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## COVID-19 Guide

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### Adjustments to Transplant Program and OPO Evaluation Metrics

The Scientific Registry of Transplant Recipients (SRTR), under contract from the Health Resources and Services Administration (HRSA), is charged with evaluating the performance of the nation's transplant system through publication of semi-annual transplant program-specific reports (PSRs) and organ procurement organization (OPO)-specific reports (OSRs). These reports contain performance metrics covering various time periods. For OPOs, these metrics include eligible death conversion rates and deceased donor organ yield. For transplant programs, they include pre-transplant mortality rates (formerly called waitlist mortality rates), transplant rates, organ offer acceptance rates, patient mortality after listing, and 1-month, 90-day, 1-year, 1-year conditional on 90-day, and 3-year posttransplant outcomes including graft survival and patient survival.

In response to the current global pandemic, SRTR modified the evaluation metrics for transplant programs and OPOs for the reports released in January 2021, July 2021, January 2022, July 2022 and January 2023. These reports made adjustments to transplant program and OPO performance metrics so that data during the time around the declaration of a national public health emergency on March 13, 2020, were not included in the metrics.

Modifications for the July 2023 reporting cycle were considered at the Analytic Methods Subcommittee of the SRTR Review Committee (SRC) at its meeting on March 24, 2021, and the full SRC meetings April 27, 2021 and on January 11, 2022. Both the Analytic Methods Subcommittee and the full SRC recommended an ongoing carve out of the first quarter of the pandemic (March 13, 2020 through June 12, 2020) from adjusted performance metrics, as detailed below. These recommendations were reviewed by HRSA's Division of Transplantation, which oversees SRTR. HRSA approved these recommendations, which SRTR will implement for the July 2023 reporting cycle. These changes will remain in force beyond the July 2023 reporting cycle, unless otherwise amended:

Posttransplant Outcomes (including 1-month, 90-day, 1-year, 1-year conditional on 90-day, and 3-year graft and patient survival): Evaluation cohorts will exclude transplants performed between March 13, 2020 and June 12, 2020, inclusive of March 13 and June 12. Patients given transplants before March 13, 2020 will have follow-up censored on March 12, 2020. Patients given transplants after June 12, 2020 will resume normal follow-up. Follow-up will not resume for patients given transplants before March 13, 2020 who are alive with function on June 12, 2020; however, this may be reconsidered as SRTR continues to explore moving to a period-prevalent methodology:

1-month, 90-day, 1-year & 1-year conditional on 90-day Patient and Graft Survival Evaluations: Transplants 1/1/2020-3/12/2020, follow-up through 3/12/2020. Transplants 6/13/2020-6/30/2022, follow-up through 12/31/2022.

3-year Patient and Graft Survival Evaluations: Transplants 7/1/2017-12/31/2019; follow-up through 3/12/2020.

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

Days after listing (and before transplant) between 1/1/2021 and 12/31/2022.



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## COVID-19 Guide

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

Candidates on the waitlist 1/1/2021-12/31/2022.

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

Evaluation period: 1/1/2021-12/31/2022.

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

Offers received 1/1/2022-12/31/2022.

These decisions will apply to the evaluations released in the SRTR's semi-annual program-specific reports scheduled for release on July 6, 2023. These changes have been communicated to the leadership of the Organ Procurement and Transplantation Network's (OPTN) Membership and Professional Standards Committee (MSPC). These decisions will then be re-evaluated as more information becomes available in preparation for the release scheduled for January 2024.

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



## User Guide

This report contains a wide range of useful information about the liver transplant program at University Hospital, University of Texas Health Science Center. The report has three main sections:

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

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

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

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

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



## User Guide

confidence interval includes (crosses) 1.0, then we cannot say that this program's observed transplant rate is different from what would be expected. The observed transplant rate at this program was 98.1 per 100 person-years. Transplant rates are also provided for adult and pediatric patients separately along with comparisons to adult and pediatric rates in the DSA, the OPTN region, and the nation. 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 01/01/2017 and 06/30/2022. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this program was 0.2 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 12/31/2022 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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## User Guide

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of offers.

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

Starting with Table C5, transplant outcomes are presented along with comparisons to what would be expected at this program and what happened in the nation as a whole. Tables C5-C14 (tables C5-C10 for Pancreas) present information on graft survival (survival of the transplanted organ), with data presented separately for adult and pediatric recipients. Patients are followed from the time of transplant until either failure of the transplanted organ or death, whichever comes first. Please refer to the technical methods for more information on these calculations (<http://www.srtr.org>).

While Tables C5-C14 present data on graft survival, Tables C15-C20 (tables C11-C20 for Pancreas) present information on patient survival. For these tables, patients are followed from the time of transplant until death, regardless of whether the transplant is functioning or the patient required another transplant to survive.

Tables C21 and C22 summarize the multiorgan transplant outcomes at this program. The summary statistics in these tables are descriptive and are not risk-adjusted for different donor and candidate characteristics.

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

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



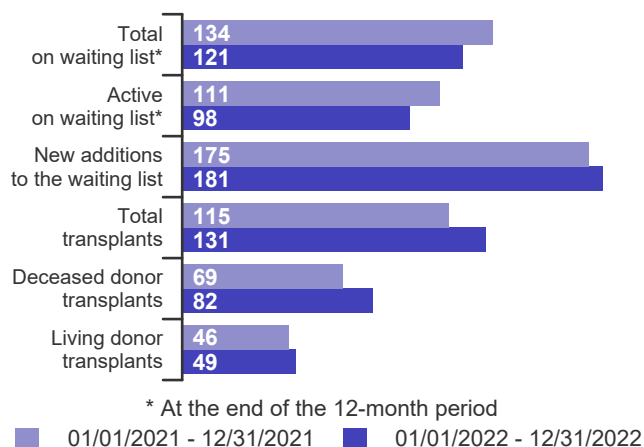
## Table of Contents

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



## A. Program Summary

**Figure A1. Waiting list and transplant activity**

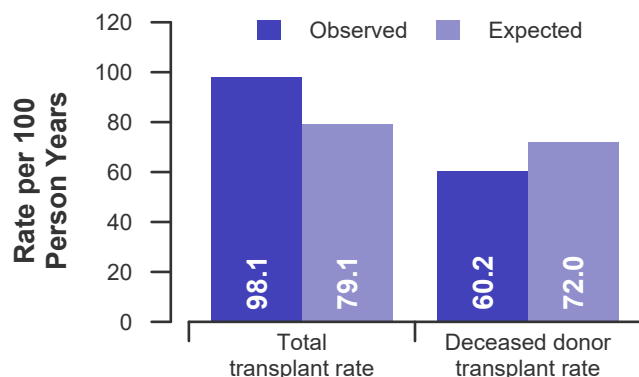


**Table A1. Census of transplant recipients**

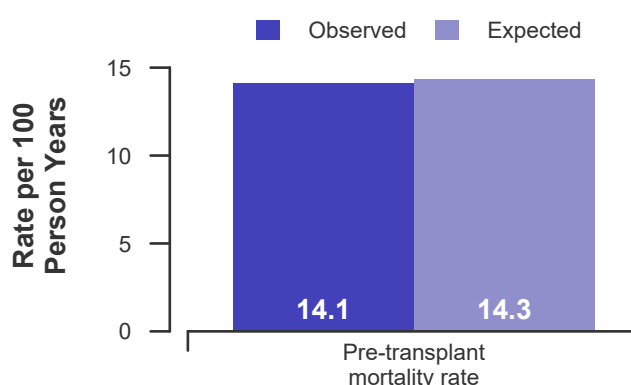
Recipients	01/01/2021-12/31/2021	01/01/2022-12/31/2022
Transplanted at this center	115	131
Followed by this center*	862	784
...transplanted at this program	827	748
...transplanted elsewhere	35	36

\* 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.

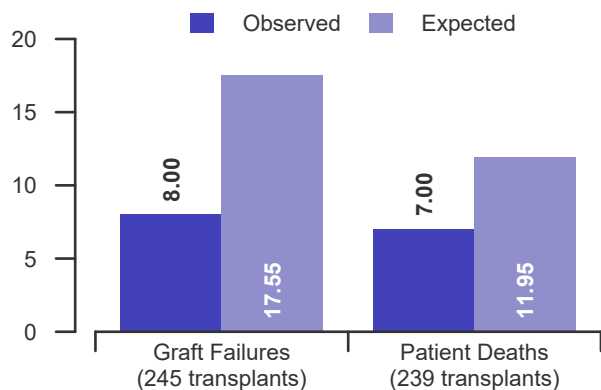
**Figure A2. Transplant rates**  
01/01/2021 - 12/31/2022



**Figure A3. Pre-transplant mortality rates**  
01/01/2021 - 12/31/2022



**Figure A4. First-year adult graft and patient survival:**  
01/01/2020 - 03/12/2020, 06/13/2020 - 06/30/2022



**Figure A5. First-year pediatric graft & patient survival:**  
01/01/2020 - 03/12/2020, 06/13/2020 - 06/30/2022

This center did not perform any transplants relevant to this figure during 01/01/2020-06/30/2022





## B. Waiting List Information

Table B1. Waiting list activity summary: 01/01/2021 - 12/31/2022

Waiting List Registrations	Counts for this center		Activity for 01/01/2022 to 12/31/2022 as percent of registrants on waiting list on 01/01/2022		
	01/01/2021-12/31/2021	01/01/2022-12/31/2022	This Center (%)	OPTN Region (%)	U.S. (%)
<b>On waiting list at start</b>	127	134	100.0	100.0	100.0
<b>Additions</b>					
New listings at this center	175	181	135.1	115.9	116.1
<b>Removals</b>					
Transferred to another center	1	0	0.0	1.0	1.0
Received living donor transplant*	46	49	36.6	5.1	5.1
Received deceased donor transplant*	69	82	61.2	63.8	76.1
Died	12	18	13.4	10.0	8.9
Transplanted at another center	1	0	0.0	7.1	2.8
Deteriorated	15	10	7.5	12.7	9.6
Recovered	8	4	3.0	5.4	9.1
Other reasons	16	31	23.1	10.7	9.8
<b>On waiting list at end of period</b>	134	121	90.3	99.9	93.7

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





## B. Waiting List Information

**Table B2. Demographic characteristics of waiting list candidates****Candidates registered on the waiting list between 01/01/2022 and 12/31/2022**

Demographic Characteristic	New Waiting List Registrations 01/01/2022 to 12/31/2022 (%)			All Waiting List Registrations on 12/31/2022 (%)		
	This Center (N=181)	OPTN Region (N=1,745)	U.S. (N=13,611)	This Center (N=121)	OPTN Region (N=1,505)	U.S. (N=10,983)
<b>All (%)</b>	100.0	100.0	100.0	100.0	100.0	100.0
<b>Ethnicity/Race (%)*</b>						
White	39.2	56.0	68.3	29.8	55.3	66.2
African-American	1.1	5.7	6.7	2.5	6.8	6.9
Hispanic/Latino	55.2	31.6	18.7	63.6	32.8	20.0
Asian	0.6	3.0	4.4	1.7	2.7	5.2
Other	3.9	3.7	1.9	2.5	2.3	1.7
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
<b>Age (%)</b>						
<2 years	0.0	1.7	2.4	0.0	1.0	1.4
2-11 years	0.0	1.4	1.7	0.0	1.2	1.4
12-17 years	0.0	1.1	1.4	0.0	0.8	1.2
18-34 years	5.0	5.8	6.9	2.5	5.2	6.7
35-49 years	23.8	21.1	21.4	19.0	17.7	19.3
50-64 years	49.2	45.5	44.8	54.5	49.6	49.2
65-69 years	18.8	17.1	15.5	22.3	18.0	15.7
70+ years	3.3	6.3	6.0	1.7	6.4	5.1
<b>Gender (%)</b>						
Male	56.9	60.1	61.1	54.5	59.7	60.7
Female	43.1	39.9	38.9	45.5	40.3	39.3

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



## B. Waiting List Information

**Table B3. Medical characteristics of waiting list candidates**

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

Medical Characteristic	New Waiting List Registrations 01/01/2022 to 12/31/2022 (%)			All Waiting List Registrations on 12/31/2022 (%)		
	This Center (N=181)	OPTN Region (N=1,745)	U.S. (N=13,611)	This Center (N=121)	OPTN Region (N=1,505)	U.S. (N=10,983)
<b>All (%)</b>	100.0	100.0	100.0	100.0	100.0	100.0
<b>Blood Type (%)</b>						
O	53.0	49.4	46.9	55.4	52.2	49.8
A	37.6	36.5	37.3	34.7	38.1	38.4
B	6.6	10.8	11.8	8.3	8.6	9.8
AB	2.8	3.3	3.9	1.7	1.1	2.0
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
<b>Previous Transplant (%)</b>						
Yes	2.2	3.8	4.2	3.3	2.3	3.4
No	97.8	96.2	95.8	96.7	97.7	96.6
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
<b>Primary Disease (%)</b>						
Acute Hepatic Necrosis	1.7	2.4	3.7	0.8	0.8	1.5
Non-Cholestatic Cirrhosis	70.7	57.4	54.1	76.0	64.1	61.6
Cholestatic Liver Disease/Cirrhosis	5.0	4.6	6.3	5.0	6.6	7.6
Biliary Atresia	0.0	1.7	2.0	0.0	1.4	1.9
Metabolic Diseases	1.1	1.1	1.8	0.8	0.9	1.5
Malignant Neoplasms	0.0	10.8	10.5	0.0	13.1	11.3
Other	21.5	21.9	21.3	17.4	13.1	14.4
Missing	0.0	0.0	0.3	0.0	0.1	0.3
<b>Medical Urgency Status/MELD/PELD at Listing (%)*</b>						
Status 1A	1.1	1.6	2.9	0.0	0.1	0.3
Status 1B	0.0	0.1	0.4	0.0	0.0	0.1
Status 2A	0.0	0.0	0.0	0.0	0.0	0.0
Status 2B	0.0	0.0	0.0	0.0	0.0	0.0
Status 3	0.0	0.0	0.0	0.0	0.1	0.2
MELD 6-10	21.0	14.3	14.3	26.4	28.4	27.1
MELD 11-14	11.6	13.1	11.5	20.7	21.6	21.8
MELD 15-20	24.9	21.5	20.7	28.9	29.3	27.2
MELD 21-30	23.8	25.2	24.5	19.8	15.1	14.1
MELD 31-40	9.4	13.4	13.6	0.0	0.7	1.0
PELD less than or equal to 10	0.0	1.5	1.6	0.0	1.4	1.8
PELD 11-14	0.0	0.1	0.3	0.0	0.1	0.2
PELD 15-20	0.0	0.1	0.4	0.0	0.1	0.2
PELD 21-30	0.0	0.5	0.3	0.0	0.1	0.1
PELD 31 or greater	0.0	0.1	0.2	0.0	0.0	0.0
Temporarily Inactive	4.4	4.4	5.3	4.1	3.0	5.9

\* 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.



## B. Waiting List Information

Table B4. Transplant rates: 01/01/2021 - 12/31/2022

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
<b>All Candidates</b>				
Count on waiting list at start*	127	296	1,466	12,165
Person Years**	250.8	549.7	2,992.2	23,323.3
Removals for Transplant	246	398	2,008	18,762
<b>Adult (18+) Candidates</b>				
Count on waiting list at start*	127	292	1,408	11,763
Person Years**	250.8	548.1	2,899.2	22,500.3
Removals for transplant	246	386	1,890	17,712
<b>Pediatric (&lt;18) Candidates</b>				
Count on waiting list at start*	--	--	--	--
Person Years**	--	--	--	--
Removals for transplant	--	--	--	--

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

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

Figure B1. Observed and expected transplant rates: 01/01/2021 - 12/31/2022

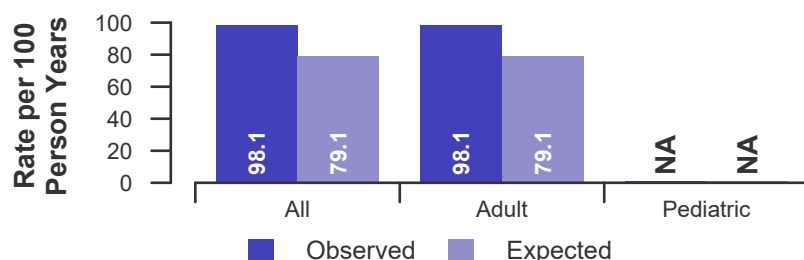


Figure B2. Transplant rate ratio estimate

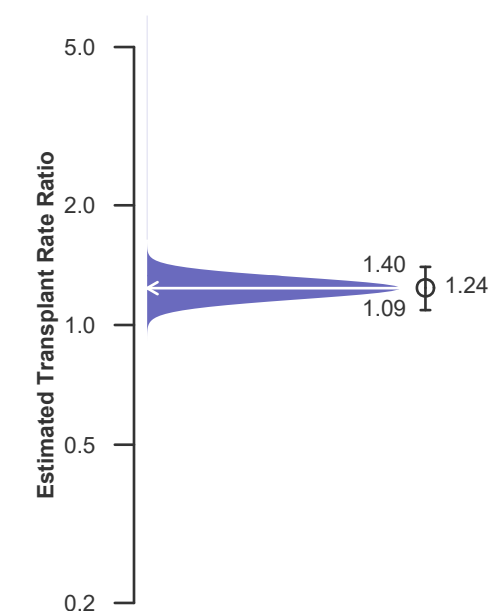
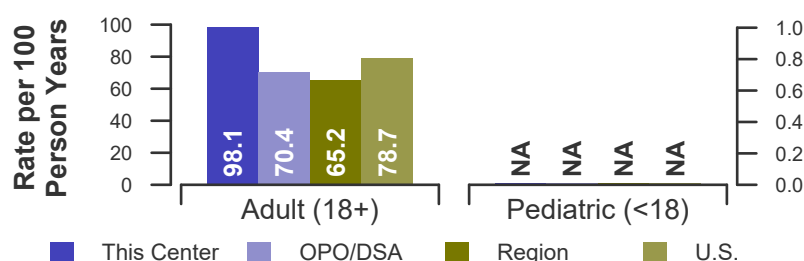


Figure B3. Observed adult (18+) and pediatric (<18) transplant rates: 01/01/2021 - 12/31/2022





## B. Waiting List Information

Table B4D. Deceased donor transplant rates: 01/01/2021 - 12/31/2022

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
<b>All Candidates</b>				
Count on waiting list at start*	127	296	1,466	12,165
Person Years**	250.8	549.7	2,992.2	23,323.3
Removals for Transplant	151	292	1,862	17,590
<b>Adult (18+) Candidates</b>				
Count on waiting list at start*	127	292	1,408	11,763
Person Years**	250.8	548.1	2,899.2	22,500.3
Removals for transplant	151	291	1,755	16,705
<b>Pediatric (&lt;18) Candidates</b>				
Count on waiting list at start*	--	--	--	--
Person Years**	--	--	--	--
Removals for transplant	--	--	--	--

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

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

Figure B1D. Observed and expected deceased donor transplant rates: 01/01/2021 - 12/31/2022

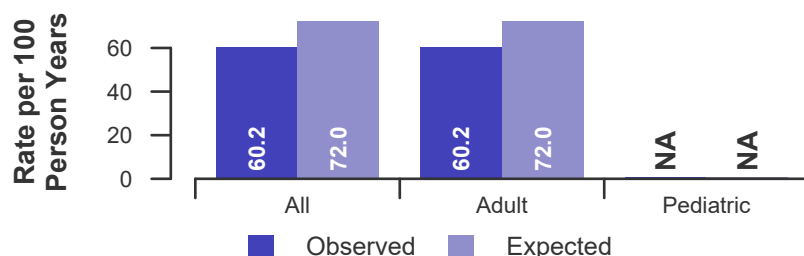


Figure B2D. Deceased donor transplant rate ratio estimate

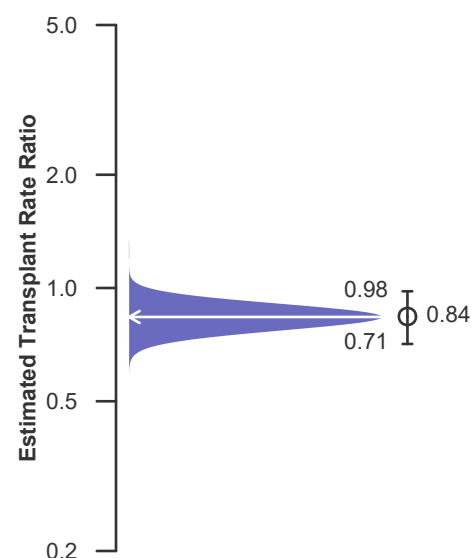
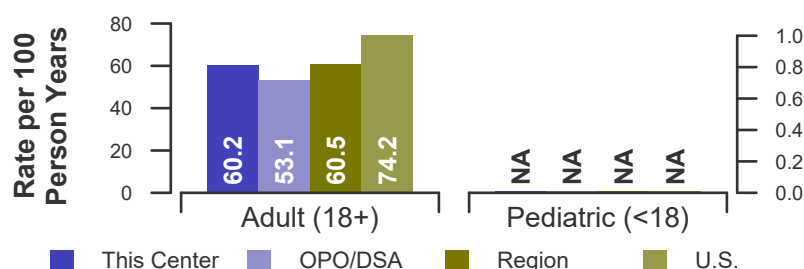


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 01/01/2021 - 12/31/2022





## B. Waiting List Information

Table B5. Pre-transplant mortality rates: 01/01/2021 - 12/31/2022

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
<b>All Candidates</b>				
Count on waiting list at start*	127	296	1,466	12,165
Person Years**	311.3	706.4	3,585.2	27,268.0
Number of deaths	44	94	489	3,414
<b>Adult (18+) Candidates</b>				
Count on waiting list at start*	127	292	1,408	11,763
Person Years**	311.3	704.8	3,488.8	26,355.0
Number of deaths	44	94	477	3,364
<b>Pediatric (&lt;18) Candidates</b>				
Count on waiting list at start*	--	--	--	--
Person Years**	--	--	--	--
Number of deaths	--	--	--	--

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

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

Figure B4. Observed and expected pre-transplant mortality rates: 01/01/2021 - 12/31/2022

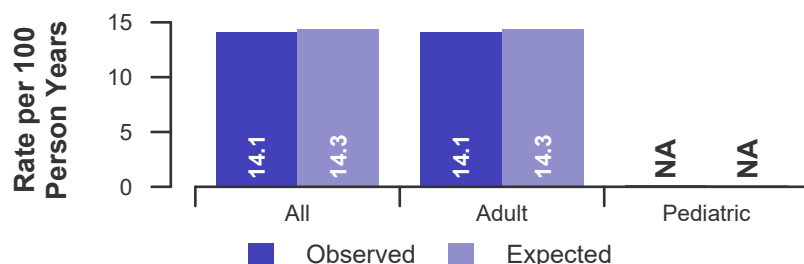


Figure B6. Observed adult (18+) and pediatric (<18) pre-transplant mortality rates: 01/01/2021 - 12/31/2022

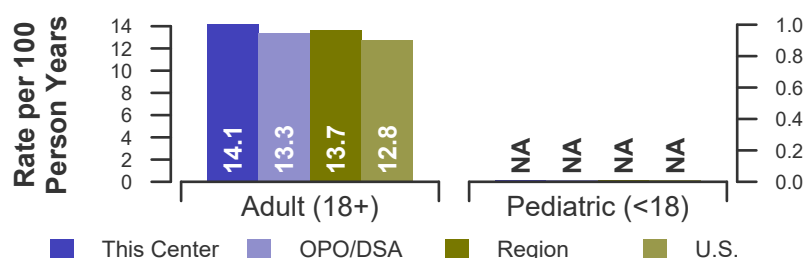
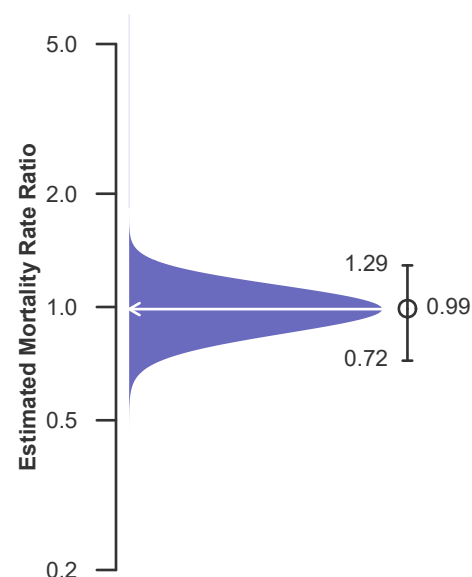


Figure B5. Pre-transplant mortality rate ratio estimate





## B. Waiting List Information

Table B6. Rates of patient mortality after listing: 01/01/2021 - 12/31/2022

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
<b>All Patients</b>				
Count at risk during the evaluation period	972	1,759	9,547	78,092
Person-years*	1,324.0	2,350.5	12,740.3	104,795.6
Number of Deaths	81	179	963	7,187
<b>Adult (18+) Patients</b>				
Count at risk during the evaluation period	961	1,726	9,080	73,681
Person-years*	1,309.1	2,304.4	12,078.8	98,781.2
Number of Deaths	81	178	943	7,039
<b>Pediatric (&lt;18) Patients</b>				
Count at risk during the evaluation period	11	33	467	4,411
Person-years*	14.9	46.0	661.5	6,014.4
Number of Deaths	0	1	20	148

\* Person-years are calculated as days (converted to fractional years). The number of days from 01/01/2021, or from the date of first wait listing until death, reaching 5 years after listing or December 31, 2022.

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

Figure B7. Observed and expected rates of patient mortality after listing: 01/01/2021 - 12/31/2022

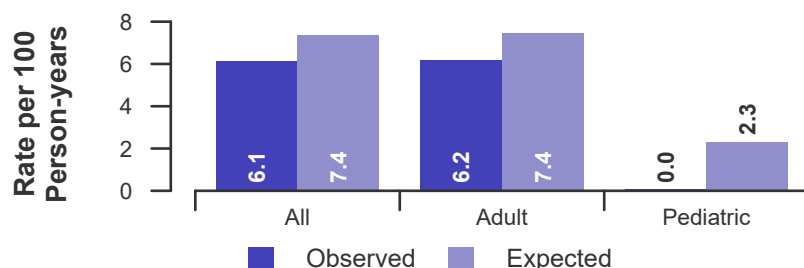


Figure B8. HR estimate of patient mortality after listing

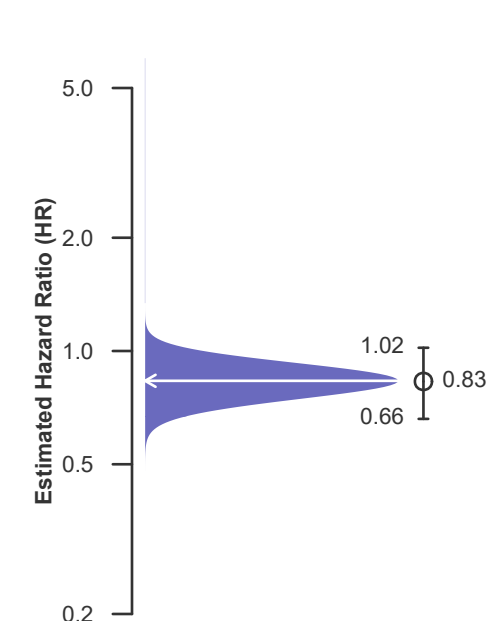
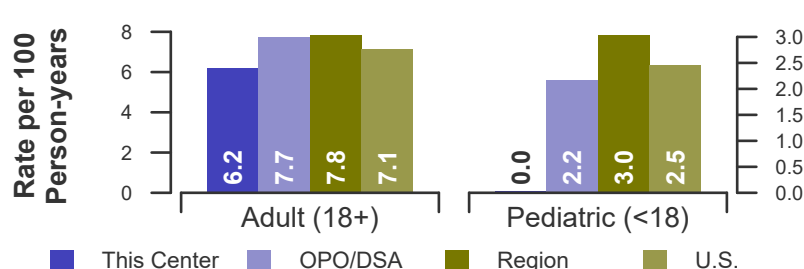


Figure B9. Observed adult (18+) and pediatric (<18) rates of patient mortality after listing: 01/01/2021 - 12/31/2022





## B. Waiting List Information

**Table B7. Waiting list candidate status after listing**  
**Candidates registered on waiting list between 07/01/2020 and 06/30/2021**

Waiting list status (survival status)	This Center (N=167)			U.S. (N=13,827)		
	Months Since Listing			Months Since Listing		
	6	12	18	6	12	18
<b>Alive on waiting list (%)</b>	41.9	25.1	18.0	38.4	22.8	15.4
<b>Died on the waiting list without transplant (%)</b>	3.6	5.4	6.6	4.3	5.5	6.2
<b>Removed without transplant (%):</b>						
Condition worsened (status unknown)	2.4	4.2	4.8	4.0	5.5	6.4
Condition improved (status unknown)	0.6	0.6	1.2	1.4	2.4	3.4
Refused transplant (status unknown)	0.6	0.6	2.4	0.2	0.3	0.5
Other	3.0	4.2	6.0	1.8	2.9	4.1
<b>Transplant (living donor from waiting list only) (%):</b>						
Functioning (alive)	15.0	18.0	7.8	2.5	3.1	2.0
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.1
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.6	0.6	0.6	0.1	0.1	0.2
Status Yet Unknown**	0.0	1.2	11.4	0.0	0.2	1.4
<b>Transplant (deceased donor) (%):</b>						
Functioning (alive)	30.5	32.9	22.8	43.3	46.6	33.0
Failed-Retransplanted (alive)	0.6	0.6	0.6	0.4	0.6	0.7
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	1.2	1.8	2.4	1.9	3.0	4.2
Status Yet Unknown*	0.0	4.8	15.6	1.6	6.3	21.9
<b>Lost or Transferred (status unknown) (%)</b>	0.0	0.0	0.0	0.2	0.4	0.6
<b>TOTAL (%)</b>	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	5.4	7.8	9.6	6.2	8.7	10.5
Total % known died or removed as unstable	7.8	12.0	14.4	10.3	14.2	16.9
Total % removed for transplant	47.9	59.9	61.1	49.8	60.0	63.5
Total % with known functioning transplant (alive)	45.5	50.9	30.5	45.8	49.7	35.0

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





## B. Waiting List Information

**Table B7S1. Medical urgency status 1 candidate status after listing**

Candidates registered on the waiting list between 07/01/2020 and 06/30/2021

Waiting list status (survival status)	This Center (N=3)			U.S. (N=447)		
	Months Since listing			Months Since listing		
	6	12	18	6	12	18
<b>Alive on waiting list (%)</b>	0.0	0.0	0.0	2.5	1.6	0.9
<b>Died on the waiting list without transplant (%)</b>	0.0	0.0	0.0	5.4	5.4	5.4
<b>Removed without transplant (%):</b>						
Condition worsened (status unknown)	0.0	0.0	0.0	7.2	7.2	7.2
Condition improved (status unknown)	0.0	0.0	0.0	15.9	16.8	17.4
Refused transplant (status unknown)	0.0	0.0	0.0	0.4	0.4	0.4
Other	0.0	0.0	0.0	0.7	0.7	0.7
<b>Transplant (living donor from waiting list only) (%):</b>						
Functioning (alive)	0.0	0.0	0.0	1.3	1.3	1.3
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	0.0
<b>Transplant (deceased donor) (%):</b>						
Functioning (alive)	66.7	66.7	66.7	56.4	45.0	32.7
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.9	0.9	0.9
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	33.3	33.3	33.3	6.7	8.5	8.9
Status Yet Unknown*	0.0	0.0	0.0	2.0	11.6	23.5
<b>Lost or Transferred (status unknown) (%)</b>	0.0	0.0	0.0	0.4	0.4	0.4
<b>TOTAL (%)</b>	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	33.3	33.3	33.3	12.3	14.1	14.5
Total % known died or removed as unstable	33.3	33.3	33.3	19.5	21.3	21.7
Total % removed for transplant	100.0	100.0	100.0	67.6	67.6	67.6
Total % with known functioning transplant (alive)	66.7	66.7	66.7	57.7	46.3	34.0

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



## B. Waiting List Information

**Table B8. Percent of candidates with deceased donor transplants: demographic characteristics**  
Candidates registered on the waiting list between 01/01/2017 and 12/31/2019

Characteristic	Percent transplanted at time periods since listing									
	This Center					United States				
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
<b>All</b>	406	10.1	40.6	52.0	53.2	38,721	21.2	51.2	57.7	59.5
<b>Ethnicity/Race*</b>										
White	134	9.7	43.3	53.0	53.7	26,571	21.2	52.0	58.1	59.7
African-American	10	10.0	40.0	70.0	70.0	3,169	24.1	54.8	61.3	63.0
Hispanic/Latino	252	10.3	38.9	50.4	52.0	6,476	19.8	47.8	55.4	57.5
Asian	3	0.0	0.0	33.3	33.3	1,815	19.4	44.5	53.6	56.1
Other	7	14.3	71.4	71.4	71.4	690	24.8	52.5	58.1	59.9
Unknown	0	--	--	--	--	0	--	--	--	--
<b>Age</b>										
<2 years	6	0.0	66.7	66.7	66.7	861	22.1	72.0	75.0	76.2
2-11 years	2	50.0	50.0	50.0	50.0	671	27.4	70.2	75.6	76.9
12-17 years	1	100.0	100.0	100.0	100.0	446	20.9	58.1	65.9	67.7
18-34 years	15	33.3	60.0	66.7	66.7	2,314	31.2	53.2	58.1	59.9
35-49 years	57	12.3	43.9	54.4	57.9	6,650	30.7	54.8	59.8	61.4
50-64 years	235	9.4	41.7	52.3	53.6	19,523	19.4	50.1	57.0	58.9
65-69 years	75	6.7	26.7	41.3	41.3	6,512	14.2	46.0	53.8	55.9
70+ years	15	0.0	46.7	66.7	66.7	1,744	14.4	46.3	53.6	54.5
<b>Gender</b>										
Male	242	10.7	45.9	58.3	60.3	24,131	20.9	52.3	59.1	60.9
Female	164	9.1	32.9	42.7	42.7	14,590	21.5	49.3	55.4	57.1

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



## B. Waiting List Information

**Table B9. Percent of candidates with deceased donor transplants: medical characteristics**  
Candidates registered on the waiting list between 01/01/2017 and 12/31/2019

Characteristic	Percent transplanted at time periods since listing									
	This Center					United States				
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	406	10.1	40.6	52.0	53.2	38,721	21.2	51.2	57.7	59.5
Blood Type										
O	210	8.1	34.8	48.6	49.5	18,066	20.1	48.7	55.6	57.6
A	141	12.1	43.3	52.5	53.2	14,419	20.1	49.6	56.2	58.0
B	50	10.0	58.0	66.0	70.0	4,721	24.6	59.1	64.8	66.2
AB	5	40.0	40.0	40.0	40.0	1,515	32.8	70.7	74.0	74.7
Previous Transplant										
Yes	16	18.8	62.5	75.0	75.0	1,894	29.1	53.2	58.1	59.3
No	390	9.7	39.7	51.0	52.3	36,827	20.8	51.1	57.7	59.5
Primary Disease										
Acute Hepatic Necrosis	24	20.8	54.2	66.7	70.8	1,738	53.2	62.1	64.4	65.2
Non-Cholestatic Cirrhosis	339	8.8	38.6	50.1	51.3	25,688	21.9	50.4	56.2	58.0
Cholestatic Liver Disease/Cirrhosis	19	10.5	31.6	47.4	47.4	2,632	17.3	49.1	57.3	59.8
Biliary Atresia	5	0.0	60.0	60.0	60.0	759	15.4	65.0	70.4	72.3
Metabolic Diseases	3	33.3	33.3	33.3	33.3	932	25.3	68.7	73.4	75.3
Malignant Neoplasms	9	11.1	66.7	66.7	66.7	4,872	7.9	47.4	58.0	59.7
Other	7	28.6	71.4	85.7	85.7	2,084	21.4	50.4	57.8	59.8
Missing	0	--	--	--	--	16	25.0	31.2	37.5	37.5
Medical Urgency Status/MELD/PELD at Listing*										
Status 1	0	--	--	--	--	0	--	--	--	--
Status 1A	5	80.0	80.0	80.0	80.0	1,215	60.6	61.1	61.2	61.3
Status 1B	0	--	--	--	--	142	47.2	82.4	82.4	82.4
Status 2A	0	--	--	--	--	0	--	--	--	--
Status 2B	0	--	--	--	--	0	--	--	--	--
Status 3	0	--	--	--	--	0	--	--	--	--
MELD 6-10	108	0.0	32.4	51.9	52.8	7,437	2.6	37.7	49.1	51.8
MELD 11-14	70	0.0	25.7	41.4	44.3	5,205	2.8	33.2	43.4	46.6
MELD 15-20	90	3.3	35.6	46.7	47.8	8,259	9.5	44.7	52.8	55.0
MELD 21-30	90	13.3	47.8	51.1	52.2	8,751	26.8	61.0	64.6	65.7
MELD 31-40	30	63.3	83.3	83.3	83.3	4,079	69.6	79.1	79.3	79.5
PELD less than or equal to 10	3	0.0	66.7	66.7	66.7	687	10.6	70.7	77.6	79.9
PELD 11-14	0	--	--	--	--	107	16.8	74.8	80.4	81.3
PELD 15-20	1	0.0	0.0	0.0	0.0	172	19.8	76.2	78.5	79.1
PELD 21-30	3	0.0	66.7	66.7	66.7	133	30.8	78.2	79.7	79.7
PELD 31 or greater	0	--	--	--	--	36	44.4	66.7	66.7	66.7
Temporarily Inactive	6	50.0	66.7	83.3	83.3	2,498	35.9	53.8	57.4	58.1

\* 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.



## B. Waiting List Information

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

Candidates registered on the waiting list between 01/01/2017 and 06/30/2022

Percentile	Center	Months to Transplant**		U.S.
		OPO/DSA	Region	
5th	0.2	0.2	0.1	0.1
10th	0.3	0.3	0.2	0.2
25th	2.4	2.6	1.2	0.9
50th (median time to transplant)	10.1	16.0	9.7	7.5
75th	Not Observed	Not Observed	Not Observed	Not Observed

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

\*\* Censored on 12/31/2022. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had received a transplant.



## B. Waiting List Information

Table B11. Offer Acceptance Practices: 01/01/2022 - 12/31/2022

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
<b>Overall</b>				
Number of Offers	2,674	6,159	27,511	285,031
Number of Acceptances	67	126	829	7,816
Expected Acceptances	63.2	139.1	840.1	7,816.0
Offer Acceptance Ratio*	1.06	0.91	0.99	1.00
95% Credible Interval**	[0.82, 1.32]	--	--	--
<b>PHS increased infectious risk</b>				
Number of Offers	488	787	4,104	51,802
Number of Acceptances	12	15	115	1,498
Expected Acceptances	10.6	16.6	123.6	1,497.0
Offer Acceptance Ratio*	1.11	0.91	0.93	1.00
95% Credible Interval**	[0.61, 1.77]	--	--	--
<b>DCD donor</b>				
Number of Offers	1,051	1,563	7,592	73,823
Number of Acceptances	2	2	85	914
Expected Acceptances	9.5	16.7	97.8	916.3
Offer Acceptance Ratio*	0.35	0.21	0.87	1.00
95% Credible Interval**	[0.09, 0.76]	--	--	--
<b>HCV+ donor</b>				
Number of Offers	230	230	807	11,031
Number of Acceptances	7	7	21	381
Expected Acceptances	4.0	4.0	25.5	382.6
Offer Acceptance Ratio*	1.50	1.50	0.84	1.00
95% Credible Interval**	[0.69, 2.63]	--	--	--
<b>Hard-to-Place Livers (Over 50 Offers)</b>				
Number of Offers	1,897	4,027	17,835	173,665
Number of Acceptances	10	10	82	1,085
Expected Acceptances	11.0	18.4	124.0	1,198.8
Offer Acceptance Ratio*	0.92	0.59	0.67	0.91
95% Credible Interval**	[0.48, 1.51]	--	--	--
<b>Donor more than 500 miles away</b>				
Number of Offers	562	1,592	8,539	83,150
Number of Acceptances	7	12	92	942
Expected Acceptances	3.8	10.2	81.2	882.5
Offer Acceptance Ratio*	1.55	1.15	1.13	1.07
95% Credible Interval**	[0.71, 2.71]	--	--	--

\* The offer acceptance ratio estimates the relative offer acceptance practice of University Hospital, University of Texas Health Science Center compared to the national offer acceptance practice. A ratio above one indicates the program is more likely to accept an offer compared to national offer acceptance practices (e.g., an offer acceptance ratio of 1.25 indicates a 25% more likely to accept an offer), while a ratio below one indicates the program is less likely to accept an offer compared to national offer acceptance practices (e.g., an offer acceptance ratio of 0.75 indicates a 25% less likely to accept an offer).

\*\* As an example, the 95% Credible Interval for the overall offer acceptance ratio, [0.82, 1.32], indicates the location of TXBC's true offer acceptance ratio with 95% probability. The best estimate is 6% more likely to accept an offer compared to national acceptance behavior, but TXBC's performance could plausibly range from 18% reduced acceptance up to 32% higher acceptance.



## B. Waiting List Information

Figure B10. Offer acceptance: Overall

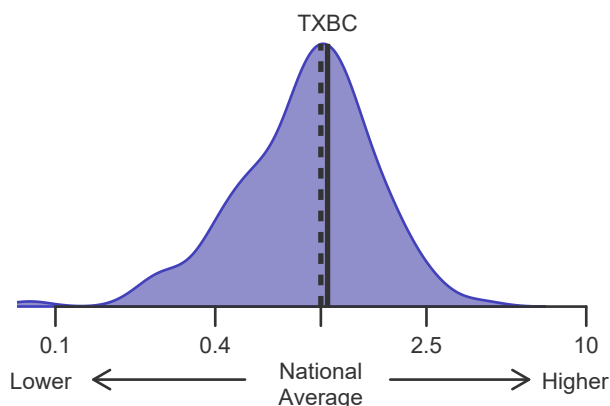


Figure B11. Offer acceptance: PHS increased infectious risk

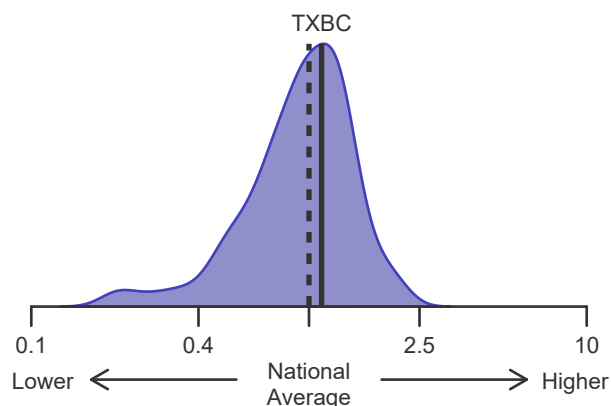


Figure B12. Offer acceptance: DCD Donor

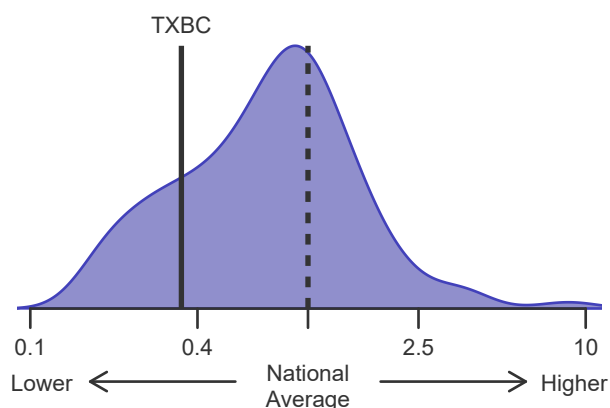


Figure B13. Offer acceptance: HCV+ Donor

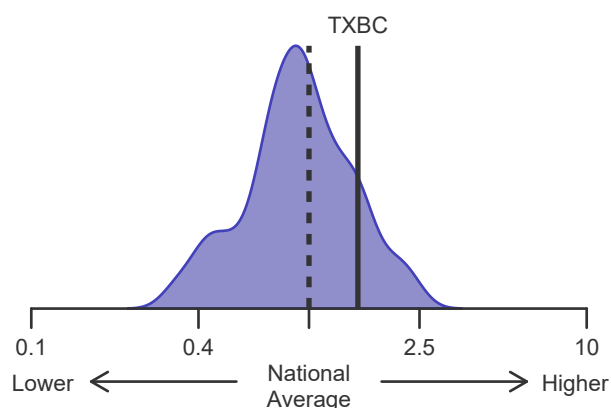


Figure B14. Offer acceptance: Offer number > 50

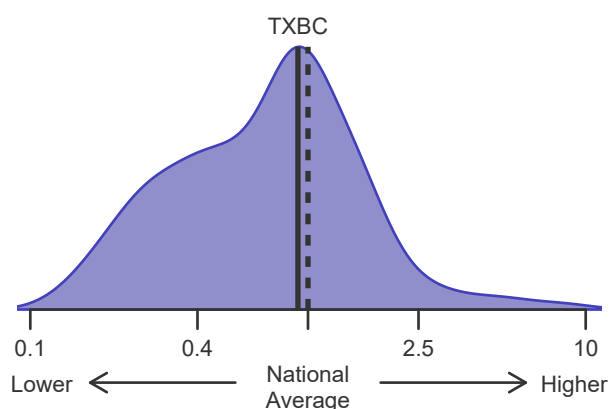
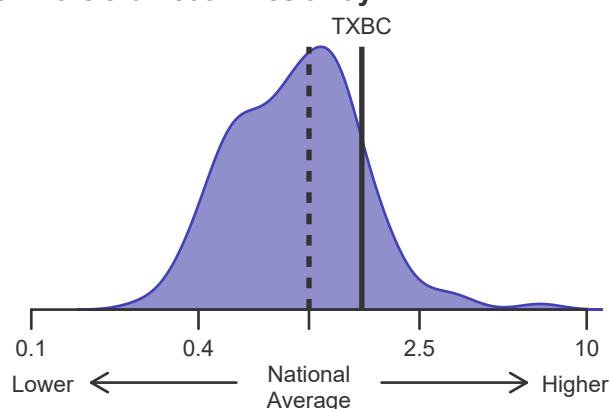


Figure B15. Offer acceptance: Donor more than 500 miles away





## C. Transplant Information

**Table C1D. Deceased donor transplant recipient demographic characteristics**

**Patients transplanted between 01/01/2022 and 12/31/2022**

Characteristic	Percentage in each category		
	Center (N=82)	Region (N=961)	U.S. (N=8,924)
<b>Ethnicity/Race (%)*</b>			
White	34.1	55.5	68.5
African-American	0.0	6.6	7.0
Hispanic/Latino	62.2	30.5	18.3
Asian	0.0	2.8	4.4
Other	3.7	4.7	1.8
Unknown	0.0	0.0	0.0
<b>Age (%)</b>			
<2 years	0.0	2.4	1.9
2-11 years	0.0	1.1	1.6
12-17	0.0	1.4	1.4
18-34	7.3	7.2	6.8
35-49 years	18.3	20.4	21.7
50-64 years	54.9	47.3	45.7
65-69 years	13.4	15.3	14.9
70+ years	6.1	4.9	5.8
<b>Gender (%)</b>			
Male	61.0	60.1	62.6
Female	39.0	39.9	37.4

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





## C. Transplant Information

Table C1L. Living donor transplant recipient demographic characteristics

Patients transplanted between 01/01/2022 and 12/31/2022

Characteristic	Percentage in each category		
	Center (N=49)	Region (N=77)	U.S. (N=603)
<b>Ethnicity/Race (%)*</b>			
White	36.7	46.8	74.1
African-American	4.1	2.6	4.5
Hispanic/Latino	55.1	46.8	16.3
Asian	2.0	2.6	3.8
Other	2.0	1.3	1.3
Unknown	0.0	0.0	0.0
<b>Age (%)</b>			
<2 years	0.0	3.9	9.0
2-11 years	0.0	2.6	4.5
12-17	0.0	0.0	1.0
18-34	10.2	7.8	10.8
35-49 years	24.5	16.9	18.4
50-64 years	42.9	41.6	37.1
65-69 years	18.4	20.8	13.4
70+ years	4.1	6.5	5.8
<b>Gender (%)</b>			
Male	53.1	55.8	51.7
Female	46.9	44.2	48.3

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



## C. Transplant Information

**Table C2D. Deceased donor transplant recipient medical characteristics**  
Patients transplanted between 01/01/2022 and 12/31/2022

Characteristic	Percentage in each category		
	Center (N=82)	Region (N=961)	U.S. (N=8,924)
<b>Blood Type (%)</b>			
O	58.5	48.1	45.6
A	19.5	34.1	35.9
B	17.1	13.3	13.7
AB	4.9	4.5	4.9
<b>Previous Transplant (%)</b>			
Yes	4.9	4.3	4.3
No	95.1	95.7	95.7
<b>Body Mass Index (%)</b>			
0-20	11.0	9.8	11.1
21-25	14.6	25.5	26.3
26-30	43.9	28.9	29.5
31-35	14.6	18.3	18.7
36-40	12.2	8.6	8.8
41+	3.7	3.5	3.8
Unknown	0.0	5.3	1.6
<b>Primary Disease (%)</b>			
Acute Hepatic Necrosis	4.9	3.9	3.9
Non-Cholestatic Cirrhosis	62.2	50.1	51.1
Cholestatic Liver Disease/Cirrhosis	2.4	4.2	5.9
Biliary Atresia	0.0	2.3	1.8
Metabolic Diseases	1.2	2.2	2.3
Malignant Neoplasms	0.0	10.6	11.8
Other	29.3	26.8	23.3
Missing	0.0	0.0	0.0
<b>Medical Urgency Statust/MELD/PELD at Transplant (%)*</b>			
Status 1A	3.7	2.0	3.0
Status 1B	0.0	1.1	1.2
MELD 6-10	15.9	9.7	10.2
MELD 11-14	11.0	6.6	6.8
MELD 15-20	8.5	14.4	15.2
MELD 21-30	25.6	30.8	30.3
MELD 31-40	28.0	26.1	24.7
PELD less than or equal to 10	0.0	1.1	1.0
PELD 11-14	0.0	0.1	0.1
PELD 15-20	0.0	0.5	0.4
PELD 21-30	0.0	0.3	0.4
PELD 31 or greater	0.0	0.0	0.2
Temporarily Inactive	0.0	0.0	0.0
<b>Recipient Medical Condition at Transplant (%)</b>			
Not Hospitalized	58.5	52.1	57.6
Hospitalized	26.8	24.0	25.3
ICU	14.6	23.8	16.8
Unknown	0.0	0.0	0.3

\* 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



## C. Transplant Information

**Table C2L. Living donor transplant recipient medical characteristics**  
Patients transplanted between 01/01/2022 and 12/31/2022

Characteristic	Percentage in each category		
	Center (N=49)	Region (N=77)	U.S. (N=603)
<b>Blood Type (%)</b>			
O	53.1	53.2	46.8
A	40.8	40.3	41.8
B	4.1	5.2	9.5
AB	2.0	1.3	2.0
<b>Previous Transplant (%)</b>			
Yes	2.0	1.3	1.8
No	98.0	98.7	98.2
<b>Body Mass Index (%)</b>			
0-20	6.1	11.7	24.2
21-25	30.6	31.2	29.9
26-30	28.6	31.2	27.5
31-35	22.4	18.2	12.3
36-40	8.2	5.2	5.0
41+	4.1	2.6	0.8
Unknown	0.0	0.0	0.3
<b>Primary Disease (%)</b>			
Acute Hepatic Necrosis	4.1	5.2	3.0
Non-Cholestatic Cirrhosis	71.4	62.3	42.5
Cholestatic Liver Disease/Cirrhosis	14.3	15.6	20.9
Biliary Atresia	0.0	2.6	11.1
Metabolic Diseases	0.0	0.0	1.8
Malignant Neoplasms	2.0	6.5	10.0
Other	8.2	7.8	10.8
Missing	0.0	0.0	0.0
<b>Medical Urgency Statust/MELD/PELD at Transplant (%)*</b>			
Status 1A	0.0	2.6	2.0
Status 1B	0.0	1.3	1.0
MELD 6-10	38.8	28.6	24.0
MELD 11-14	8.2	18.2	19.9
MELD 15-20	22.4	20.8	26.4
MELD 21-30	26.5	18.2	12.9
MELD 31-40	2.0	1.3	1.0
PELD less than or equal to 10	0.0	1.3	4.6
PELD 11-14	0.0	0.0	1.5
PELD 15-20	0.0	0.0	2.2
PELD 21-30	0.0	0.0	1.2
PELD 31 or greater	0.0	1.3	1.3
Temporarily Inactive	2.0	6.5	2.0
<b>Recipient Medical Condition at Transplant (%)</b>			
Not Hospitalized	87.8	84.4	88.1
Hospitalized	12.2	7.8	8.5
ICU	0.0	7.8	3.5
Unknown	0.0	0.0	0.0

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



## C. Transplant Information

**Table C3D. Deceased donor characteristics****Transplants performed between 01/01/2022 and 12/31/2022**

Donor Characteristic	Percentage in each category		
	Center (N=82)	Region (N=961)	U.S. (N=8,924)
<b>Cause of Death (%)</b>			
Deceased: Stroke	36.6	26.5	25.4
Deceased: MVA	11.0	15.8	12.4
Deceased: Other	52.4	57.6	62.2
<b>Ethnicity/Race (%)*</b>			
White	51.2	51.9	61.5
African-American	17.1	19.9	18.9
Hispanic/Latino	30.5	24.9	15.6
Asian	1.2	2.0	2.9
Other	0.0	1.4	1.1
Not Reported	0.0	0.0	0.0
<b>Age (%)</b>			
<2 years	0.0	1.4	0.8
2-11 years	0.0	2.8	2.1
12-17	2.4	4.9	4.5
18-34	35.4	37.4	31.4
35-49 years	30.5	29.7	30.4
50-64 years	25.6	18.3	23.4
65-69 years	3.7	3.2	4.3
70+ years	2.4	2.4	3.1
<b>Gender (%)</b>			
Male	56.1	65.2	62.5
Female	43.9	34.8	37.5
<b>Blood Type (%)</b>			
O	61.0	52.1	49.4
A	18.3	34.2	36.5
B	18.3	11.0	11.4
AB	2.4	2.6	2.7
Unknown	0.0	0.0	0.0

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



## C. Transplant Information

Table C3L. Living donor characteristics

Transplants performed between 01/01/2022 and 12/31/2022

Donor Characteristic	Percentage in each category		
	Center (N=49)	Region (N=77)	U.S. (N=603)
<b>Ethnicity/Race (%)*</b>			
White	42.9	53.2	78.4
African-American	6.1	6.5	3.6
Hispanic/Latino	46.9	35.1	13.6
Asian	2.0	3.9	3.6
Other	2.0	1.3	0.7
Not Reported	0.0	0.0	0.0
<b>Age (%)</b>			
0-11 years	0.0	0.0	0.3
12-17	0.0	0.0	0.5
18-34	44.9	41.6	43.6
35-49 years	44.9	49.4	41.6
50-64 years	10.2	9.1	13.9
65-69 years	0.0	0.0	0.0
70+ years	0.0	0.0	0.0
<b>Gender (%)</b>			
Male	26.5	32.5	41.5
Female	73.5	67.5	58.5
<b>Blood Type (%)</b>			
O	69.4	70.1	65.2
A	26.5	26.0	28.4
B	2.0	2.6	5.6
AB	2.0	1.3	0.8
Unknown	0.0	0.0	0.0

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



## C. Transplant Information

**Table C4D. Deceased donor transplant characteristics**  
Transplants performed between 01/01/2022 and 12/31/2022

Transplant Characteristic	Percentage in each category		
	Center (N=82)	Region (N=961)	U.S. (N=8,924)
<b>Cold Ischemic Time (Hours): Local (%)</b>			
Deceased: 0-5 hr	65.9	71.2	63.7
Deceased: 6-10 hr	26.8	23.8	28.6
Deceased: 11-15 hr	2.4	3.6	4.5
Deceased: 16-20 hr	2.4	0.3	1.0
Deceased: 21+ hr	2.4	0.5	0.1
Not Reported	0.0	0.5	2.0
<b>Cold Ischemic Time (Hours): Shared (%)</b>			
Deceased: 0-5 hr	39.0	54.4	43.0
Deceased: 6-10 hr	56.1	39.1	49.7
Deceased: 11-15 hr	0.0	5.2	4.6
Deceased: 16-20 hr	0.0	0.7	1.1
Deceased: 21+ hr	4.9	0.3	0.2
Not Reported	0.0	0.3	1.4
<b>Procedure Type (%)</b>			
Single organ	85.4	88.6	89.7
Multi organ	14.6	11.4	10.3
<b>Donor Location (%)</b>			
Local Donation Service Area (DSA)	50.0	38.0	35.6
Another Donation Service Area (DSA)	50.0	62.0	64.4
<b>Median Time in Hospital After Transplant</b>	10.0 Days	10.0 Days	10.0 Days



## C. Transplant Information

**Table C4L. Living donor transplant characteristics**  
**Transplants performed between 01/01/2022 and 12/31/2022**

Transplant Characteristic	Percentage in each category		
	Center (N=49)	Region (N=77)	U.S. (N=603)
<b>Relation with Donor (%)</b>			
Related	51.0	53.2	53.7
Unrelated	49.0	45.5	44.4
Not Reported	0.0	1.3	1.8
<b>Procedure Type (%)</b>			
Single organ	100.0	100.0	99.8
Multi organ	0.0	0.0	0.2
<b>Median Time in Hospital After Transplant</b>	13.0 Days	10.0 Days	10.0 Days





## C. Transplant Information

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

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

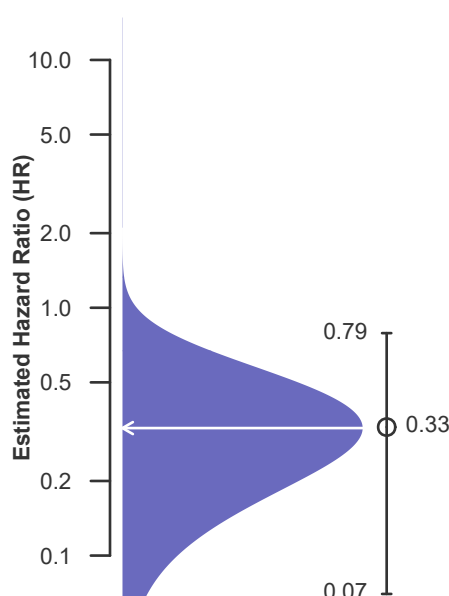
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	245	17,587
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	99.59%	96.76%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.07%	--
Number of observed graft failures (including deaths) during the first month after transplant	1	563
Number of expected graft failures (including deaths) during the first month after transplant	7.18	--
Estimated hazard ratio*	0.33	--
95% credible interval for the hazard ratio**	[0.07, 0.79]	--

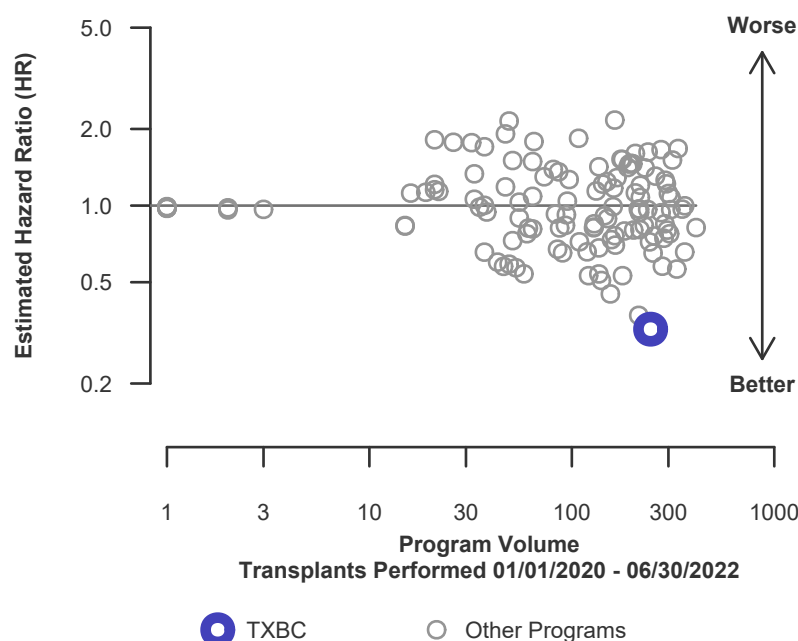
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

\*\* The 95% credible interval, [0.07, 0.79], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 67% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 93% reduced risk up to 21% reduced risk.

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



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





## C. Transplant Information

**Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft**

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

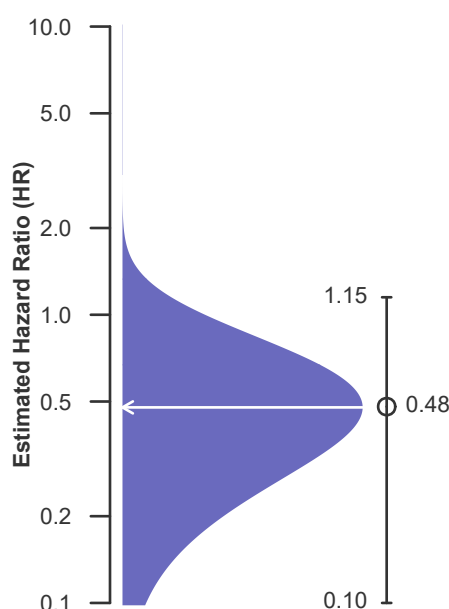
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	138	16,486
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	99.28%	96.72%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	96.87%	--
Number of observed graft failures (including deaths) during the first month after transplant	1	534
Number of expected graft failures (including deaths) during the first month after transplant	4.29	--
Estimated hazard ratio*	0.48	--
95% credible interval for the hazard ratio**	[0.10, 1.15]	--

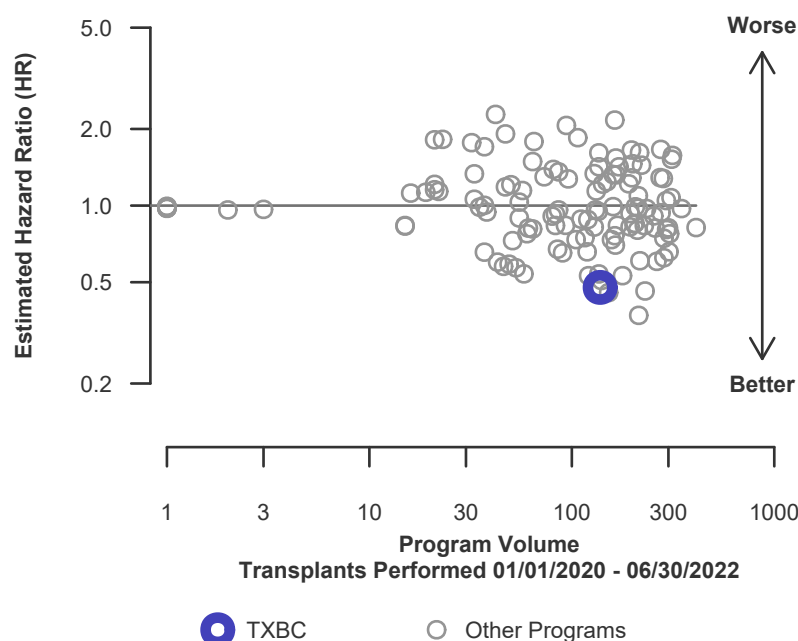
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

\*\* The 95% credible interval, [0.10, 1.15], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 52% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 90% reduced risk up to 15% increased risk.

**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**





## C. Transplant Information

**Table C5L. Adult (18+) 1-month survival with a functioning living donor graft**

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

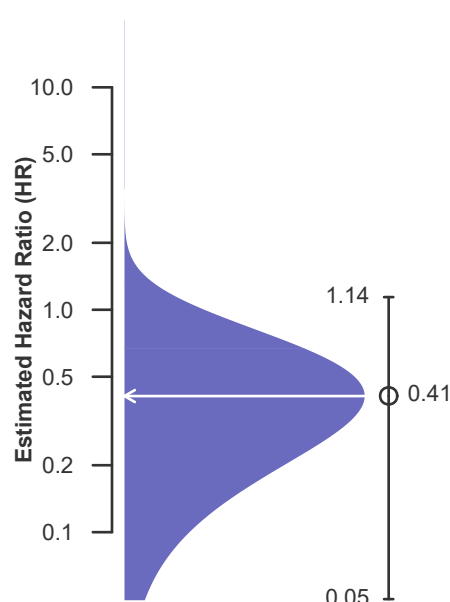
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	107	1,101
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	97.33%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.33%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	29
Number of expected graft failures (including deaths) during the first month after transplant	2.89	--
Estimated hazard ratio*	0.41	--
95% credible interval for the hazard ratio**	[0.05, 1.14]	--

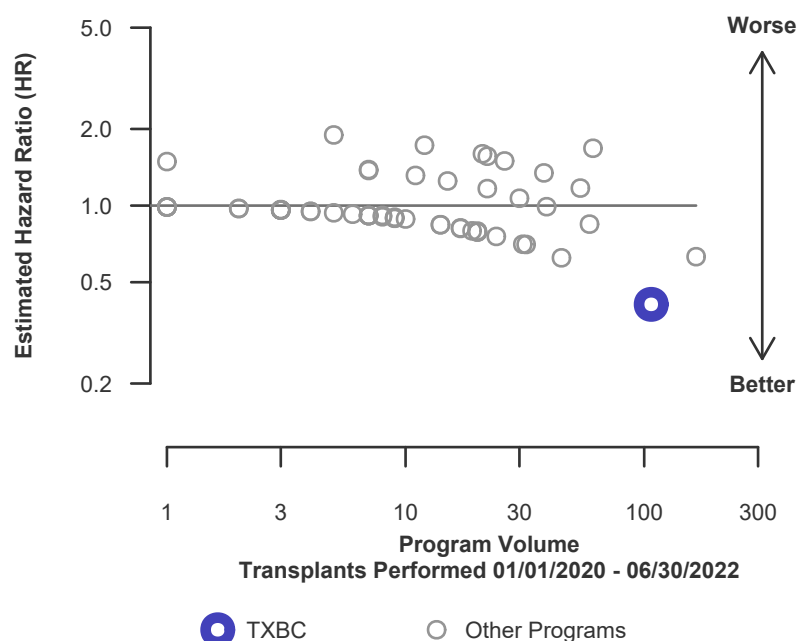
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

\*\* The 95% credible interval, [0.05, 1.14], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 59% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 95% reduced risk up to 14% increased risk.

**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**





## C. Transplant Information

**Table C6. Adult (18+) 90-Day survival with a functioning graft**

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

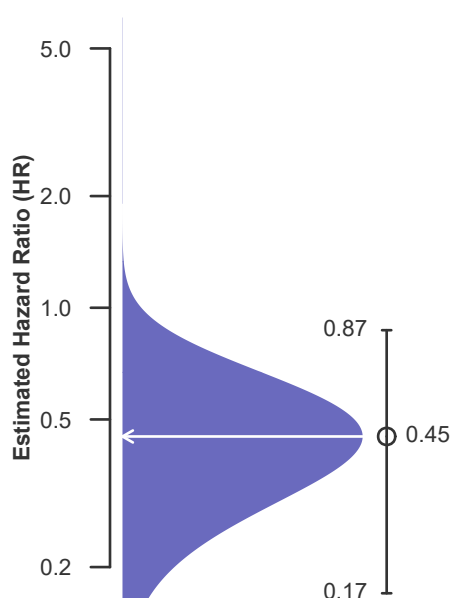
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	245	17,587
Estimated probability of surviving with a functioning graft at 90 days (unadjusted for patient and donor characteristics)	98.26%	95.02%
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	95.32%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	4	848
Number of expected graft failures (including deaths) during the first 90 days after transplant	11.34	--
Estimated hazard ratio*	0.45	--
95% credible interval for the hazard ratio**	[0.17, 0.87]	--

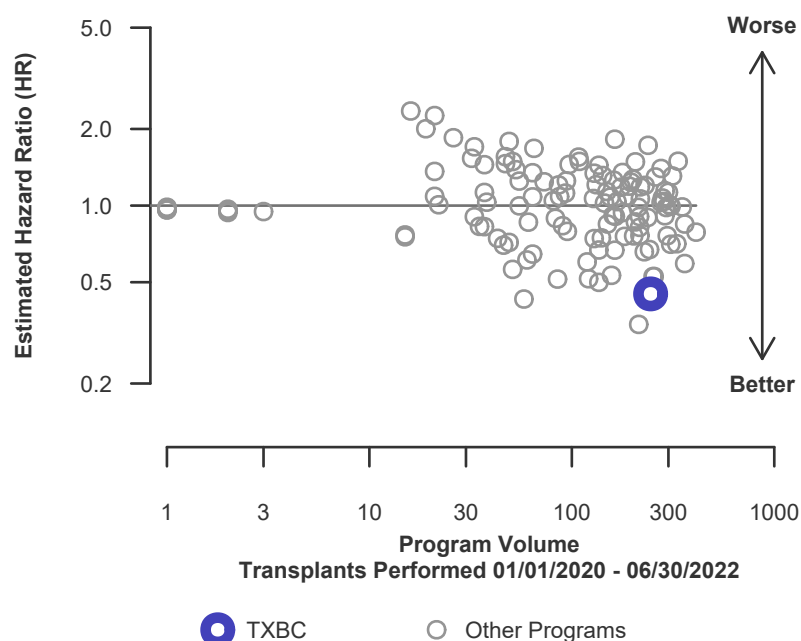
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

\*\* The 95% credible interval, [0.17, 0.87], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 55% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 83% reduced risk up to 13% reduced risk.

**Figure C3. Adult (18+) 90-Day graft failure HR estimate**



**Figure C4. Adult (18+) 90-Day graft failure HR program comparison**





## C. Transplant Information

**Table C6D. Adult (18+) 90-Day survival with a functioning deceased donor graft**

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

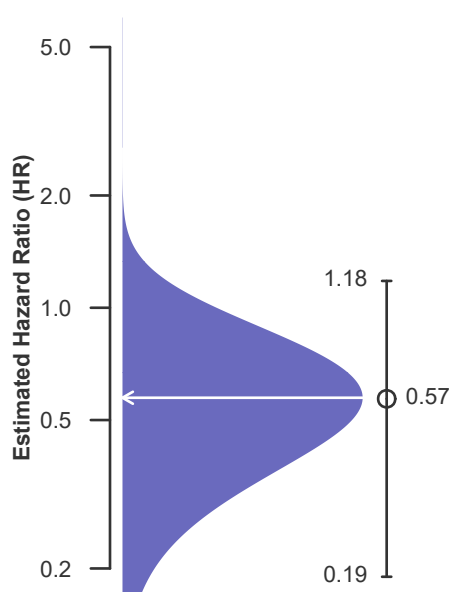
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	138	16,486
Estimated probability of surviving with a functioning graft at 90 days (unadjusted for patient and donor characteristics)	97.69%	94.97%
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	95.04%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	3	802
Number of expected graft failures (including deaths) during the first 90 days after transplant	6.71	--
Estimated hazard ratio*	0.57	--
95% credible interval for the hazard ratio**	[0.19, 1.18]	--

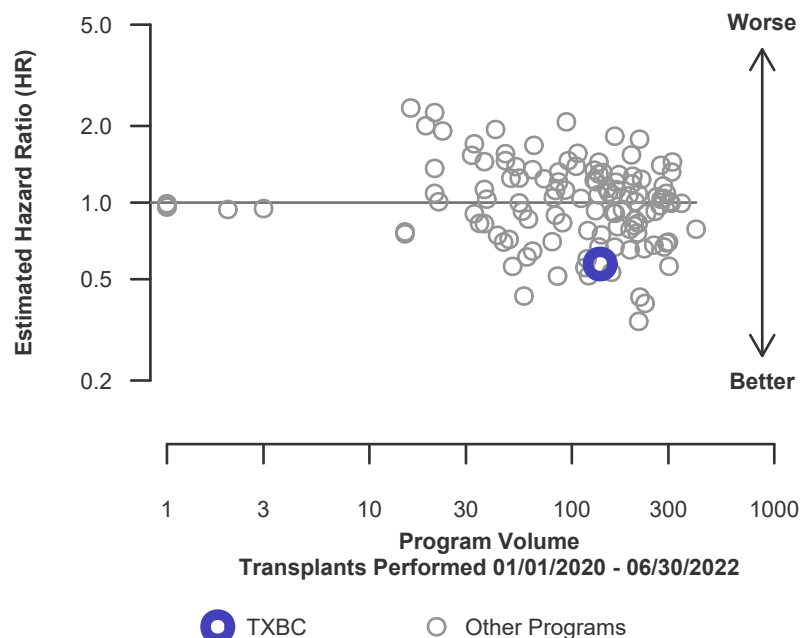
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

\*\* The 95% credible interval, [0.19, 1.18], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 43% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 81% reduced risk up to 18% increased risk.

**Figure C3D. Adult (18+) 90-Day deceased donor graft failure HR estimate**



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





## C. Transplant Information

**Table C6L. Adult (18+) 90-Day survival with a functioning living donor graft**

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

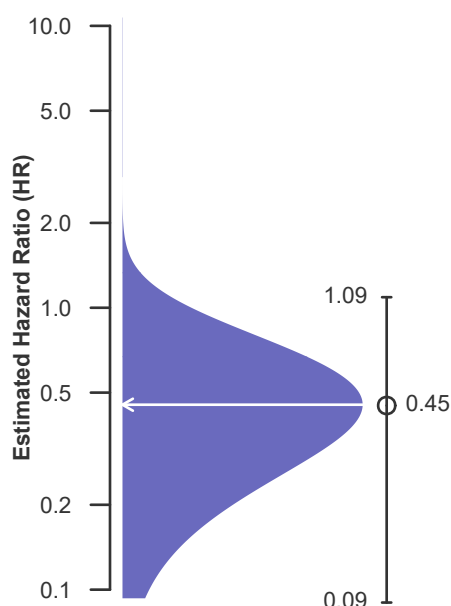
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	107	1,101
Estimated probability of surviving with a functioning graft at 90 days (unadjusted for patient and donor characteristics)	98.99%	95.67%
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	95.68%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	1	46
Number of expected graft failures (including deaths) during the first 90 days after transplant	4.62	--
Estimated hazard ratio*	0.45	--
95% credible interval for the hazard ratio**	[0.09, 1.09]	--

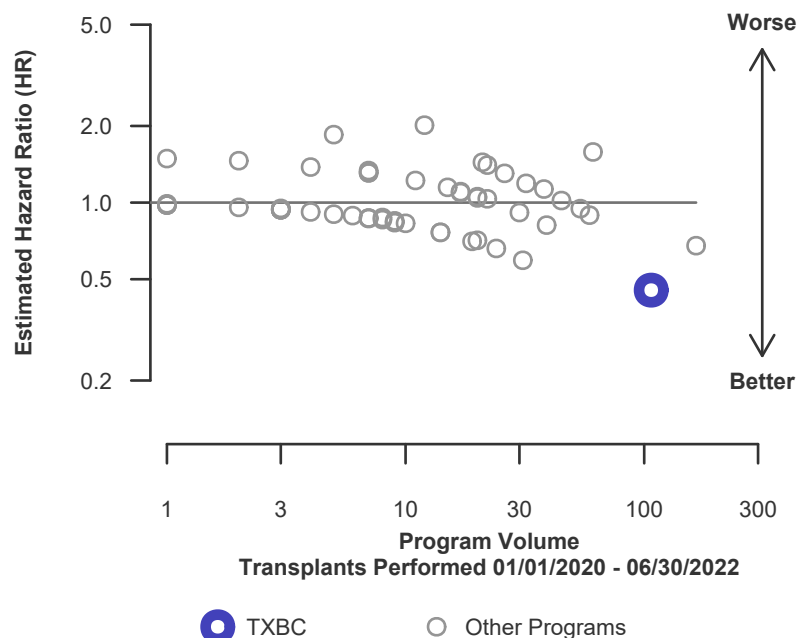
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

\*\* The 95% credible interval, [0.09, 1.09], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 55% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 91% reduced risk up to 9% increased risk.

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



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





## C. Transplant Information

**Table C7. Adult (18+) 1-year survival with a functioning graft**

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

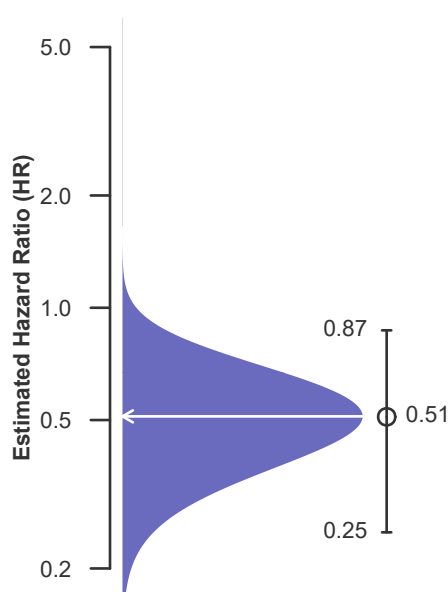
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	245	17,587
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	96.16%	91.74%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.18%	--
Number of observed graft failures (including deaths) during the first year after transplant	8	1,300
Number of expected graft failures (including deaths) during the first year after transplant	17.55	--
Estimated hazard ratio*	0.51	--
95% credible interval for the hazard ratio**	[0.25, 0.87]	--

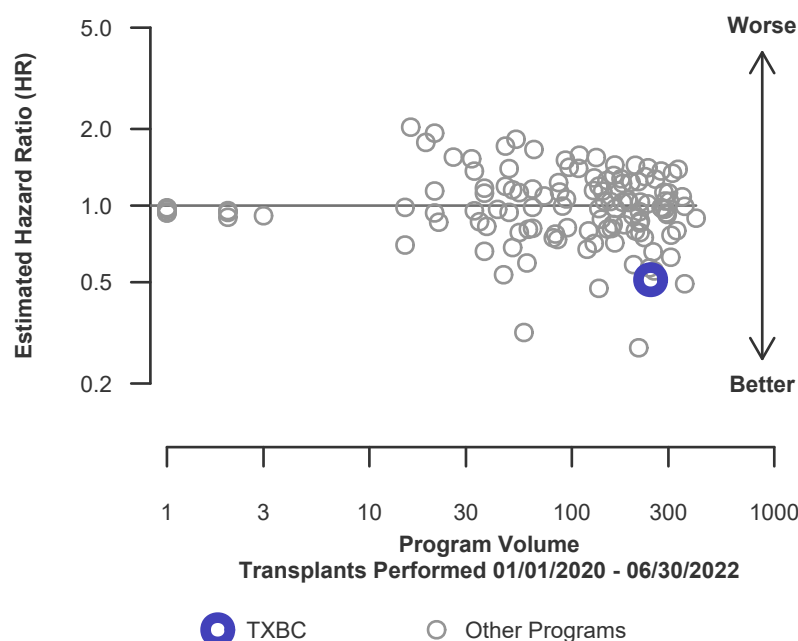
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

\*\* The 95% credible interval, [0.25, 0.87], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 49% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 75% reduced risk up to 13% reduced risk.

**Figure C5. Adult (18+) 1-year graft failure HR estimate**



**Figure C6. Adult (18+) 1-year graft failure HR program comparison**







## C. Transplant Information

**Table C7D. Adult (18+) 1-year survival with a functioning deceased donor graft**

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

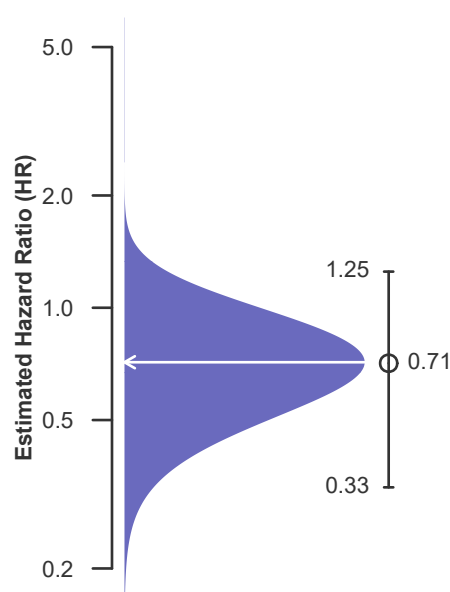
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	138	16,486
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	93.98%	91.66%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	91.59%	--
Number of observed graft failures (including deaths) during the first year after transplant	7	1,231
Number of expected graft failures (including deaths) during the first year after transplant	10.60	--
Estimated hazard ratio*	0.71	--
95% credible interval for the hazard ratio**	[0.33, 1.25]	--

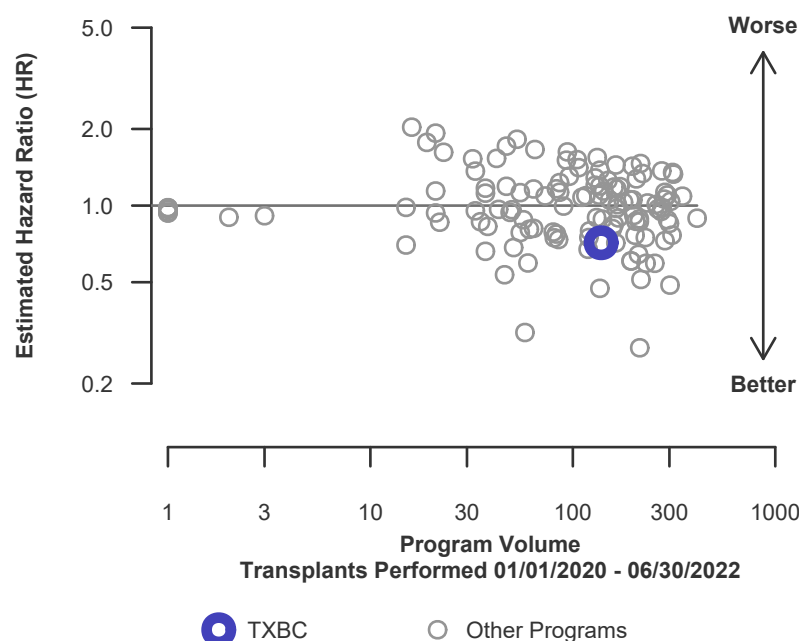
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

\*\* The 95% credible interval, [0.33, 1.25], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 29% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 67% reduced risk up to 25% increased risk.

**Figure C5D. Adult (18+) 1-year deceased donor graft failure HR estimate**



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





## C. Transplant Information

**Table C7L. Adult (18+) 1-year survival with a functioning living donor graft**

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

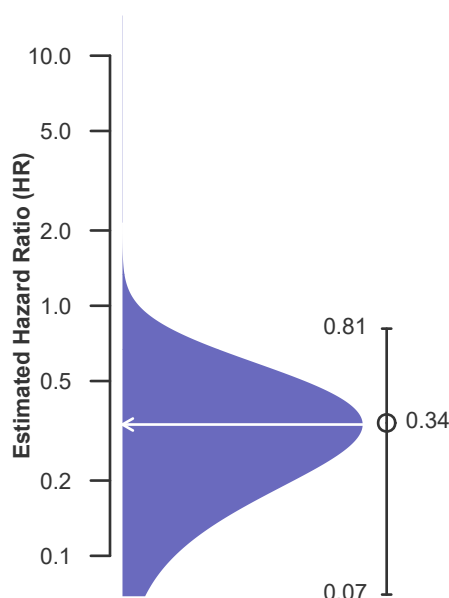
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	107	1,101
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	98.99%	92.95%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.95%	--
Number of observed graft failures (including deaths) during the first year after transplant	1	69
Number of expected graft failures (including deaths) during the first year after transplant	6.95	--
Estimated hazard ratio*	0.34	--
95% credible interval for the hazard ratio**	[0.07, 0.81]	--

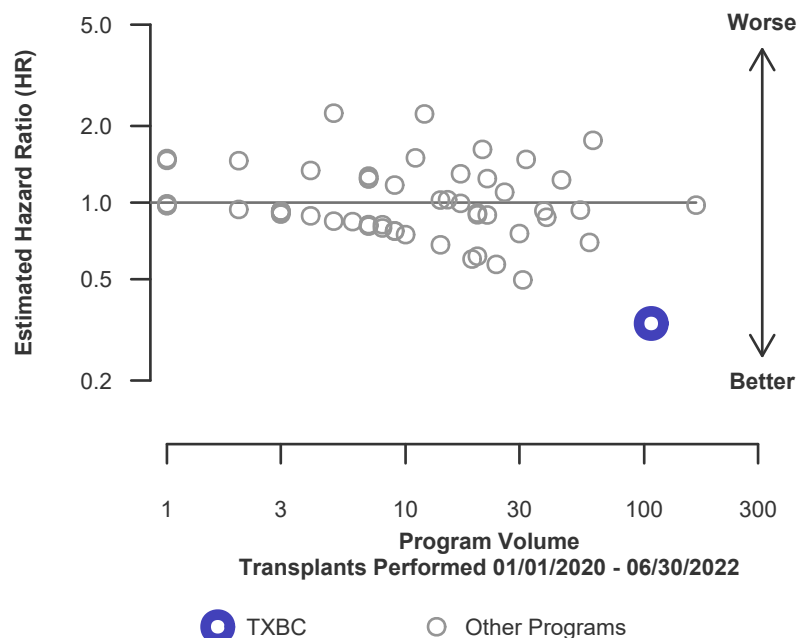
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

\*\* The 95% credible interval, [0.07, 0.81], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 66% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 93% reduced risk up to 19% reduced risk.

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



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





## C. Transplant Information

**Table C8. Adult (18+) 1-year Conditional survival with a functioning graft**

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

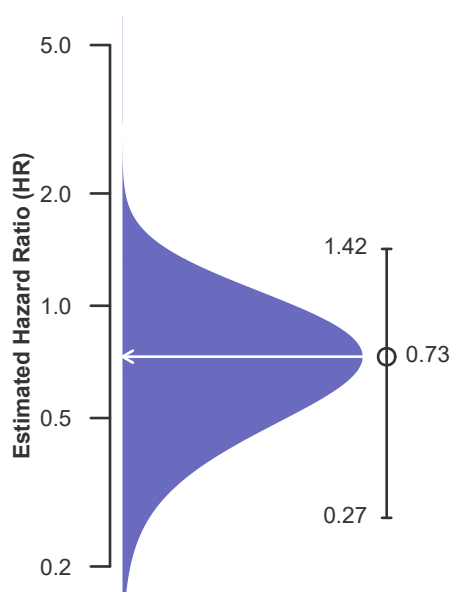
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	220	15,233
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (unadjusted for patient and donor characteristics)	97.87%	96.55%
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	96.71%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	4	452
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	6.22	--
Estimated hazard ratio*	0.73	--
95% credible interval for the hazard ratio**	[0.27, 1.42]	--

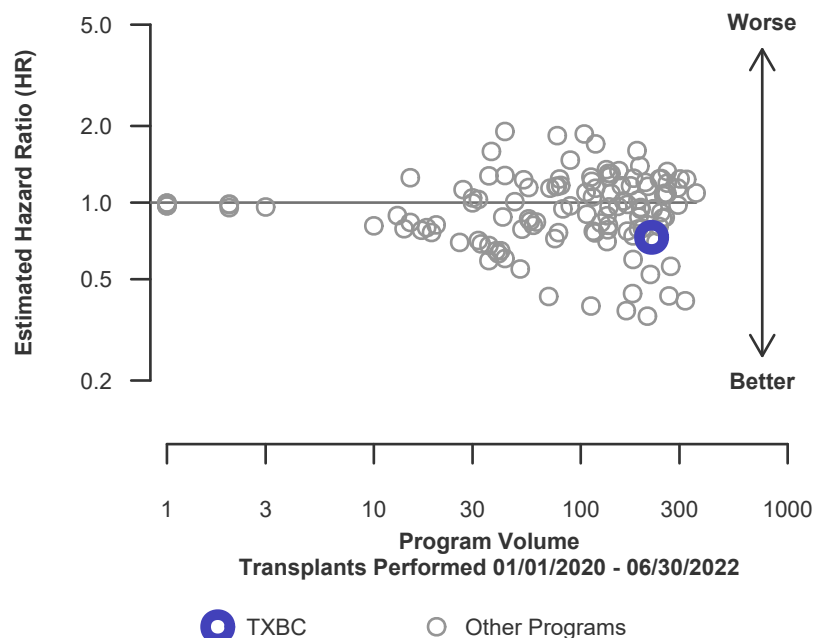
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

\*\* The 95% credible interval, [0.27, 1.42], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 27% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 73% reduced risk up to 42% increased risk.

**Figure C7. Adult (18+) 1-year Conditional graft failure HR estimate**



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





## C. Transplant Information

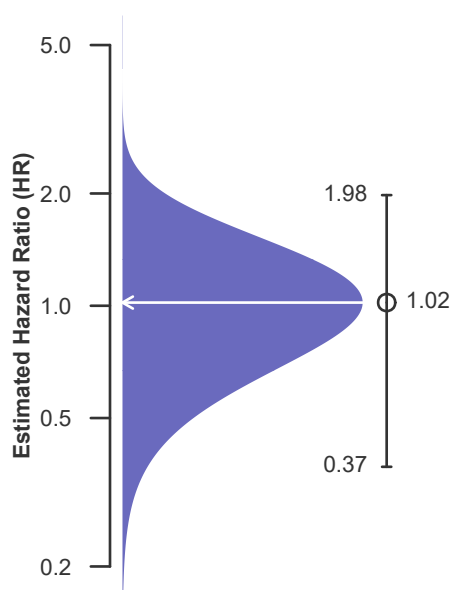
**Table C8D. Adult (18+) 1-year Conditional survival with a functioning deceased donor graft**  
Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022  
Deaths and retransplants are considered graft failures  
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	122	14,270
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (unadjusted for patient and donor characteristics)	96.20%	96.51%
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	96.36%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	4	429
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	3.88	--
Estimated hazard ratio*	1.02	--
95% credible interval for the hazard ratio**	[0.37, 1.98]	--

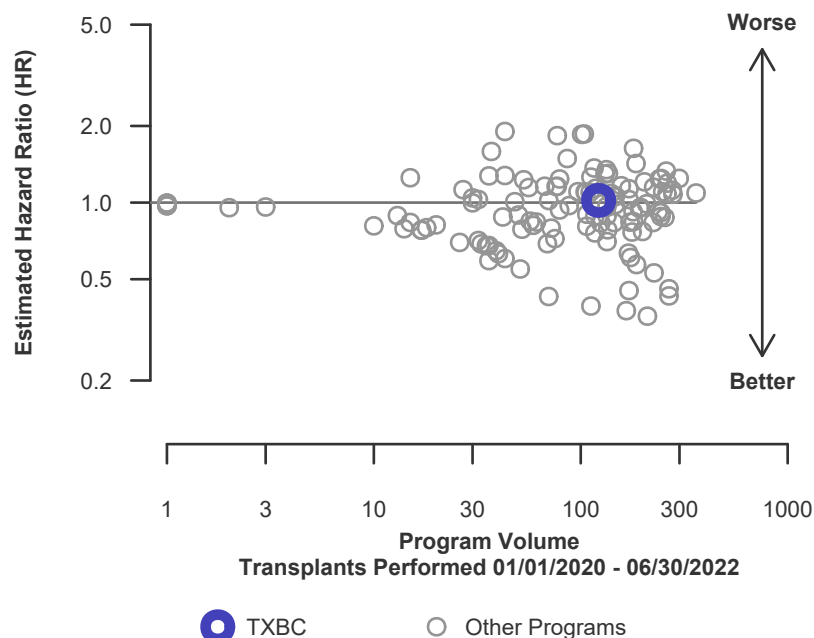
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

\*\* The 95% credible interval, [0.37, 1.98], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 2% higher risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 63% reduced risk up to 98% increased risk.

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



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





## C. Transplant Information

**Table C8L. Adult (18+) 1-year Conditional survival with a functioning living donor graft**

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

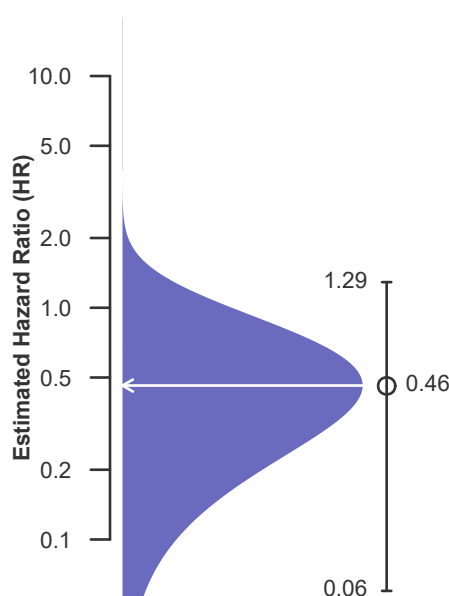
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	98	963
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (unadjusted for patient and donor characteristics)	100.00%	97.15%
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	97.15%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	23
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	2.33	--
Estimated hazard ratio*	0.46	--
95% credible interval for the hazard ratio**	[0.06, 1.29]	--

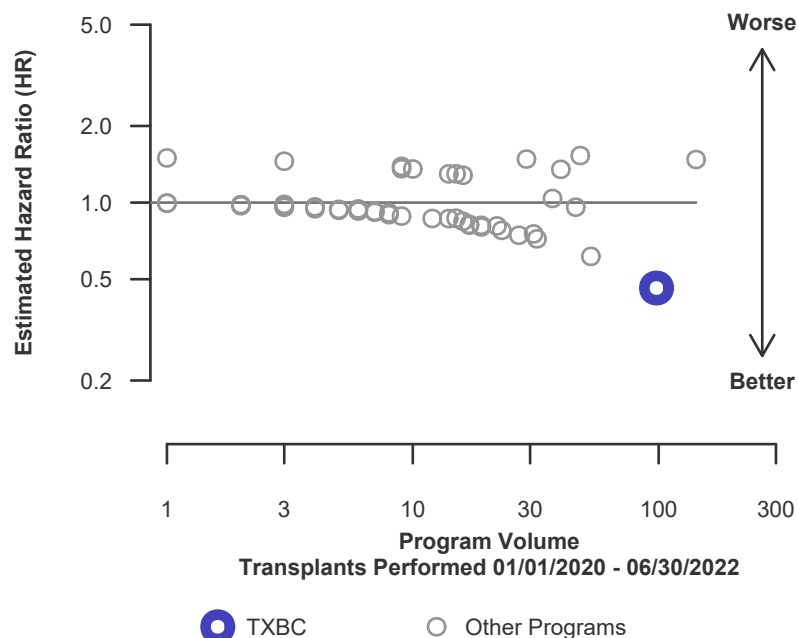
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

\*\* The 95% credible interval, [0.06, 1.29], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 54% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 94% reduced risk up to 29% increased risk.

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



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





## C. Transplant Information

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

Single organ transplants performed between 07/01/2017 and 12/31/2019

Deaths and retransplants are considered graft failures

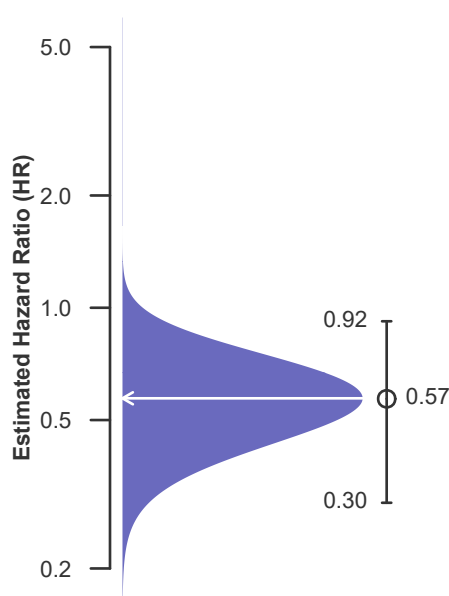
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	241	17,821
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	86.80%	87.29%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	88.17%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	11	1,614
Number of expected graft failures (including deaths) during the first 3 years after transplant	20.74	--
Estimated hazard ratio*	0.57	--
95% credible interval for the hazard ratio**	[0.30, 0.92]	--

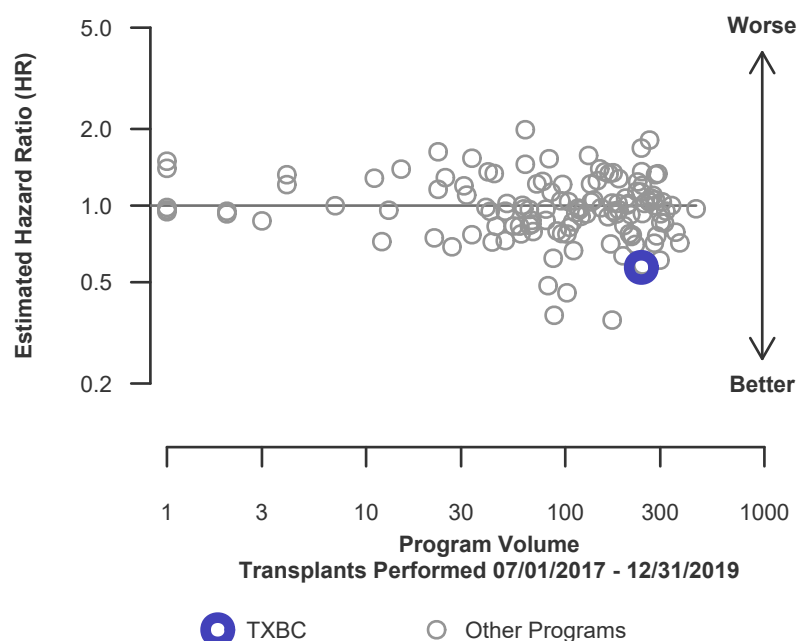
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

\*\* The 95% credible interval, [0.30, 0.92], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 43% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 70% reduced risk up to 8% reduced risk.

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



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





## C. Transplant Information

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

Single organ transplants performed between 07/01/2017 and 12/31/2019

Deaths and retransplants are considered graft failures

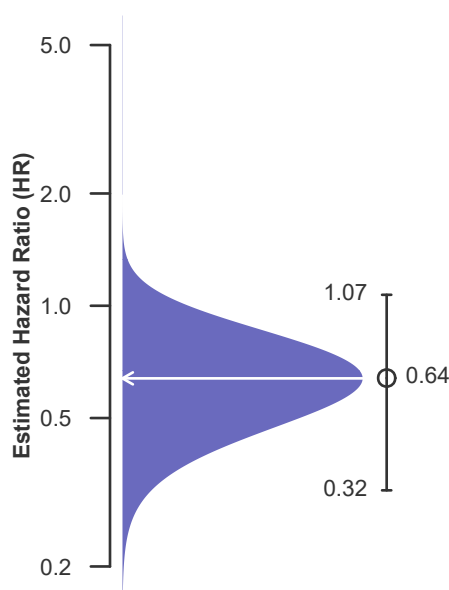
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	171	16,891
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	84.93%	87.22%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	87.86%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	9	1,538
Number of expected graft failures (including deaths) during the first 3 years after transplant	15.22	--
Estimated hazard ratio*	0.64	--
95% credible interval for the hazard ratio**	[0.32, 1.07]	--

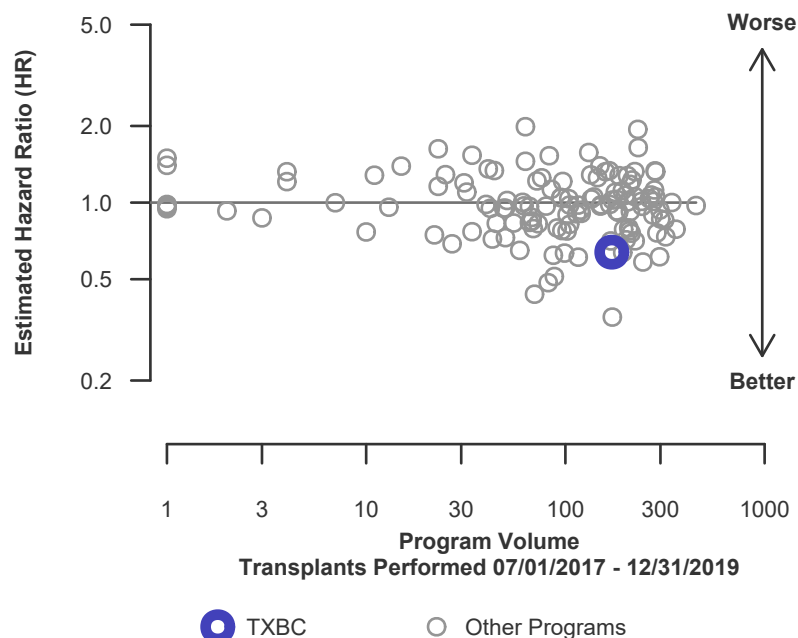
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

\*\* The 95% credible interval, [0.32, 1.07], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 36% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 68% reduced risk up to 7% increased risk.

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



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







## C. Transplant Information

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

Single organ transplants performed between 07/01/2017 and 12/31/2019

Deaths and retransplants are considered graft failures

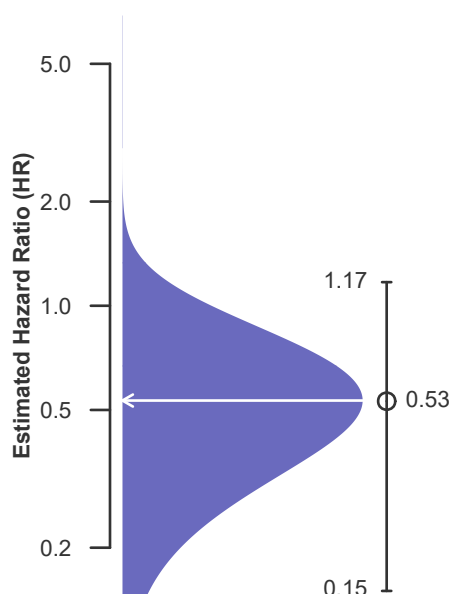
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	70	930
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	95.91%	88.93%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	88.94%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	2	76
Number of expected graft failures (including deaths) during the first 3 years after transplant	5.51	--
Estimated hazard ratio*	0.53	--
95% credible interval for the hazard ratio**	[0.15, 1.17]	--

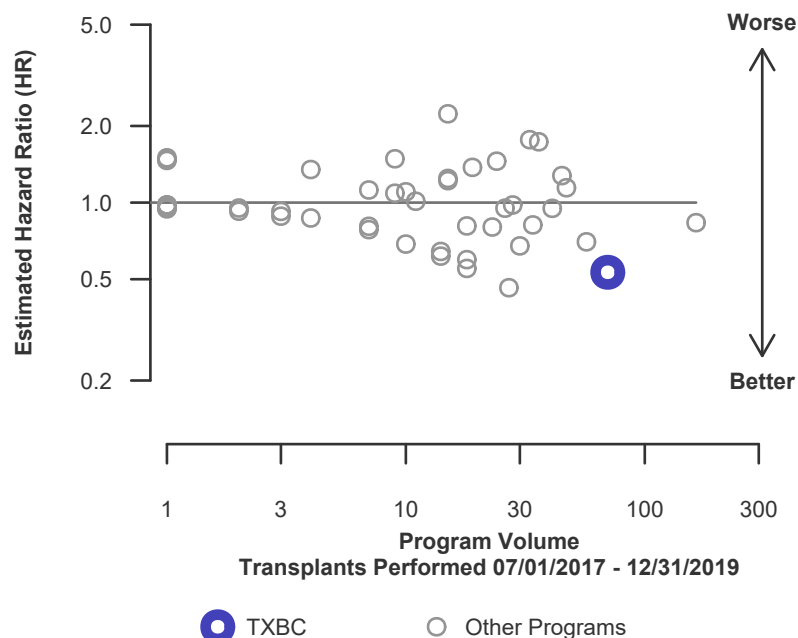
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

\*\* The 95% credible interval, [0.15, 1.17], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 47% lower risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 85% reduced risk up to 17% increased risk.

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



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







## C. Transplant Information

### Table C10. Pediatric (<18) 1-month survival with a functioning graft

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

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

This center did not perform any  
transplants relevant to  
this table during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022



## C. Transplant Information

### Table C10D. Pediatric (<18) 1-month survival with a functioning deceased donor graft

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

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

This center did not perform any  
transplants relevant to  
this table during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022



## C. Transplant Information

### Table C10L. Pediatric (<18) 1-month survival with a functioning living donor graft

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

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

This center did not perform any  
transplants relevant to  
this table during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022



## C. Transplant Information

### Table C11. Pediatric (<18) 90-Day survival with a functioning graft

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

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

This center did not perform any  
transplants relevant to  
this table during  
01/01/2020-06/30/2022

### Figure C13. Pediatric (<18) 90-Day graft failure HR estimate

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022



## C. Transplant Information

### Table C11D. Pediatric (<18) 90-Day survival with a functioning deceased donor graft

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

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

This center did not perform any  
transplants relevant to  
this table during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022



## C. Transplant Information

### Table C11L. Pediatric (<18) 90-Day survival with a functioning living donor graft

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

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

This center did not perform any  
transplants relevant to  
this table during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022



## C. Transplant Information

### Table C12. Pediatric (<18) 1-year survival with a functioning graft

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

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

This center did not perform any  
transplants relevant to  
this table during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022



## C. Transplant Information

### Table C12D. Pediatric (<18) 1-year survival with a functioning deceased donor graft

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

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

This center did not perform any  
transplants relevant to  
this table during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022





## C. Transplant Information

### Table C12L. Pediatric (<18) 1-year survival with a functioning living donor graft

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

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

This center did not perform any  
transplants relevant to  
this table during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022



## C. Transplant Information

### Table C13. Pediatric (<18) 1-year Conditional survival with a functioning graft

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

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

This center did not perform any  
transplants relevant to  
this table during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022



## C. Transplant Information

### Table C13D. Pediatric (<18) 1-year Conditional survival with a functioning deceased donor graft

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

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

This center did not perform any  
transplants relevant to  
this table during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022



## C. Transplant Information

### Table C13L. Pediatric (<18) 1-year Conditional survival with a functioning living donor graft

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

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

This center did not perform any  
transplants relevant to  
this table during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022



## C. Transplant Information

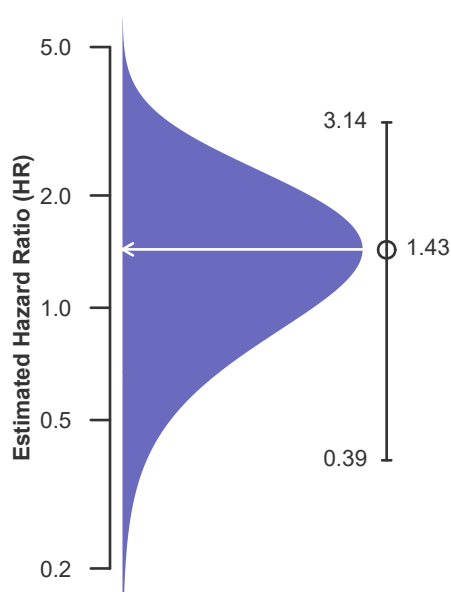
**Table C14. Pediatric (<18) 3-year survival with a functioning graft**  
Single organ transplants performed between 07/01/2017 and 12/31/2019  
Deaths and retransplants are considered graft failures  
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	9	1,329
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	77.78%	88.22%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	88.59%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	2	115
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.79	--
Estimated hazard ratio*	1.43	--
95% credible interval for the hazard ratio**	[0.39, 3.14]	--

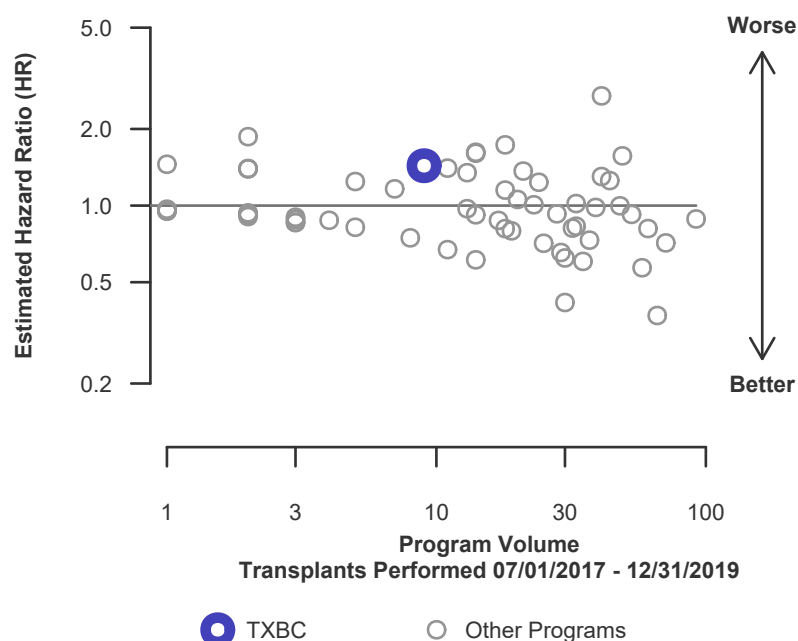
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

\*\* The 95% credible interval, [0.39, 3.14], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 43% higher risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 61% reduced risk up to 214% increased risk.

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



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





## C. Transplant Information

**Table C14D. Pediatric (<18) 3-year survival with a functioning deceased donor graft**

Single organ transplants performed between 07/01/2017 and 12/31/2019

Deaths and retransplants are considered graft failures

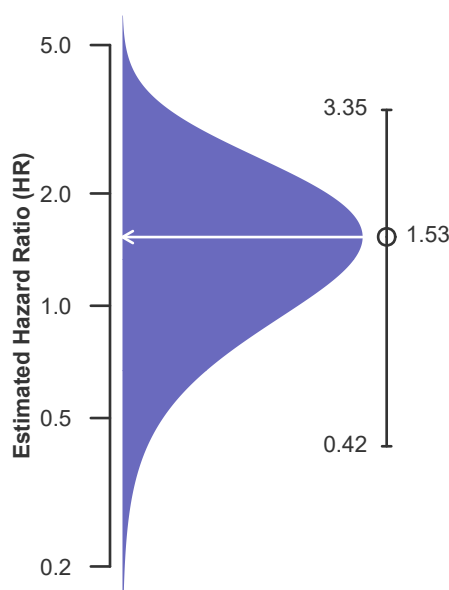
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	7	1,153
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	71.43%	87.90%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	87.91%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	2	102
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.62	--
Estimated hazard ratio*	1.53	--
95% credible interval for the hazard ratio**	[0.42, 3.35]	--

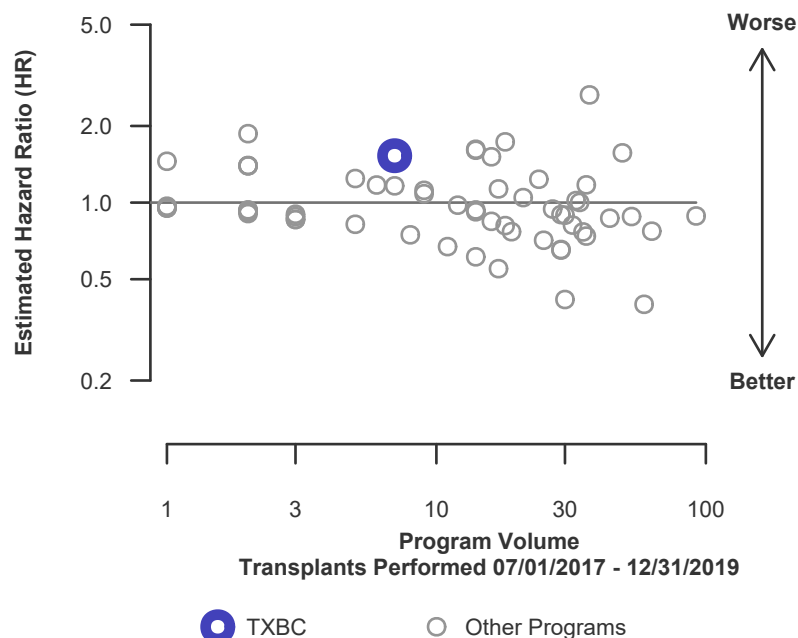
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

\*\* The 95% credible interval, [0.42, 3.35], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 53% higher risk of graft failure compared to an average program, but TXBC's performance could plausibly range from 58% reduced risk up to 235% increased risk.

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



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





## C. Transplant Information

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

Single organ transplants performed between 07/01/2017 and 12/31/2019

Deaths and retransplants are considered graft failures

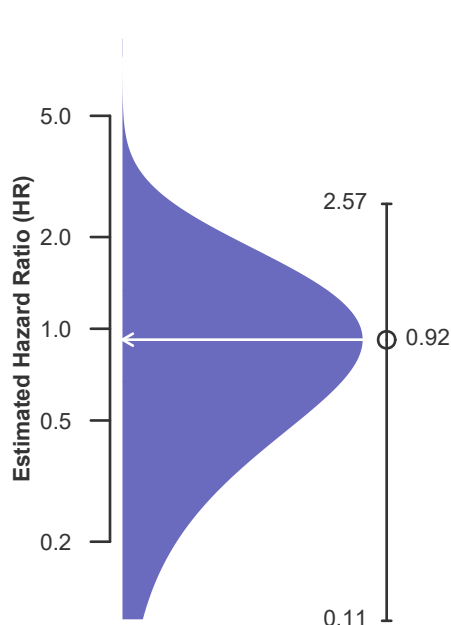
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	2	176
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	100.00%	90.93%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	90.97%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	13
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.17	--
Estimated hazard ratio*	0.92	--
95% credible interval for the hazard ratio**	[0.11, 2.57]	--

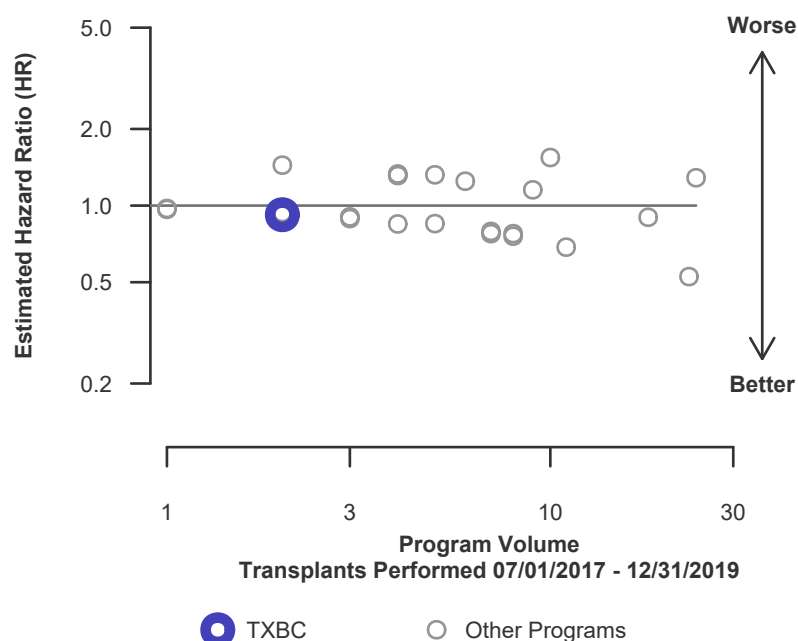
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

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

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



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





## C. Transplant Information

**Table C15. Adult (18+) 1-month patient survival**

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Retransplants excluded

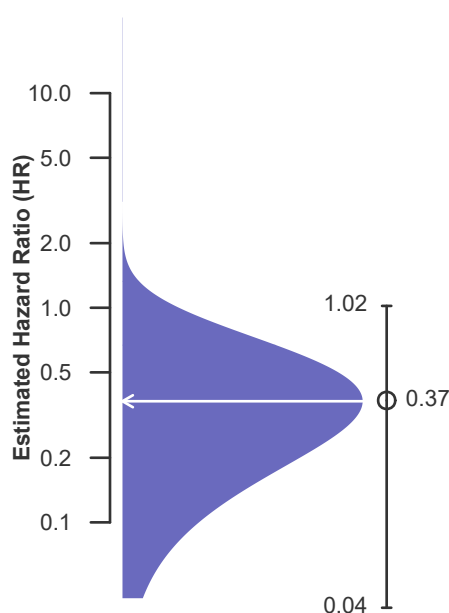
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	239	16,942
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.08%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.55%	--
Number of observed deaths during the first month after transplant	0	322
Number of expected deaths during the first month after transplant	3.45	--
Estimated hazard ratio*	0.37	--
95% credible interval for the hazard ratio**	[0.04, 1.02]	--

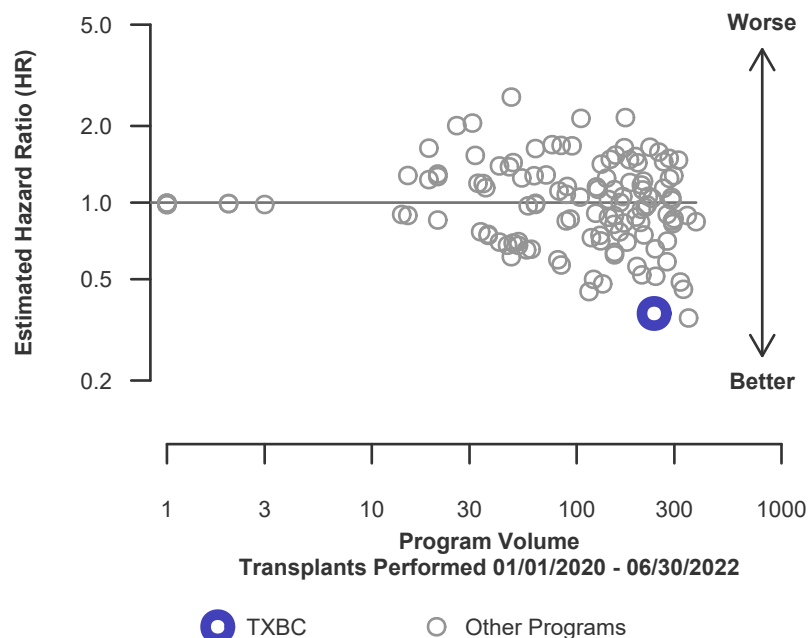
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard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

\*\* The 95% credible interval, [0.04, 1.02], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 63% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 96% reduced risk up to 2% increased risk.

**Figure C21. Adult (18+) 1-month patient death HR estimate**



**Figure C22. Adult (18+) 1-month patient death HR program comparison**







## C. Transplant Information

**Table C15D. Adult (18+) 1-month patient survival (deceased donor graft recipients)**

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Retransplants excluded

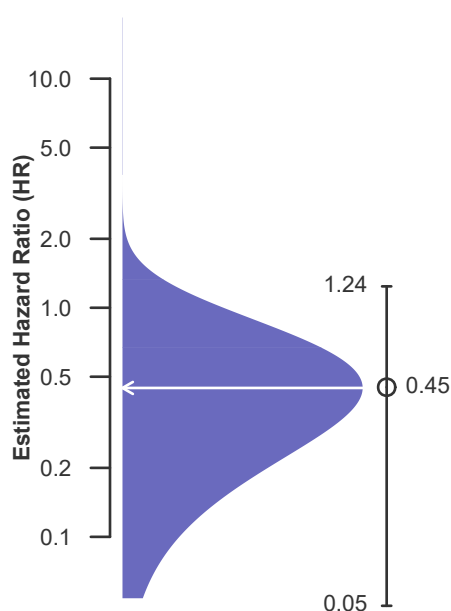
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	134	15,852
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.01%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.13%	--
Number of observed deaths during the first month after transplant	0	312
Number of expected deaths during the first month after transplant	2.48	--
Estimated hazard ratio*	0.45	--
95% credible interval for the hazard ratio**	[0.05, 1.24]	--

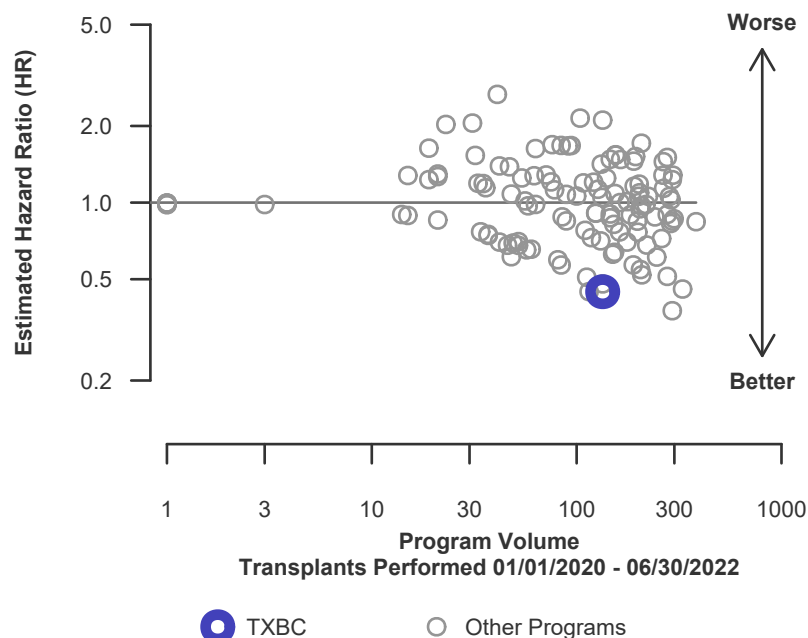
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard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

\*\* The 95% credible interval, [0.05, 1.24], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 55% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 95% reduced risk up to 24% increased risk.

**Figure C21D. Adult (18+) 1-month patient death HR estimate (deceased donor grafts)**



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





## C. Transplant Information

**Table C15L. Adult (18+) 1-month patient survival (living donor graft recipients)**

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Retransplants excluded

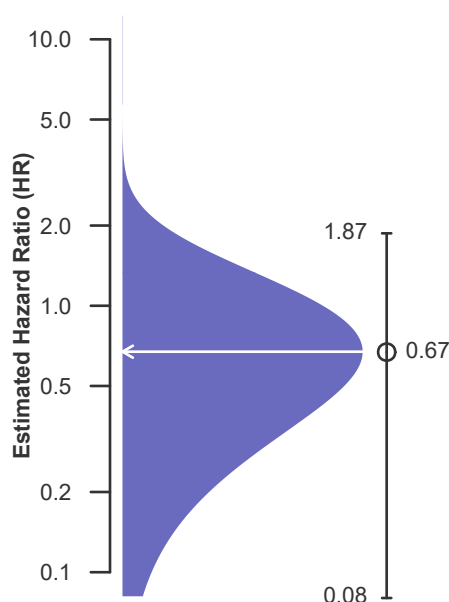
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	105	1,090
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.07%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.08%	--
Number of observed deaths during the first month after transplant	0	10
Number of expected deaths during the first month after transplant	0.97	--
Estimated hazard ratio*	0.67	--
95% credible interval for the hazard ratio**	[0.08, 1.87]	--

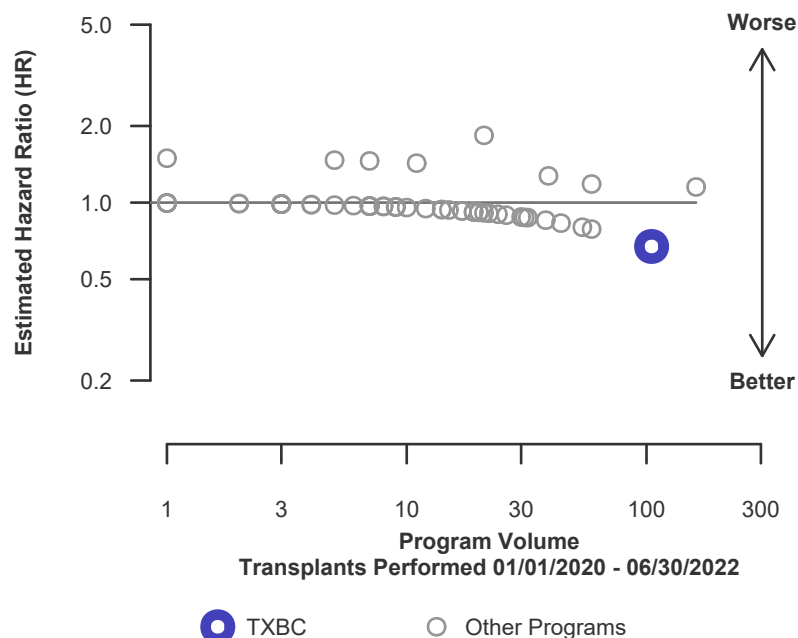
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard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

\*\* The 95% credible interval, [0.08, 1.87], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 33% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 92% reduced risk up to 87% increased risk.

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



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





## C. Transplant Information

**Table C16. Adult (18+) 1-year patient survival**

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Retransplants excluded

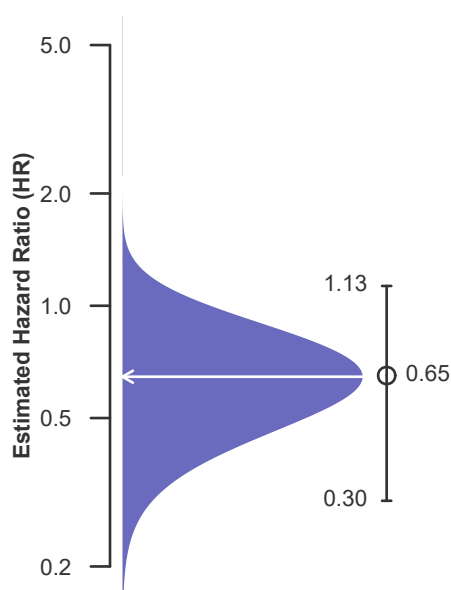
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	239	16,942
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	96.48%	93.71%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	94.33%	--
Number of observed deaths during the first year after transplant	7	937
Number of expected deaths during the first year after transplant	11.95	--
Estimated hazard ratio*	0.65	--
95% credible interval for the hazard ratio**	[0.30, 1.13]	--

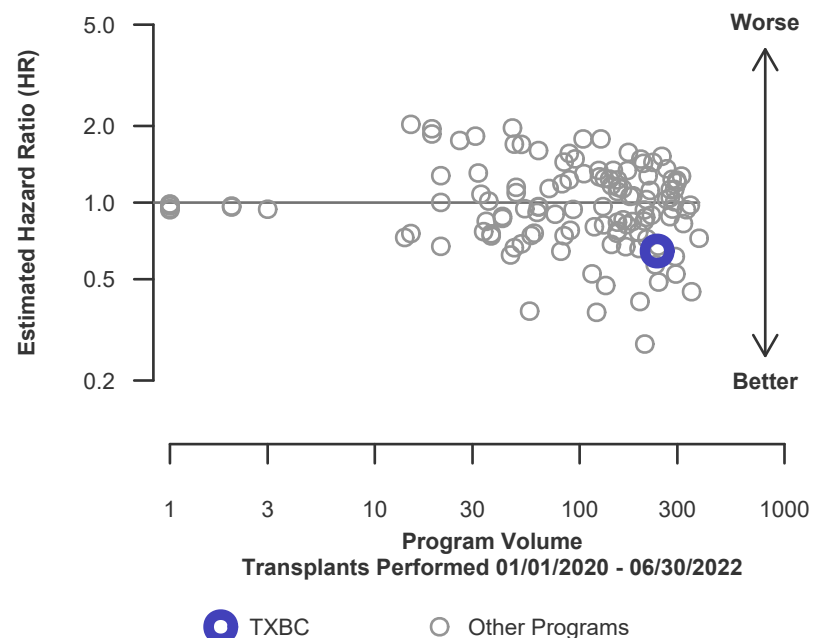
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard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

\*\* The 95% credible interval, [0.30, 1.13], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 35% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 70% reduced risk up to 13% increased risk.

**Figure C23. Adult (18+) 1-year patient death HR estimate**



**Figure C24. Adult (18+) 1-year patient death HR program comparison**





## C. Transplant Information

**Table C16D. Adult (18+) 1-year patient survival (deceased donor graft recipients)**

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Retransplants excluded

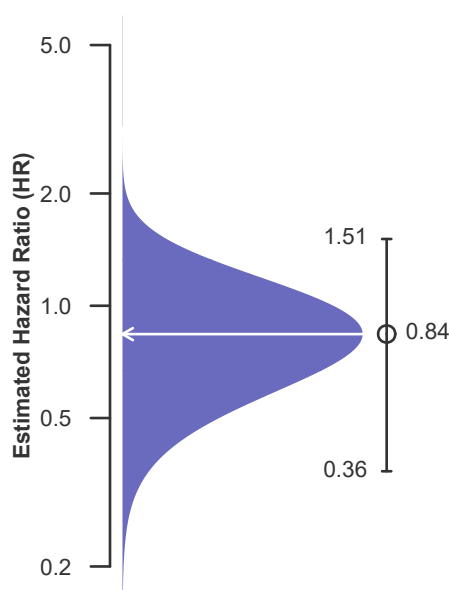
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	134	15,852
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	94.54%	93.61%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	93.65%	--
Number of observed deaths during the first year after transplant	6	892
Number of expected deaths during the first year after transplant	7.53	--
Estimated hazard ratio*	0.84	--
95% credible interval for the hazard ratio**	[0.36, 1.51]	--

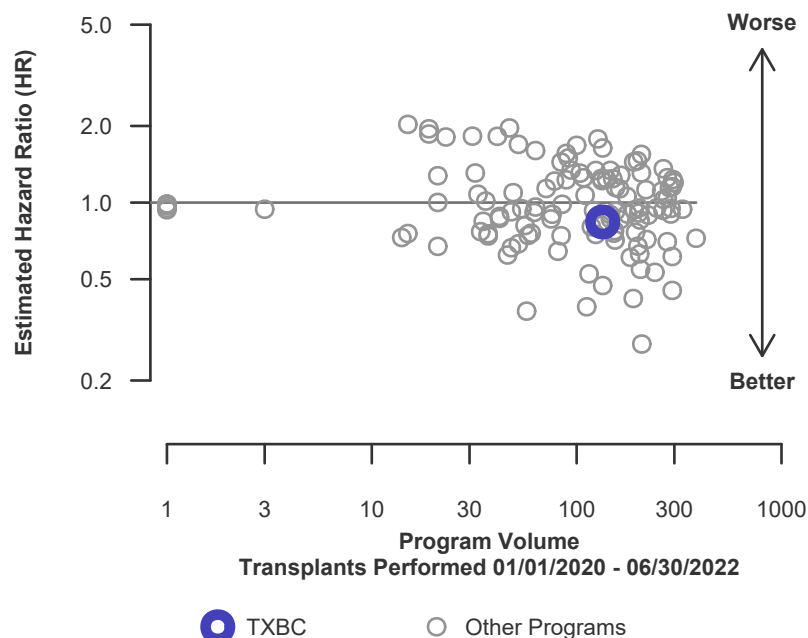
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard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

\*\* The 95% credible interval, [0.36, 1.51], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 16% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 64% reduced risk up to 51% increased risk.

**Figure C23D. Adult (18+) 1-year patient death HR estimate (deceased donor grafts)**



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





## C. Transplant Information

**Table C16L. Adult (18+) 1-year patient survival (living donor graft recipients)**

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Retransplants excluded

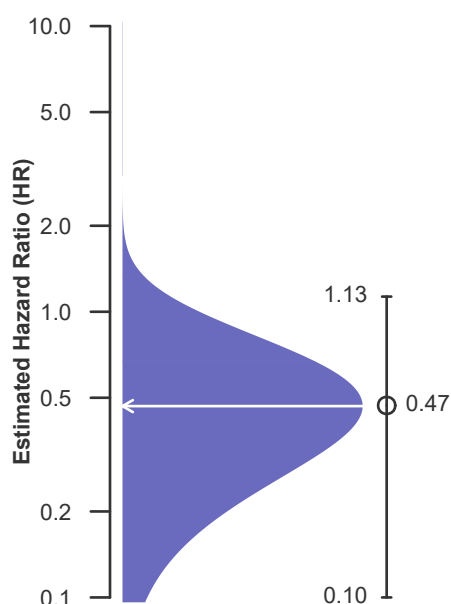
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	105	1,090
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	98.97%	95.20%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	95.21%	--
Number of observed deaths during the first year after transplant	1	45
Number of expected deaths during the first year after transplant	4.42	--
Estimated hazard ratio*	0.47	--
95% credible interval for the hazard ratio**	[0.10, 1.13]	--

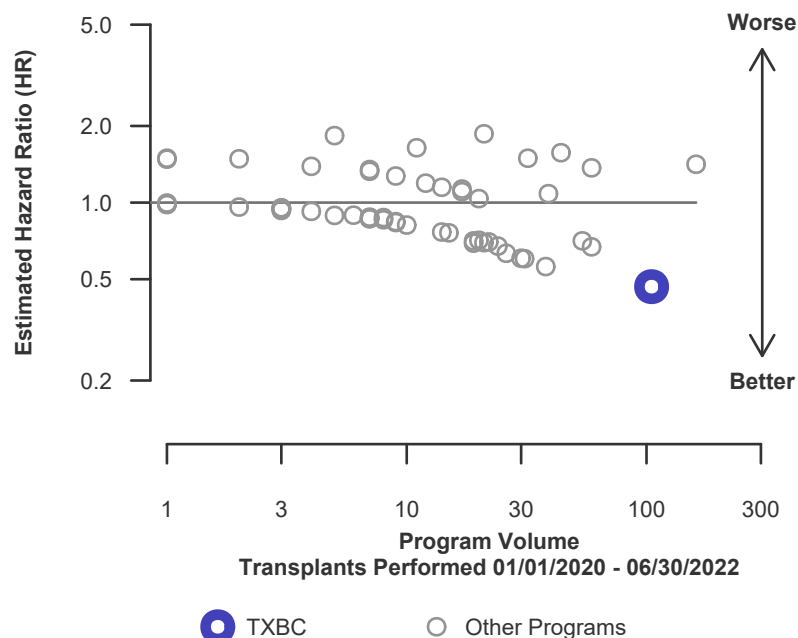
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard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

\*\* The 95% credible interval, [0.10, 1.13], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 53% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 90% reduced risk up to 13% increased risk.

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



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





## C. Transplant Information

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

Single organ transplants performed between 07/01/2017 and 12/31/2019

Retransplants excluded

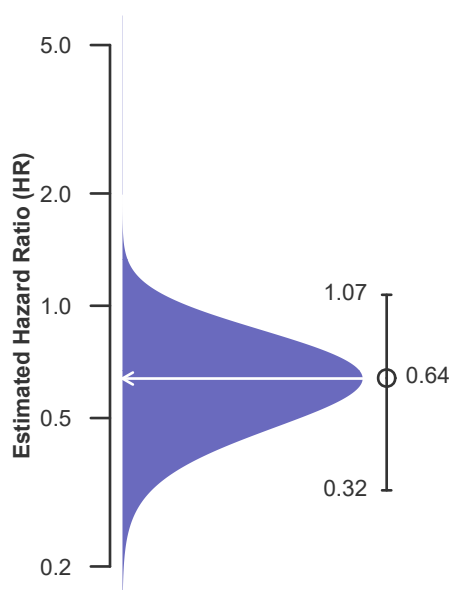
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	236	17,167
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	86.93%	89.26%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	90.33%	--
Number of observed deaths during the first 3 years after transplant	9	1,233
Number of expected deaths during the first 3 years after transplant	15.24	--
Estimated hazard ratio*	0.64	--
95% credible interval for the hazard ratio**	[0.32, 1.07]	--

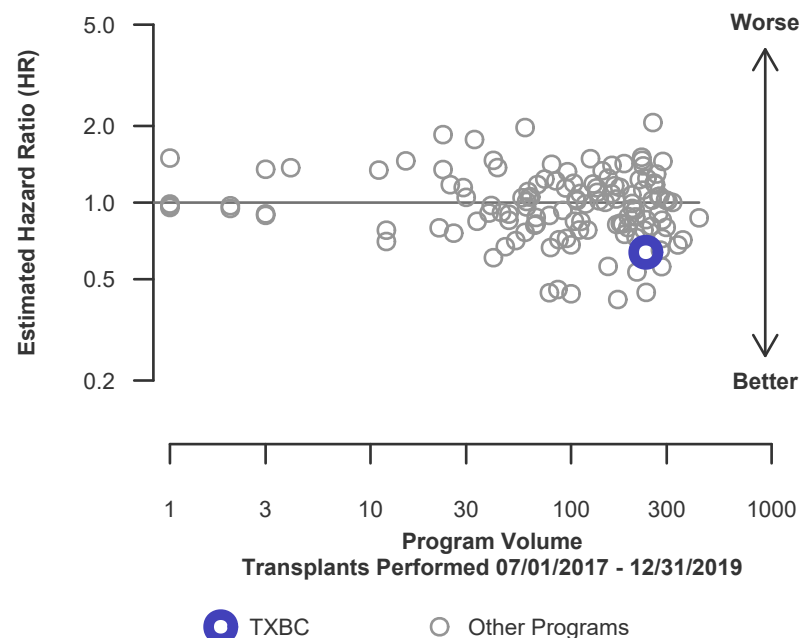
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard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

\*\* The 95% credible interval, [0.32, 1.07], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 36% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 68% reduced risk up to 7% increased risk.

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



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





## C. Transplant Information

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

Single organ transplants performed between 07/01/2017 and 12/31/2019

Retransplants excluded

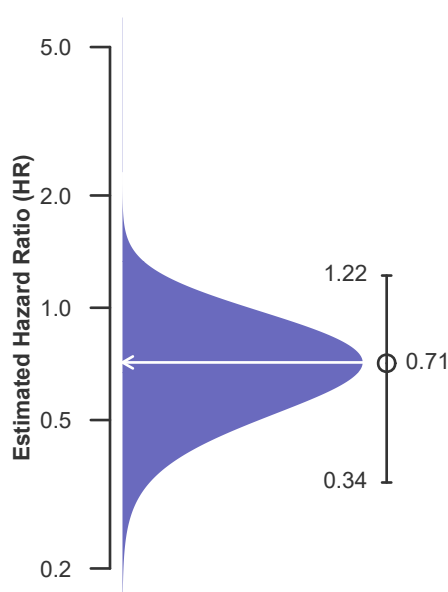
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	166	16,248
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	84.59%	89.10%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	89.51%	--
Number of observed deaths during the first 3 years after transplant	8	1,187
Number of expected deaths during the first 3 years after transplant	12.02	--
Estimated hazard ratio*	0.71	--
95% credible interval for the hazard ratio**	[0.34, 1.22]	--

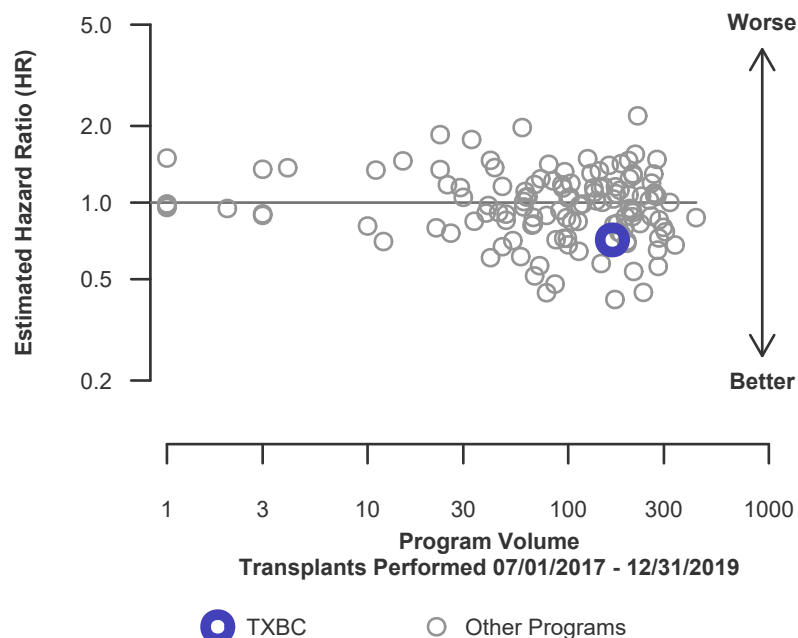
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard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

\*\* The 95% credible interval, [0.34, 1.22], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 29% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 66% reduced risk up to 22% increased risk.

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



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







## C. Transplant Information

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

Single organ transplants performed between 07/01/2017 and 12/31/2019

Retransplants excluded

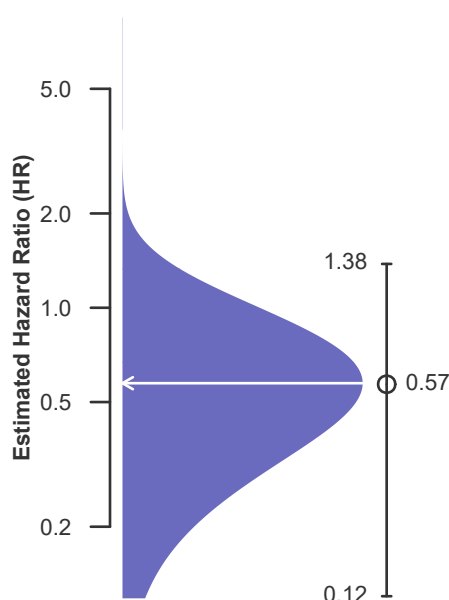
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	70	919
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	97.30%	92.26%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.27%	--
Number of observed deaths during the first 3 years after transplant	1	46
Number of expected deaths during the first 3 years after transplant	3.22	--
Estimated hazard ratio*	0.57	--
95% credible interval for the hazard ratio**	[0.12, 1.38]	--

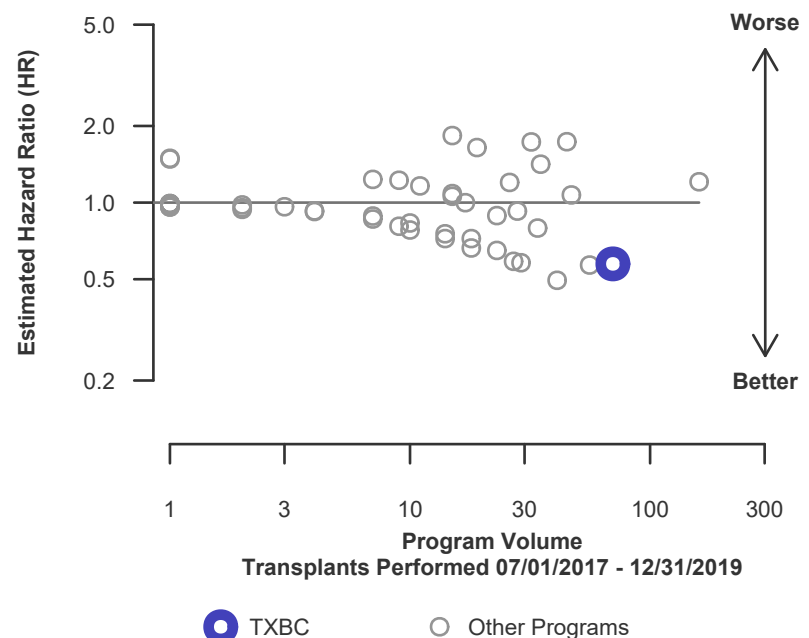
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard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

\*\* The 95% credible interval, [0.12, 1.38], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 43% lower risk of patient death compared to an average program, but TXBC's performance could plausibly range from 88% reduced risk up to 38% increased risk.

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



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







## C. Transplant Information

### Table C18. Pediatric (<18) 1-month patient survival

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Retransplants excluded

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

This center did not perform any  
transplants relevant to  
this table during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022



## C. Transplant Information

### Table C18D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients)

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Retransplants excluded

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

This center did not perform any  
transplants relevant to  
this table during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022



## C. Transplant Information

### Table C18L. Pediatric (<18) 1-month patient survival (living donor graft recipients)

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Retransplants excluded

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

This center did not perform any  
transplants relevant to  
this table during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022



## C. Transplant Information

### Table C19. Pediatric (<18) 1-year patient survival

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Retransplants excluded

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

This center did not perform any  
transplants relevant to  
this table during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022



## C. Transplant Information

### Table C19D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients)

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Retransplants excluded

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

This center did not perform any  
transplants relevant to  
this table during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022



## C. Transplant Information

### Table C19L. Pediatric (<18) 1-year patient survival (living donor graft recipients)

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Retransplants excluded

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

This center did not perform any  
transplants relevant to  
this table during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022

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

This center did not perform any  
transplants relevant to  
this figure during  
01/01/2020-06/30/2022



## C. Transplant Information

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

Single organ transplants performed between 07/01/2017 and 12/31/2019

Retransplants excluded

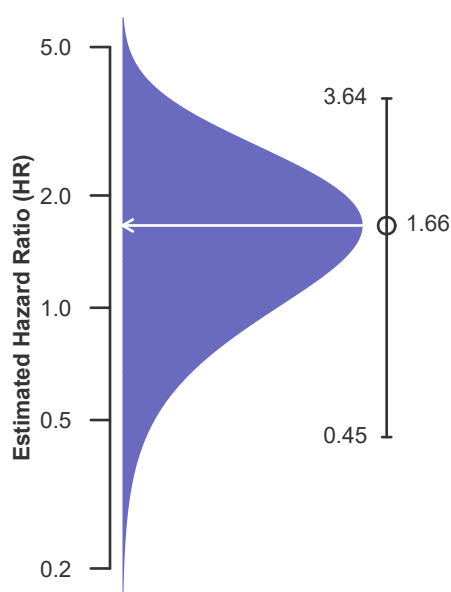
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	8	1,242
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	75.00%	92.16%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.43%	--
Number of observed deaths during the first 3 years after transplant	2	64
Number of expected deaths during the first 3 years after transplant	0.41	--
Estimated hazard ratio*	1.66	--
95% credible interval for the hazard ratio**	[0.45, 3.64]	--

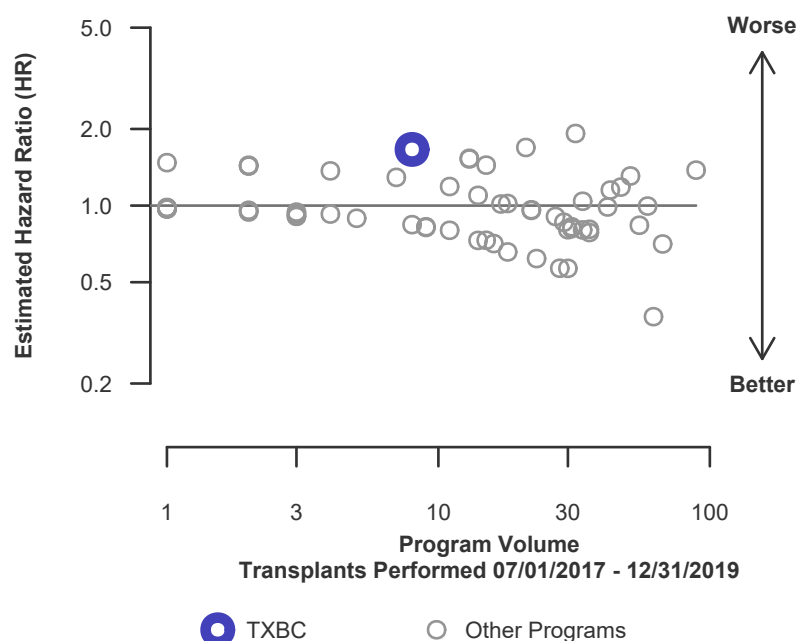
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard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

\*\* The 95% credible interval, [0.45, 3.64], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 66% higher risk of patient death compared to an average program, but TXBC's performance could plausibly range from 55% reduced risk up to 264% increased risk.

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



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





## C. Transplant Information

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

Single organ transplants performed between 07/01/2017 and 12/31/2019

Retransplants excluded

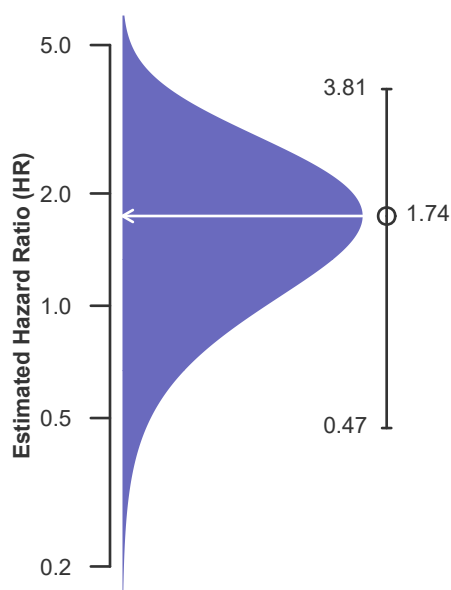
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	6	1,068
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	66.67%	91.92%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	91.94%	--
Number of observed deaths during the first 3 years after transplant	2	56
Number of expected deaths during the first 3 years after transplant	0.30	--
Estimated hazard ratio*	1.74	--
95% credible interval for the hazard ratio**	[0.47, 3.81]	--

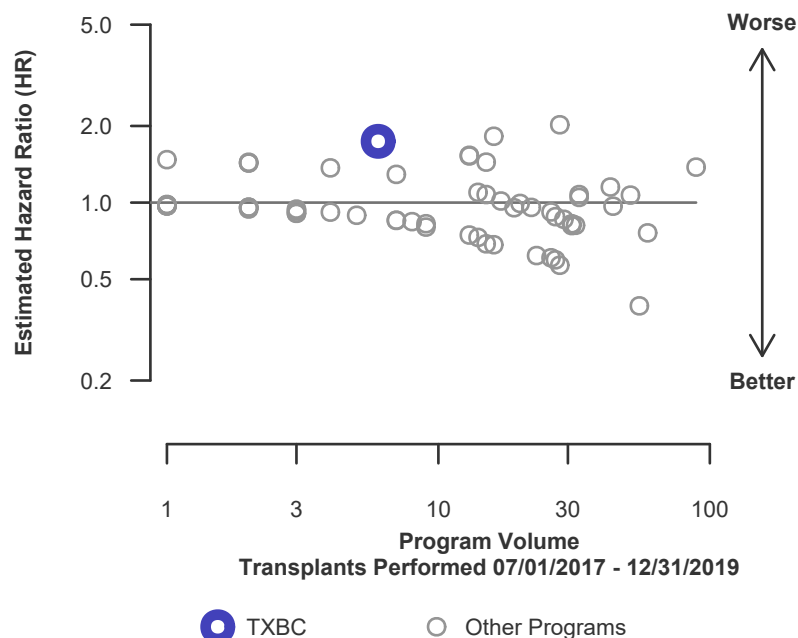
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard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

\*\* The 95% credible interval, [0.47, 3.81], indicates the location of TXBC's true hazard ratio with 95% probability. The best estimate is 74% higher risk of patient death compared to an average program, but TXBC's performance could plausibly range from 53% reduced risk up to 281% increased risk.

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



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







## C. Transplant Information

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

Single organ transplants performed between 07/01/2017 and 12/31/2019

Retransplants excluded

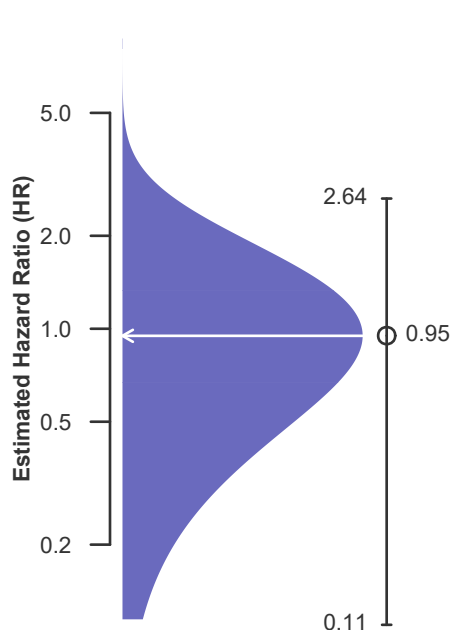
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	TXBC	U.S.
Number of transplants evaluated	2	174
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	93.89%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	93.92%	--
Number of observed deaths during the first 3 years after transplant	0	8
Number of expected deaths during the first 3 years after transplant	0.11	--
Estimated hazard ratio*	0.95	--
95% credible interval for the hazard ratio**	[0.11, 2.64]	--

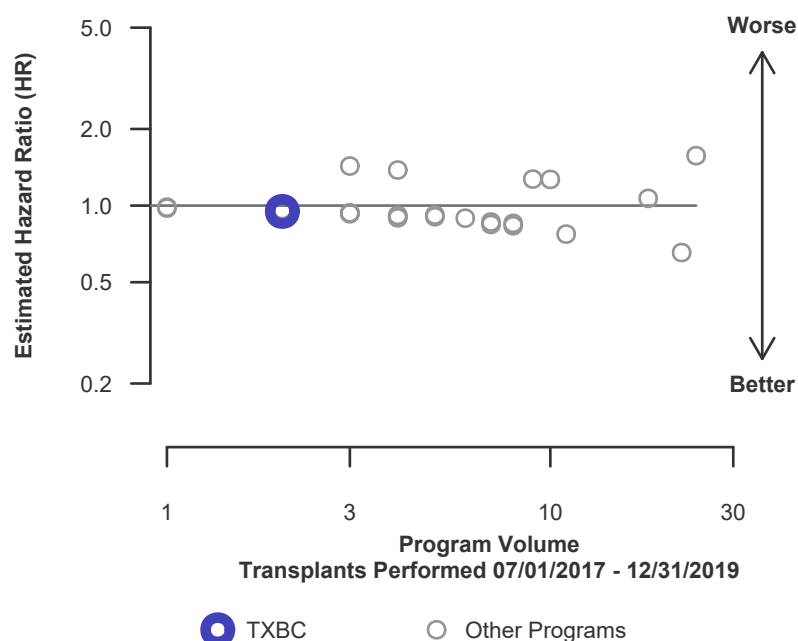
\* The hazard ratio provides an estimate of how University Hospital, University of Texas Health Science Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard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

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

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



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





## C. Transplant Information

Table C21. Multi-organ transplant graft survival: 01/01/2020 - 06/30/2022

### Adult (18+) Transplants

### First-Year Outcomes

Transplant Type	Transplants Performed		Liver Graft Failures		Estimated Liver Graft Survival	
	TXBC-TX1	USA	TXBC-TX1	USA	TXBC-TX1	USA
Kidney-Liver	22	1,905	2	200	90.9%	89.5%

### Pediatric (<18) Transplants

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

Table C22. Multi-organ transplant patient survival: 01/01/2020 - 06/30/2022

### Adult (18+) Transplants

### First-Year Outcomes

Transplant Type	Transplants Performed		Patient Deaths		Estimated Patient Survival	
	TXBC-TX1	USA	TXBC-TX1	USA	TXBC-TX1	USA
Kidney-Liver	22	1,905	2	189	90.9%	90.1%

### Pediatric (<18) Transplants

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



## D. Living Donor Information

Table D1. Living donor summary: 01/01/2020 - 12/31/2022

Living Donor Follow-Up	This Center			United States		
	01/2020- 12/2020	01/2021- 12/2021	01/2022- 06/2022	01/2020- 12/2020	01/2021- 12/2021	01/2022- 06/2022
<b>Number of Living Donors</b>	39	52	29	485	566	294
<b>6-Month Follow-Up</b>						
Donors due for follow-up	11	52	23	127	566	241
Timely clinical data	7 63.6%	48 92.3%	21 91.3%	105 82.7%	501 88.5%	198 82.2%
Timely lab data	10 90.9%	50 96.2%	22 95.7%	109 85.8%	497 87.8%	196 81.3%
<b>12-Month Follow-Up</b>						
Donors due for follow-up	31	49		359	515	
Timely clinical data	26 83.9%	45 91.8%		299 83.3%	419 81.4%	
Timely lab data	30 96.8%	45 91.8%		300 83.6%	407 79.0%	
<b>24-Month Follow-Up</b>						
Donors due for follow-up	36			442		
Timely clinical data	31 86.1%			324 73.3%		
Timely lab data	34 94.4%			309 69.9%		

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