than 500 miles away







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# **C. Transplant Information**

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

	Percentage in each category				
Characteristic	Center	Region	U.S.		
	(N=37)	(N=1,330)	(N=8,415)		
Ethnicity/Race (%)*					
White	64.9	69.6	68.2		
African-American	35.1	11.1	8.1		
Hispanic/Latino	0.0	16.3	17.5		
Asian	0.0	2.2	4.6		
Other	0.0	0.8	1.6		
Unknown	0.0	0.0	0.0		
Age (%)					
<2 years	0.0	2.2	2.1		
2-11 years	0.0	1.1	1.7		
12-17	0.0	1.2	1.4		
18-34	2.7	6.3	6.6		
35-49 years	18.9	19.6	19.8		
50-64 years	62.2	47.9	46.0		
65-69 years	10.8	16.2	16.6		
70+ years	5.4	5.5	5.8		
Gender (%)					
Male	48.6	62.2	63.1		
Female	51.4	37.8	36.9		

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



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# **C. Transplant Information**

Table C1L. Living donor transplant recipient demographic characteristics Patients transplanted between 01/01/2020 and 12/31/2020

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



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# **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 Region U.S		
	(N=37)	(N=1,330)	(N=8,415)
Blood Type (%)	•		
0	43.2	47.0	45.2
Ä	32.4	37.1	36.3
В	21.6	11.7	13.5
AB	2.7	4.2	5.0
Previous Transplant (%)			
Yes	8.1	3.8	4.9
No	91.9	96.2	95.1
Body Mass Index (%)			
0-20	16.2	10.0	10.8
21-25	29.7	26.2	26.1
26-30	24.3	29.9	29.2
31-35	8.1	17.4	17.9
36-40	13.5	9.1	9.2
41+	5.4	5.3	4.4
Unknown	2.7	2.2	2.4
Primary Disease (%)			
Acute Hepatic Necrosis	0.0	2.7	4.9
Non-Cholestatic Cirrhosis	83.8	67.4	65.8
Cholestatic Liver Disease/Cirrhosis	13.5	6.8	7.4
Biliary Atresia	0.0	2.1	2.0
Metabolic Diseases	0.0	1.5	2.6
Malignant Neoplasms	2.7	16.0	13.7
Other	0.0	3.3	3.5
Missing	0.0	0.1	0.1
Medical Urgency Statust/MELD/PELD at Transplant (%)*			
Status 1A	0.0	1.5	2.9
Status 1B	0.0	0.5	1.1
MELD 6-10	0.0	9.2	11.2
MELD 11-14	2.7	6.7	6.6
MELD 15-20	24.3	18.3	15.2
MELD 21-30	45.9	36.8	30.4
MELD 31-40	24.3	18.2	23.1
PELD less than or equal to 10	0.0	0.8	1.1
PELD 11-14	0.0	0.3	0.2
PELD 15-20	0.0	0.5	0.5
PELD 21-30	0.0 0.0	1.1 0.2	0.4 0.2
PELD 31 or greater	0.0		
Temporarily Inactive Recipient Medical Condition at Transplant (%)	0.0	0.0	0.0
Not Hospitalized	67.6	63.7	61.0
Hospitalized	29.7	20.7	61.0 23.5
ICU	2.7	14.7	25.5 15.2
Unknown	0.0	0.9	0.2
OHRHOWH	0.0	0.8	0.∠

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



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# **C. Transplant Information**

Table C2L. Living donor transplant recipient medical characteristics Patients transplanted between 01/01/2020 and 12/31/2020

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



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# **C. Transplant Information**

Table C3D. Deceased donor characteristics
Transplants performed between 01/01/2020 and 12/31/2020

	Percentage in each category				
Donor Characteristic	Center (N=37)	Region (N=1,330)	U.S. (N=8,415)		
Cause of Death (%)					
Deceased: Stroke	24.3	26.4	25.2		
Deceased: MVA	13.5	14.7	12.5		
Deceased: Other	62.2	58.9	62.3		
Ethnicity/Race (%)*					
White	62.2	59.6	63.1		
African-American	29.7	23.7	18.4		
Hispanic/Latino	5.4	15.1	14.8		
Asian	2.7	1.4	2.7		
Other	0.0	0.2	1.0		
Not Reported	0.0	0.0	0.0		
Age (%)					
<2 years	0.0	1.1	1.0		
2-11 years	2.7	1.1	2.1		
12-17	2.7	4.8	4.3		
18-34	37.8	31.2	33.7		
35-49 years	21.6	28.8	27.7		
50-64 years	27.0	26.0	24.3		
65-69 years	8.1	3.7	3.8		
70+ years	0.0	3.3	3.0		
Gender (%)					
Male	67.6	61.3	61.5		
Female	32.4	38.7	38.5		
Blood Type (%)					
0	48.6	50.0	49.1		
A	32.4	38.2	36.8		
В	18.9	9.5	11.3		
AB	0.0	2.3	2.8		
Unknown	0.0	0.0	0.0		

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



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# **C. Transplant Information**

Table C3L. Living donor characteristics
Transplants performed between 01/01/2020 and 12/31/2020

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



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# **C. Transplant Information**

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

	Percentage in each category			
Transplant Characteristic	Center (N=37)	Region (N=1,330)	U.S. (N=8,415)	
Cold Ischemic Time (Hours): Local (%)				
Deceased: 0-5 hr	92.3	78.7	65.7	
Deceased: 6-10 hr	7.7	19.4	31.6	
Deceased: 11-15 hr	0.0	0.7	1.1	
Deceased: 16-20 hr	0.0	0.0	0.1	
Deceased: 21+ hr	0.0	0.0	0.0	
Not Reported	0.0	1.1	1.4	
Cold Ischemic Time (Hours): Shared (%)				
Deceased: 0-5 hr	62.5	49.4	44.9	
Deceased: 6-10 hr	37.5	48.4	51.1	
Deceased: 11-15 hr	0.0	0.8	2.1	
Deceased: 16-20 hr	0.0	0.1	0.1	
Deceased: 21+ hr	0.0	0.3	0.1	
Not Reported	0.0	1.0	1.6	
Procedure Type (%)				
Single organ	86.5	88.1	89.5	
Multi organ	13.5	11.9	10.5	
Donor Location (%)				
Local Donation Service Area (DSA)	35.1	40.2	37.7	
Another Donation Service Area (DSA)	64.9	59.8	62.3	
Median Time in Hospital After Transplant*	8.5 Days	10.0 Days	10.0 Days	

<sup>\*</sup> Multi organ transplants are excluded from this statistic.



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# **C. Transplant Information**

Table C4L. Living donor transplant characteristics
Transplants performed between 01/01/2020 and 12/31/2020

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



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# C. Transplant Information

Table C5. Adult (18+) 1-month survival with a functioning graft Single organ transplants performed between 01/01/2018 and 03/12/2020 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	MSUM	U.S.
Number of transplants evaluated	91	16,030
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.89%	96.79%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.10%	
Number of observed graft failures (including deaths) during the first month after transplant	1	508
Number of expected graft failures (including deaths) during the first month after transplant	2.64	
Estimated hazard ratio*	0.65	
95% credible interval for the hazard ratio**	[0.13, 1.56]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of Mississippi Medical Center (MSUM)'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 MSUM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

Figure C1. Adult (18+) 1-month graft failure HR estimate

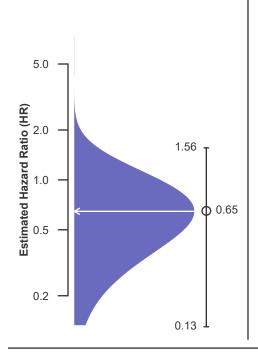
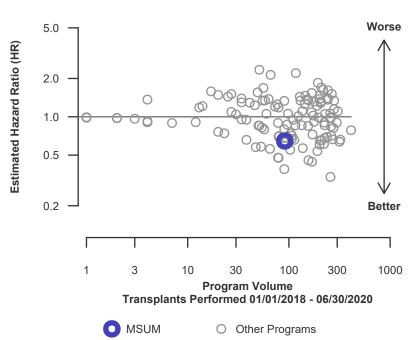


Figure C2. Adult (18+) 1-month graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.13, 1.56], indicates the location of MSUM's true hazard ratio with 95% probability. The best estimate is 35% lower risk of graft failure compared to an average program, but MSUM's performance could plausibly range from 87% reduced risk up to 56% increased risk.



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# C. Transplant Information

Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2018 and 03/12/2020 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	MSUM	U.S.
Number of transplants evaluated	91	15,160
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.89%	96.75%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.10%	
Number of observed graft failures (including deaths) during the first month after transplant	1	486
Number of expected graft failures (including deaths) during the first month after transplant	2.64	
Estimated hazard ratio*	0.65	
95% credible interval for the hazard ratio**	[0.13, 1.56]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of Mississippi Medical Center (MSUM)'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 MSUM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

Figure C1D. Adult (18+) 1-month deceased donor graft failure HR estimate

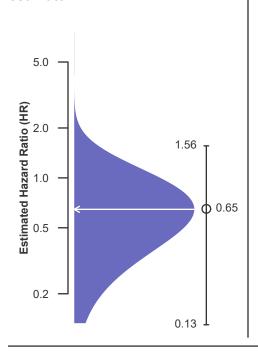
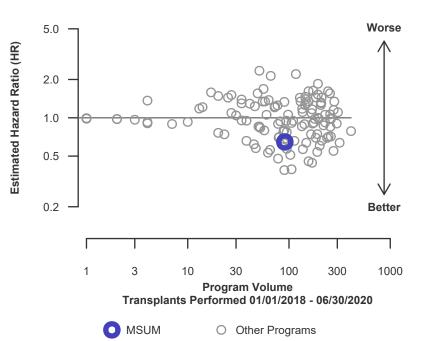


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.13, 1.56], indicates the location of MSUM's true hazard ratio with 95% probability. The best estimate is 35% lower risk of graft failure compared to an average program, but MSUM's performance could plausibly range from 87% reduced risk up to 56% increased risk.



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# C. Transplant Information

Table C5L. Adult (18+) 1-month survival with a functioning living donor graft Single organ transplants performed between 01/01/2018 and 03/12/2020 Deaths and retransplants are considered graft failures

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

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

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

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

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



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# C. Transplant Information

Table C6. Adult (18+) 1-year survival with a functioning graft Single organ transplants performed between 01/01/2018 and 03/12/2020 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	MSUM	U.S.
Number of transplants evaluated	91	16,030
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	96.33%	92.14%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.57%	
Number of observed graft failures (including deaths) during the first year after transplant	3	1,092
Number of expected graft failures (including deaths) during the first year after transplant	5.84	
Estimated hazard ratio*	0.64	
95% credible interval for the hazard ratio**	[0.21, 1.31]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of Mississippi Medical Center (MSUM)'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 MSUM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

Figure C3. Adult (18+) 1-year graft failure HR estimate

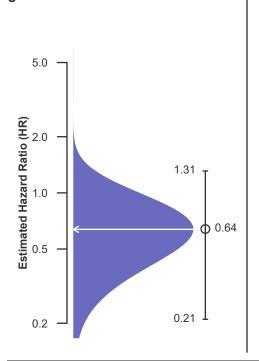
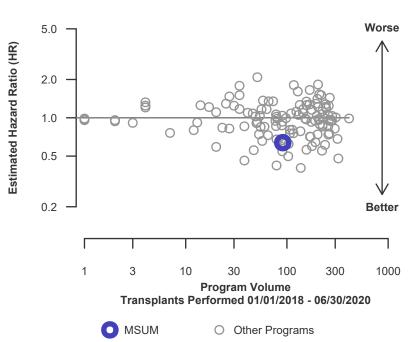


Figure C4. Adult (18+) 1-year graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.21, 1.31], indicates the location of MSUM's true hazard ratio with 95% probability. The best estimate is 36% lower risk of graft failure compared to an average program, but MSUM's performance could plausibly range from 79% reduced risk up to 31% increased risk.



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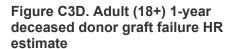
# C. Transplant Information

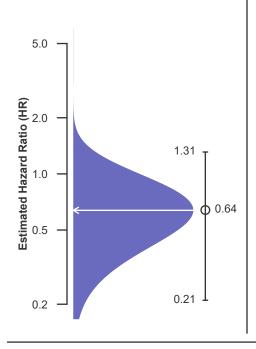
Table C6D. Adult (18+) 1-year survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2018 and 03/12/2020 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	MSUM	U.S.
Number of transplants evaluated	91	15,160
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	96.33%	92.09%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.57%	
Number of observed graft failures (including deaths) during the first year after transplant	3	1,041
Number of expected graft failures (including deaths) during the first year after transplant	5.84	
Estimated hazard ratio*	0.64	
95% credible interval for the hazard ratio**	[0.21, 1.31]	

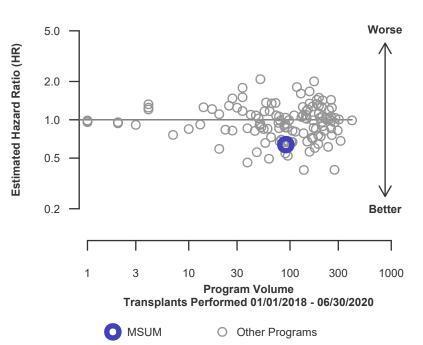
<sup>\*</sup> The hazard ratio provides an estimate of how University of Mississippi Medical Center (MSUM)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio 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 MSUM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.21, 1.31], indicates the location of MSUM's true hazard ratio with 95% probability. The best estimate is 36% lower risk of graft failure compared to an average program, but MSUM's performance could plausibly range from 79% reduced risk up to 31% increased risk.





# Figure C4D. Adult (18+) 1-year deceased donor graft failure HR program comparison





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# C. Transplant Information

Table C6L. Adult (18+) 1-year survival with a functioning living donor graft Single organ transplants performed between 01/01/2018 and 03/12/2020 Deaths and retransplants are considered graft failures

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

Figure C3L. Adult (18+) 1-year living donor graft failure HR estimate

Figure C4L. Adult (18+) 1-year living donor graft failure HR program comparison

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

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



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# C. Transplant Information

Table C7. Adult (18+) 3-year survival with a functioning graft Single organ transplants performed between 07/01/2015 and 12/31/2017 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	MSUM	U.S.
Number of transplants evaluated	78	16,132
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	79.31%	85.42%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	85.27%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	16	2,303
Number of expected graft failures (including deaths) during the first 3 years after transplant	10.96	
Estimated hazard ratio*	1.39	
95% credible interval for the hazard ratio**	[0.82, 2.10]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of Mississippi Medical Center (MSUM)'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 MSUM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

Figure C5. Adult (18+) 3-year graft failure HR estimate

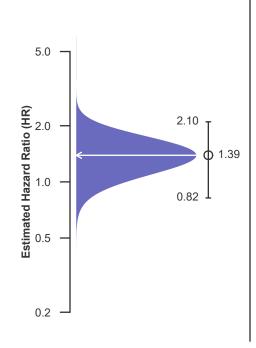
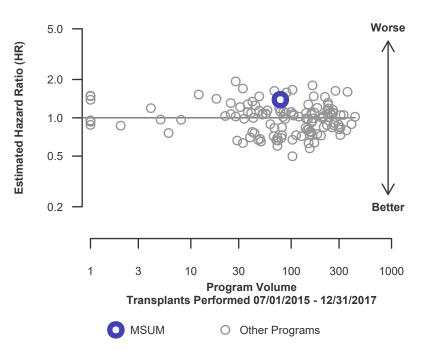


Figure C6. Adult (18+) 3-year graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.82, 2.10], indicates the location of MSUM's true hazard ratio with 95% probability. The best estimate is 39% higher risk of graft failure compared to an average program, but MSUM's performance could plausibly range from 18% reduced risk up to 110% increased risk.



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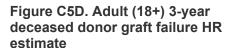
## C. Transplant Information

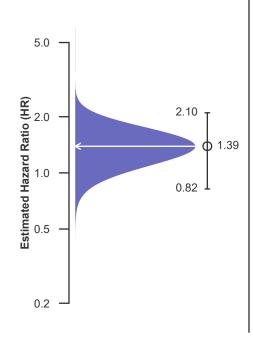
Table C7D. Adult (18+) 3-year survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2015 and 12/31/2017 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	MSUM	U.S.	
Number of transplants evaluated	78	15,412	
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	79.31%	85.39%	
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	85.27%		
Number of observed graft failures (including deaths) during the first 3 years after transplant	16	2,204	
Number of expected graft failures (including deaths) during the first 3 years after transplant	10.96		
Estimated hazard ratio*	1.39		
95% credible interval for the hazard ratio**	[0.82, 2.10]		

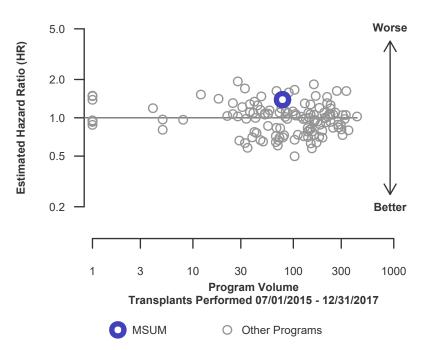
<sup>\*</sup> The hazard ratio provides an estimate of how University of Mississippi Medical Center (MSUM)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio 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 MSUM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.82, 2.10], indicates the location of MSUM's true hazard ratio with 95% probability. The best estimate is 39% higher risk of graft failure compared to an average program, but MSUM's performance could plausibly range from 18% reduced risk up to 110% increased risk.





# Figure C6D. Adult (18+) 3-year deceased donor graft failure HR program comparison





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## C. Transplant Information

Table C7L. Adult (18+) 3-year survival with a functioning living donor graft Single organ transplants performed between 07/01/2015 and 12/31/2017 Deaths and retransplants are considered graft failures

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

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

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

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



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## C. Transplant Information

Table C8. Pediatric (<18) 1-month survival with a functioning graft Single organ transplants performed between 01/01/2018 and 03/12/2020 Deaths and retransplants are considered graft failures

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

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

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

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



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## C. Transplant Information

Table C8D. Pediatric (<18) 1-month survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2018 and 03/12/2020 Deaths and retransplants are considered graft failures

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

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

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

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



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# C. Transplant Information

Table C8L. Pediatric (<18) 1-month survival with a functioning living donor graft Single organ transplants performed between 01/01/2018 and 03/12/2020 Deaths and retransplants are considered graft failures

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

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

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

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



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# C. Transplant Information

Table C9. Pediatric (<18) 1-year survival with a functioning graft
Single organ transplants performed between 01/01/2018 and 03/12/2020
Deaths and retransplants are considered graft failures

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

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

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

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



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# C. Transplant Information

Table C9D. Pediatric (<18) 1-year survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2018 and 03/12/2020 Deaths and retransplants are considered graft failures

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

Figure C9D. Pediatric (<18) 1-year deceased donor graft failure HR estimate Figure C10D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison

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



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# C. Transplant Information

Table C9L. Pediatric (<18) 1-year survival with a functioning living donor graft Single organ transplants performed between 01/01/2018 and 03/12/2020 Deaths and retransplants are considered graft failures

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

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

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

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



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# C. Transplant Information

Table C10. Pediatric (<18) 3-year survival with a functioning graft Single organ transplants performed between 07/01/2015 and 12/31/2017 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	MSUM	U.S.
Number of transplants evaluated	1	1,360
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	0.00%	89.72%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	89.11%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	1	138
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.06	
Estimated hazard ratio*	1.45	
95% credible interval for the hazard ratio**	[0.30, 3.50]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of Mississippi Medical Center (MSUM)'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 MSUM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

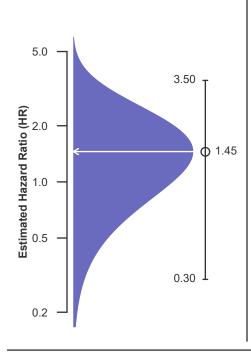
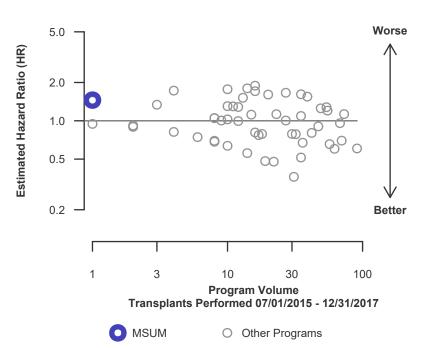


Figure C12. Pediatric (<18) 3-year graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.30, 3.50], indicates the location of MSUM's true hazard ratio with 95% probability. The best estimate is 45% higher risk of graft failure compared to an average program, but MSUM's performance could plausibly range from 70% reduced risk up to 250% increased risk.



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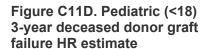
# C. Transplant Information

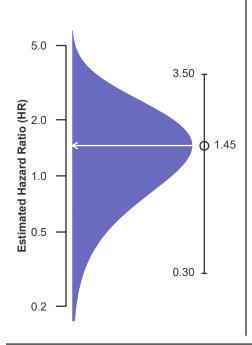
Table C10D. Pediatric (<18) 3-year survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2015 and 12/31/2017 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	MSUM	U.S.	
Number of transplants evaluated	1	1,182	
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	0.00%	89.10%	
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	89.11%		
Number of observed graft failures (including deaths) during the first 3 years after transplant	1	127	
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.06		
Estimated hazard ratio*	1.45		
95% credible interval for the hazard ratio**	[0.30, 3.50]		

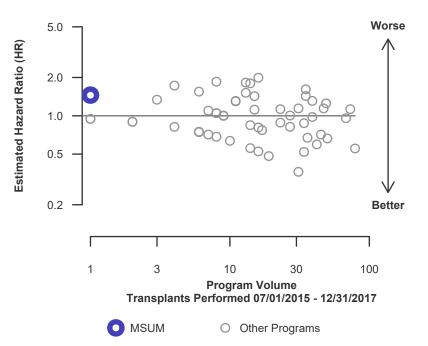
<sup>\*</sup> The hazard ratio provides an estimate of how University of Mississippi Medical Center (MSUM)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio 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 MSUM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.30, 3.50], indicates the location of MSUM's true hazard ratio with 95% probability. The best estimate is 45% higher risk of graft failure compared to an average program, but MSUM's performance could plausibly range from 70% reduced risk up to 250% increased risk.





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





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## C. Transplant Information

Table C10L. Pediatric (<18) 3-year survival with a functioning living donor graft Single organ transplants performed between 07/01/2015 and 12/31/2017 Deaths and retransplants are considered graft failures

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

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

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

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



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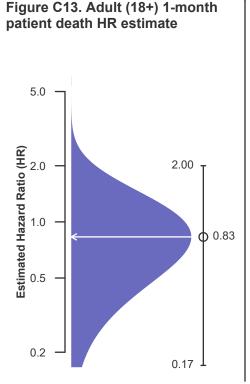
## C. Transplant Information

Table C11. Adult (18+) 1-month patient survival Single organ transplants performed between 01/01/2018 and 03/12/2020

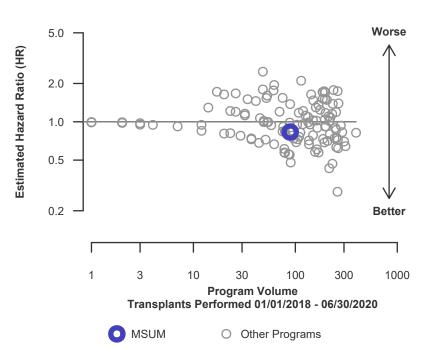
Retransplants excluded	MSUM	U.S.
Number of transplants evaluated	89	15,447
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	98.86%	97.97%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.17%	
Number of observed deaths during the first month after transplant	1	310
Number of expected deaths during the first month after transplant	1.61	
Estimated hazard ratio*	0.83	
95% credible interval for the hazard ratio**	[0.17, 2.00]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of Mississippi Medical Center (MSUM)'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 MSUM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.17, 2.00], indicates the location of MSUM's true hazard ratio with 95% probability. The best estimate is 17% lower risk of patient death compared to an average program, but MSUM's performance could plausibly range from 83% reduced risk up to 100% increased risk.









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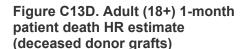
## **C. Transplant Information**

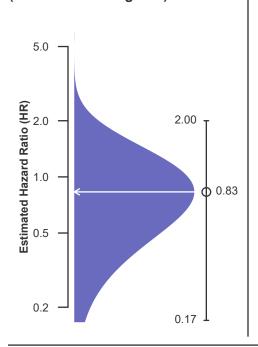
Table C11D. Adult (18+) 1-month patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2018 and 03/12/2020

Retransplants excluded	MSUM	U.S.
Number of transplants evaluated	89	14,587
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	98.86%	97.88%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.17%	
Number of observed deaths during the first month after transplant	1	306
Number of expected deaths during the first month after transplant	1.61	
Estimated hazard ratio*	0.83	
95% credible interval for the hazard ratio**	[0.17, 2.00]	

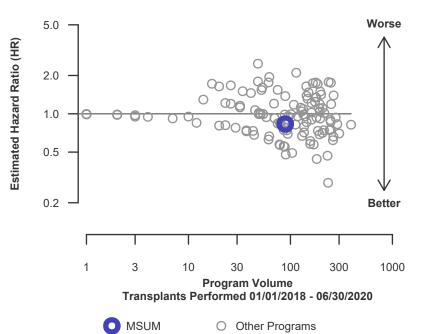
<sup>\*</sup> The hazard ratio provides an estimate of how University of Mississippi Medical Center (MSUM)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio 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 MSUM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.17, 2.00], indicates the location of MSUM's true hazard ratio with 95% probability. The best estimate is 17% lower risk of patient death compared to an average program, but MSUM's performance could plausibly range from 83% reduced risk up to 100% increased risk.





# Figure C14D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)





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## C. Transplant Information

Table C11L. Adult (18+) 1-month patient survival (living donor graft recipients) Single organ 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 C13L. Adult (18+) 1-month patient death HR estimate (living donor grafts)

Figure C14L. Adult (18+) 1-month patient death HR program comparison (living donor grafts)

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



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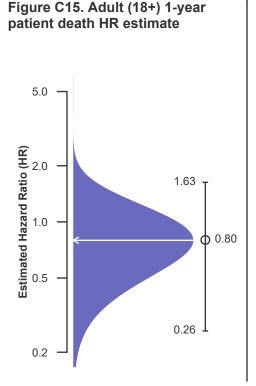
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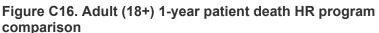
Table C12. Adult (18+) 1-year patient survival Single organ transplants performed between 01/01/2018 and 03/12/2020

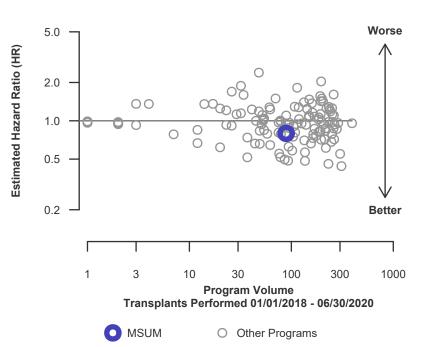
Retransplants excluded	MSUM	U.S.
Number of transplants evaluated	89	15,447
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	96.27%	93.92%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	94.36%	
Number of observed deaths during the first year after transplant	3	796
Number of expected deaths during the first year after transplant	4.28	
Estimated hazard ratio*	0.80	
95% credible interval for the hazard ratio**	[0.26, 1.63]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of Mississippi Medical Center (MSUM)'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 MSUM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.26, 1.63], indicates the location of MSUM's true hazard ratio with 95% probability. The best estimate is 20% lower risk of patient death compared to an average program, but MSUM's performance could plausibly range from 74% reduced risk up to 63% increased risk.









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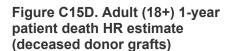
## C. Transplant Information

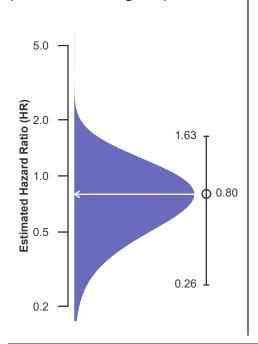
Table C12D. Adult (18+) 1-year patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2018 and 03/12/2020 Retransplants excluded

Retransplants excluded	MSUM	U.S.
Number of transplants evaluated	89	14,587
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	96.27%	93.78%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	94.36%	
Number of observed deaths during the first year after transplant	3	771
Number of expected deaths during the first year after transplant	4.28	
Estimated hazard ratio*	0.80	
95% credible interval for the hazard ratio**	[0.26, 1.63]	

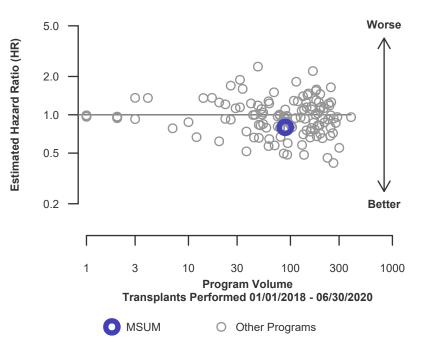
<sup>\*</sup> The hazard ratio provides an estimate of how University of Mississippi Medical Center (MSUM)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio 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 MSUM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.26, 1.63], indicates the location of MSUM's true hazard ratio with 95% probability. The best estimate is 20% lower risk of patient death compared to an average program, but MSUM's performance could plausibly range from 74% reduced risk up to 63% increased risk.





# Figure C16D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)





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# C. Transplant Information

Table C12L. Adult (18+) 1-year patient survival (living donor graft recipients) Single organ 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 C15L. Adult (18+) 1-year patient death HR estimate (living donor grafts)

Figure C16L. Adult (18+) 1-year patient death HR program comparison (living donor grafts)

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



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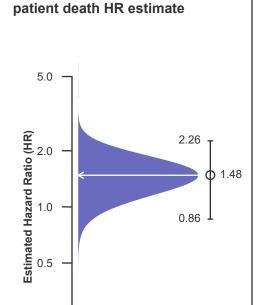
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## **C. Transplant Information**

Table C13. Adult (18+) 3-year patient survival Single organ transplants performed between 07/01/2015 and 12/31/2017 Retransplants excluded

Retransplants excluded	MSUM	U.S.
Number of transplants evaluated	77	15,497
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	80.34%	87.73%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	86.83%	
Number of observed deaths during the first 3 years after transplant	15	1,855
Number of expected deaths during the first 3 years after transplant	9.51	
Estimated hazard ratio*	1.48	
95% credible interval for the hazard ratio**	[0.86, 2.26]	

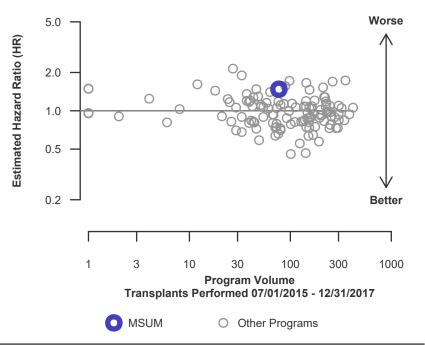
<sup>\*</sup> The hazard ratio provides an estimate of how University of Mississippi Medical Center (MSUM)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio 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 MSUM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.



0.2

Figure C17. Adult (18+) 3-year





<sup>\*\*</sup> The 95% credible interval, [0.86, 2.26], indicates the location of MSUM's true hazard ratio with 95% probability. The best estimate is 48% higher risk of patient death compared to an average program, but MSUM's performance could plausibly range from 14% reduced risk up to 126% increased risk.



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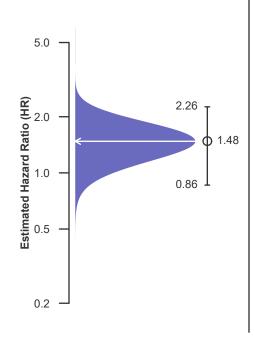
## C. Transplant Information

Table C13D. Adult (18+) 3-year patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2015 and 12/31/2017

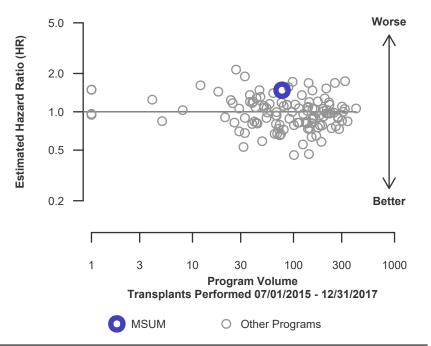
Retransplants excluded	MSUM	U.S.	
Number of transplants evaluated	77	14,781	
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	80.34%	87.59%	
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	86.83%		
Number of observed deaths during the first 3 years after transplant	15	1,789	
Number of expected deaths during the first 3 years after transplant	9.51		
Estimated hazard ratio*	1.48		
95% credible interval for the hazard ratio**	[0.86, 2.26]		

<sup>\*</sup> The hazard ratio provides an estimate of how University of Mississippi Medical Center (MSUM)'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 MSUM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

Figure C17D. Adult (18+) 3-year patient death HR estimate (deceased donor grafts)



# Figure C18D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)



<sup>\*\*</sup> The 95% credible interval, [0.86, 2.26], indicates the location of MSUM's true hazard ratio with 95% probability. The best estimate is 48% higher risk of patient death compared to an average program, but MSUM's performance could plausibly range from 14% reduced risk up to 126% increased risk.



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Table C13L. Adult (18+) 3-year patient survival (living donor graft recipients) Single organ 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 C17L. Adult (18+) 3-year patient death HR estimate (living donor grafts)

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

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



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# C. Transplant Information

Table C14. Pediatric (<18) 1-month patient survival
Single organ 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 C19. Pediatric (<18) 1-month patient death HR estimate Figure C20. Pediatric (<18) 1-month patient death HR program comparison

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



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# C. Transplant Information

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

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



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## C. Transplant Information

Table C14L. Pediatric (<18) 1-month patient survival (living donor graft recipients) Single organ 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 C19L. Pediatric (<18) 1-month patient death HR estimate (living donor grafts) Figure C20L. Pediatric (<18) 1-month patient death HR program comparison (living donor grafts)

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



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## C. Transplant Information

Table C15. Pediatric (<18) 1-year patient survival
Single organ 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 C21. Pediatric (<18) 1-year patient death HR estimate

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

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



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## **C. Transplant Information**

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

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



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# C. Transplant Information

Table C15L. Pediatric (<18) 1-year patient survival (living donor graft recipients) Single organ 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 C21L. Pediatric (<18)
1-year patient death HR estimate (living donor grafts)

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

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



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## C. Transplant Information

Table C16. Pediatric (<18) 3-year patient survival Single organ transplants performed between 07/01/2015 and 12/31/2017 Retransplants excluded

Retransplants excluded	MSUM	U.S.	
Number of transplants evaluated	1	1,269	
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	0.00%	92.78%	
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.16%		
Number of observed deaths during the first 3 years after transplant	1	90	
Number of expected deaths during the first 3 years after transplant	0.04		
Estimated hazard ratio*	1.47		
95% credible interval for the hazard ratio**	[0.30, 3.54]		

<sup>\*</sup> The hazard ratio provides an estimate of how University of Mississippi Medical Center (MSUM)'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 MSUM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

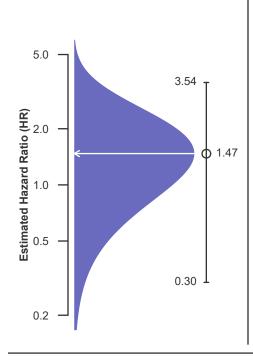
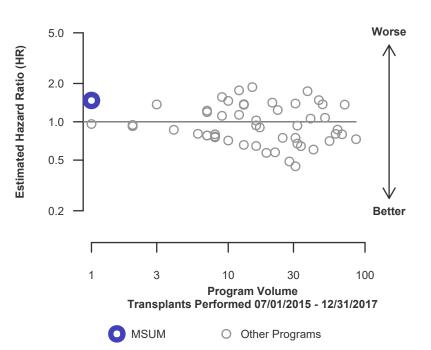


Figure C24. Pediatric (<18) 3-year patient death HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.30, 3.54], indicates the location of MSUM's true hazard ratio with 95% probability. The best estimate is 47% higher risk of patient death compared to an average program, but MSUM's performance could plausibly range from 70% reduced risk up to 254% increased risk.



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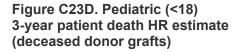
## C. Transplant Information

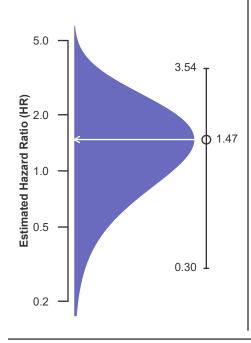
Table C16D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2015 and 12/31/2017

Retransplants excluded	MSUM	U.S.
Number of transplants evaluated	1	1,092
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	0.00%	92.16%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.16%	
Number of observed deaths during the first 3 years after transplant	1	84
Number of expected deaths during the first 3 years after transplant	0.04	
Estimated hazard ratio*	1.47	
95% credible interval for the hazard ratio**	[0.30, 3.54]	

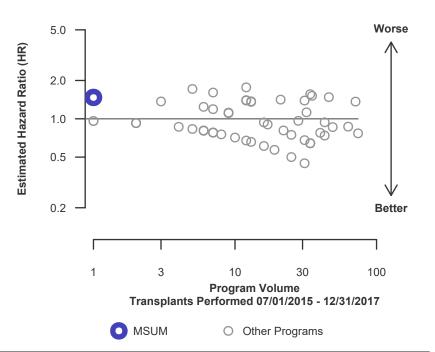
<sup>\*</sup> The hazard ratio provides an estimate of how University of Mississippi Medical Center (MSUM)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio 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 MSUM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.30, 3.54], indicates the location of MSUM's true hazard ratio with 95% probability. The best estimate is 47% higher risk of patient death compared to an average program, but MSUM's performance could plausibly range from 70% reduced risk up to 254% increased risk.





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





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# C. Transplant Information

Table C16L. Pediatric (<18) 3-year patient survival (living donor graft recipients) Single organ 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 C23L. Pediatric (<18)
3-year patient death HR estimate (living donor grafts)

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

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



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## **C. Transplant Information**

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

Adult (18+) Transplants

**First-Year Outcomes** 

Transplants Fransplant Type Performed		Liver Graft Failures		Estimated Liver Graft Survival		
	MSUM-TX1	USA	MSUM-TX1	USA	MSUM-TX1	USA
Kidney-Liver	16	1,732	1	186	93.8%	89.3%
Liver-Heart	1	103	0	15	100.0%	85.4%

## 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	Transp Perfor MSUM-TX1	med	Patient D MSUM-TX1	eaths USA	Estima Patient S MSUM-TX1	urvival
Kidney-Liver	16	1,732	1	172	93.8%	90.1%
Liver-Heart	1	103	0	15	100.0%	85.4%

## Pediatric (<18) Transplants

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



Center Code: MSUM

Transplant Program (Organ): Liver

Release Date: July 6, 2021

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# **D. Living Donor Information**

Table D1. Living donor summary: 01/01/2018 - 12/31/2020

	This Center			United States		
Living Donor Follow-Up	01/2018- 12/2018	01/2019- 12/2019	01/2020- 06/2020	01/2018- 12/2018	01/2019- 12/2019	01/2020- 06/2020
Number of Living Donors						
<b>6-Month Follow-Up</b> Donors due for follow-up						
Timely clinical data	 %	 %	 %	 %	 %	 %
Timely lab data	 %	 %	 %	 %	 %	 %
<b>12-Month Follow-Up</b> Donors due for follow-up						
Timely clinical data	 %	 %		 %	 %	
Timely lab data	 %	 %		 %	 %	
<b>24-Month Follow-Up</b> Donors due for follow-up						
Timely clinical data	 %			 %		
Timely lab data	 %			 %		

Follow-up completion standards through 2 years post-donation were implemented in policy on February 1, 2013.