User Guide

This report contains a wide range of useful information about the kidney transplant program at UF Health Shands Hospital (FLUF). 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. As part of this comparison, we provide a measure of how certain we are that this program is performing as expected or significantly better or worse than expected. These statements of certainty are provided as footnotes to the figures, so please interpret the numbers in the figures carefully after considering the information in the footnotes. 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

User Guide

was higher than the expected rate. However, the level of uncertainty must be considered when interpreting these numbers. The 95% confidence interval is also shown on Figure B2. This confidence interval provides a range within which the true ratio of observed to expected transplant rates is likely to be. If this confidence interval includes (crosses) 1.0, then we cannot sy that this program's observed transplant rate is different from what would be expected. The observed transplant rate at this program was 18.8 per 100 person-years, and this was not significantly different from what would be expected with a 95% confidence interval of [0.70, 1.07] for the ratio of observed to expected transplant rates. 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 death rate (also known as the 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 these tables and figures is to describe risk of death once candidates are listed rather than while they are listed. 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 confidence 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.

Table B6 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 B7 and B8 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 B7 and B8 presents the percent of candidates who received a deceased donor transplant by each time point. Table B9 presents data on the time it took for different percentages of patients to be transplanted for candidates added to the list between 01/01/2011 and 06/30/2016. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this program was 1.2 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 12/31/2016 to calculate a particular percentile of transplant times.

Table B10 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. Figures B7 shows the distribution of program offer acceptance rates as well as the offer acceptance rate for this program. Figures B8 - B11 similarly show offer acceptance rates for subsets 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

User Guide

C2L). Comparisons to the region and the nation as a whole are provided. A description of the deceased donors used at this program is provided in Table C3D, along with characteristics of living donors in Table C3L, if applicable. Finally, information on the transplant procedure for deceased and living donor transplants is presented in Tables C4D and C4L, respectively.

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

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

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

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

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

Table of Contents

A. Program Summary

Figure A1. Waiting list and transplant activity

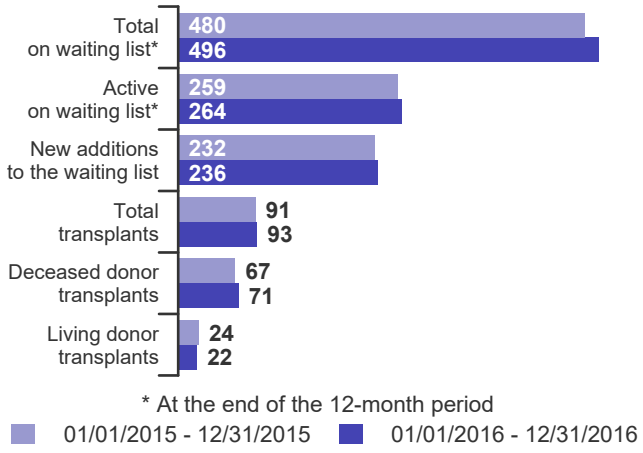
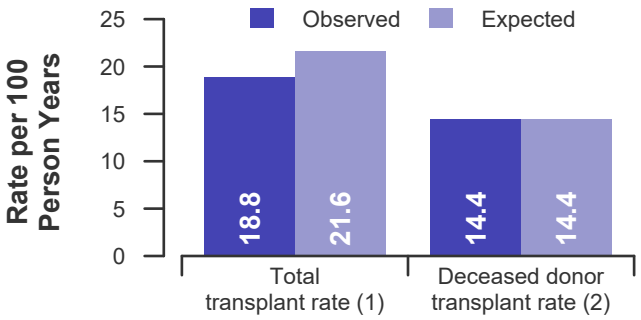


Table A1. Census of transplant recipients

Recipients	01/01/2015-12/31/2015	01/01/2016-12/31/2016
Transplanted at this center	91	93
Followed by this center*	1,183	1,178
...transplanted at this program	1,165	1,156
...transplanted elsewhere	18	22

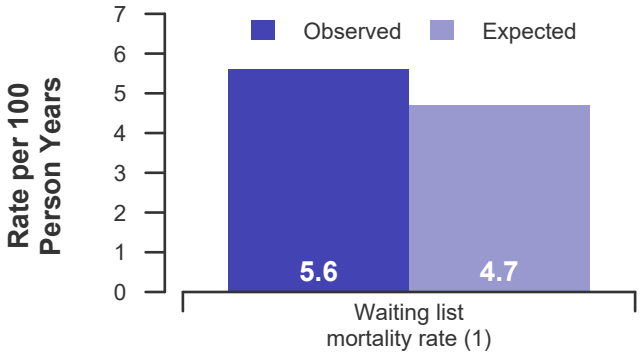
* Recipients followed are transplant recipients for whom the center has submitted a post-transplant follow-up form for a transplant that took place before the 12-month interval for each column.

Figure A2. Transplant rates 01/01/2016 - 12/31/2016



(1) Not significantly different (p=0.197)
(2) Not significantly different (p=0.999)

Figure A3. Waiting list mortality rates 01/01/2016 - 12/31/2016



(1) Not significantly different (p=0.386)

Figure A4. First-year adult graft and patient survival: 01/01/2014 - 06/30/2016

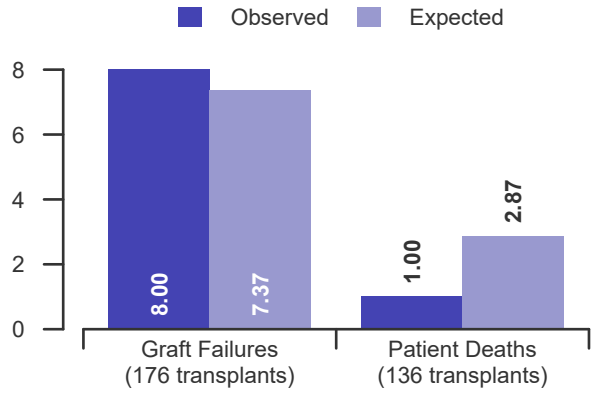
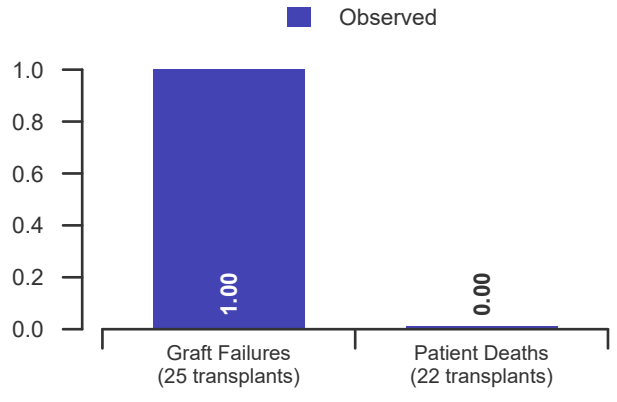


Figure A5. First-year pediatric graft and patient survival: 01/01/2014 - 06/30/2016



B. Waiting List Information

Table B1. Waiting list activity summary: 01/01/2015 - 12/31/2016

Waiting List Registrations	Counts for this center		Activity for 01/01/2016 to 12/31/2016 as percent of registrants on waiting list on 01/01/2016		
	01/01/2015-12/31/2015	01/01/2016-12/31/2016	This Center (%)	OPTN Region (%)	U.S. (%)
On waiting list at start	474	480	100.0	100.0	100.0
Additions					
New listings at this center	232	236	49.2	32.5	34.3
Removals					
Transferred to another center	12	6	1.2	1.2	1.2
Received living donor transplant*	24	22	4.6	3.7	5.2
Received deceased donor transplant*	67	71	14.8	11.8	12.6
Died	16	16	3.3	4.1	4.2
Transplanted at another center	15	19	4.0	3.1	2.7
Deteriorated	18	8	1.7	4.1	4.4
Recovered	1	1	0.2	0.1	0.2
Other reasons	73	77	16.0	7.1	5.6
On waiting list at end of period	480	496	103.3	97.3	98.2

* 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 01/01/2016 and 12/31/2016

Demographic Characteristic	New Waiting List Registrations 01/01/2016 to 12/31/2016 (%)			All Waiting List Registrations on 12/31/2016 (%)		
	This Center (N=236)	OPTN Region (N=5,063)	U.S. (N=36,429)	This Center (N=496)	OPTN Region (N=15,149)	U.S. (N=104,130)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	50.8	36.5	44.0	49.2	29.7	36.4
African-American	38.1	46.7	28.3	40.1	56.4	33.3
Hispanic/Latino	7.2	13.1	18.3	7.3	10.7	19.6
Asian	3.4	3.1	7.8	3.0	2.8	9.1
Other	0.4	0.6	1.6	0.4	0.5	1.6
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Age (%)						
<2 years	0.8	0.2	0.2	0.6	0.0	0.1
2-11 years	1.7	1.1	1.0	1.0	0.4	0.5
12-17 years	3.8	1.5	1.5	3.0	0.6	0.8
18-34 years	12.7	11.3	11.3	14.9	12.0	11.2
35-49 years	29.2	27.0	25.3	28.6	30.8	28.4
50-64 years	37.3	40.8	42.2	35.9	41.8	43.7
65+ years	14.4	18.2	18.5	15.9	14.4	15.3
Other (includes prenatal)	0.0	0.0	0.0	0.0	0.0	0.0
Gender (%)						
Male	62.7	60.5	62.1	57.5	58.8	61.0
Female	37.3	39.5	37.9	42.5	41.2	39.0

* 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%.

B. Waiting List Information

Table B3. Medical characteristics of waiting list candidates
Candidates registered on the waiting list between 01/01/2016 and 12/31/2016

Medical Characteristic	New Waiting List Registrations 01/01/2016 to 12/31/2016 (%)			All Waiting List Registrations on 12/31/2016 (%)		
	This Center (N=236)	OPTN Region (N=5,063)	U.S. (N=36,429)	This Center (N=496)	OPTN Region (N=15,149)	U.S. (N=104,130)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Blood Type (%)						
O	51.7	51.0	49.4	50.6	53.3	53.0
A	32.6	29.8	32.3	29.0	25.5	27.7
B	11.9	16.0	14.7	17.9	18.5	16.7
AB	3.8	3.2	3.6	2.4	2.7	2.6
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Previous Transplant (%)						
Yes	16.9	11.8	13.0	20.2	13.9	14.4
No	83.1	88.2	87.0	79.8	86.1	85.6
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Initial CPRA (%)						
0-9%	75.0	84.4	81.1	75.4	82.1	81.6
10-79%	16.5	8.4	11.5	14.7	9.7	11.0
80+%	8.5	6.2	7.3	9.9	7.9	7.3
Unknown	0.0	1.0	0.2	0.0	0.3	0.0
Primary Disease (%)*						
Glomerular Diseases	22.5	19.2	20.0	25.6	18.7	19.2
Tubular and Interstitial Diseases	5.5	2.8	3.6	4.6	2.6	3.4
Polycystic Kidneys	7.6	7.4	7.7	9.1	7.0	7.0
Congenital, Familial, Metabolic	5.5	2.1	2.0	4.4	1.4	1.6
Diabetes	28.8	29.7	33.2	26.8	29.4	34.4
Renovascular & Vascular Diseases	0.0	0.1	0.2	0.0	0.1	0.1
Neoplasms	0.0	0.3	0.4	0.6	0.2	0.3
Hypertensive Nephrosclerosis	20.8	28.8	20.5	21.2	32.8	23.5
Other	9.3	9.3	11.8	7.5	7.4	10.0
Missing*	0.0	0.3	0.7	0.2	0.3	0.6

* When "retransplant" is indicated, the primary disease is passed forward from the prior transplant in order to indicate the initial primary disease causing organ failure. "Missing" may include some patients for whom retransplant is indicated but no prior diagnosis can be found.

B. Waiting List Information

Table B4. Transplant rates: 01/01/2016 - 12/31/2016

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	480	1,202	15,542	105,881
Person Years**	494.5	1,197.1	15,317.2	104,730.6
Removals for Transplant	93	241	2,410	18,960
Adult (18+) Candidates				
Count on waiting list at start*	463	1,185	15,428	104,856
Person Years**	476.6	1,179.2	15,194.3	103,631.8
Removals for transpant	84	232	2,291	18,184
Pediatric (<18) Candidates				
Count on waiting list at start*	17	17	114	1,025
Person Years**	17.9	17.9	122.9	1,098.8
Removals for transplant	9	9	119	776

* 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: 01/01/2016 - 12/31/2016

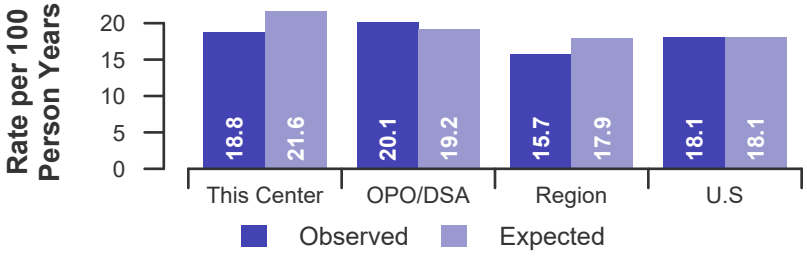
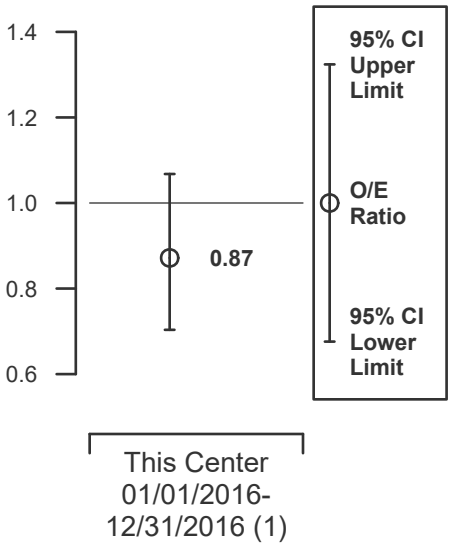
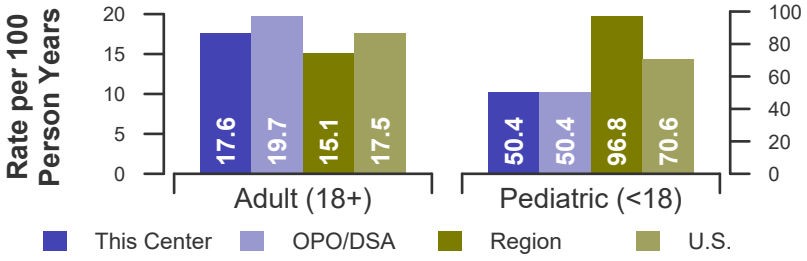


Figure B2. Ratio of observed to expected transplant rates



(1) Not significantly different (p=0.197, 95% CI=[0.70, 1.07])

Figure B3. Observed adult (18+) and pediatric (<18) transplant rates: 01/01/2016 - 12/31/2016



B. Waiting List Information

Table B4D. Deceased donor transplant rates: 01/01/2016 - 12/31/2016

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	480	1,202	15,542	105,881
Person Years**	494.5	1,197.1	15,317.2	104,730.6
Removals for Transplant	71	187	1,830	13,409
Adult (18+) Candidates				
Count on waiting list at start*	463	1,185	15,428	104,856
Person Years**	476.6	1,179.2	15,194.3	103,631.8
Removals for transpant	62	178	1,749	12,895
Pediatric (<18) Candidates				
Count on waiting list at start*	17	17	114	1,025
Person Years**	17.9	17.9	122.9	1,098.8
Removals for transplant	9	9	81	514

* 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: 01/01/2016 - 12/31/2016

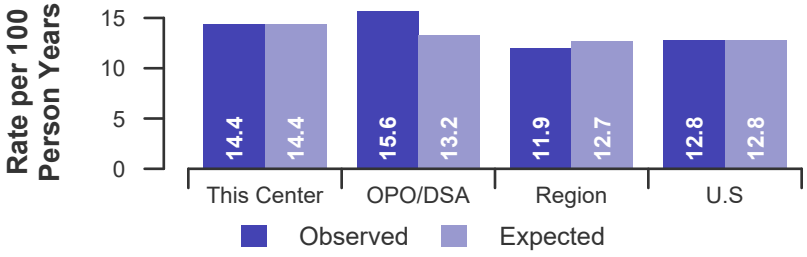


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 01/01/2016 - 12/31/2016

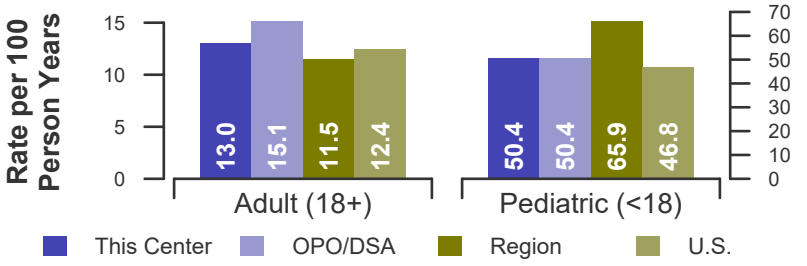
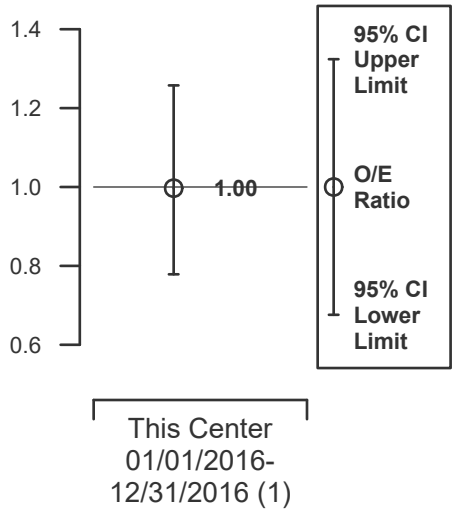


Figure B2D. Ratio of observed to expected deceased donor transplant rates



(1) Not significantly different (p=0.999, 95% CI=[0.78, 1.26])

B. Waiting List Information

Table B5. Waiting list mortality rates: 01/01/2016 - 12/31/2016

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	480	1,202	15,542	105,881
Person Years**	536.4	1,297.8	16,187.0	109,660.2
Number of deaths	30	79	953	5,997
Adult (18+) Candidates				
Count on waiting list at start*	463	1,185	15,428	104,856
Person Years**	516.2	1,277.6	16,060.4	108,548.8
Number of deaths	29	78	949	5,976
Pediatric (<18) Candidates				
Count on waiting list at start*	17	17	114	1,025
Person Years**	20.2	20.2	126.6	1,111.4
Number of deaths	1	1	4	21

* 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 waiting list mortality rates: 01/01/2016 - 12/31/2016

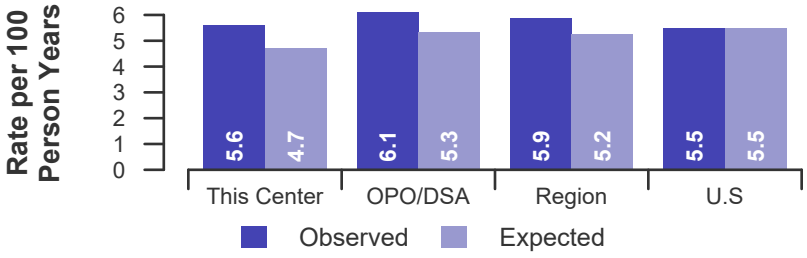
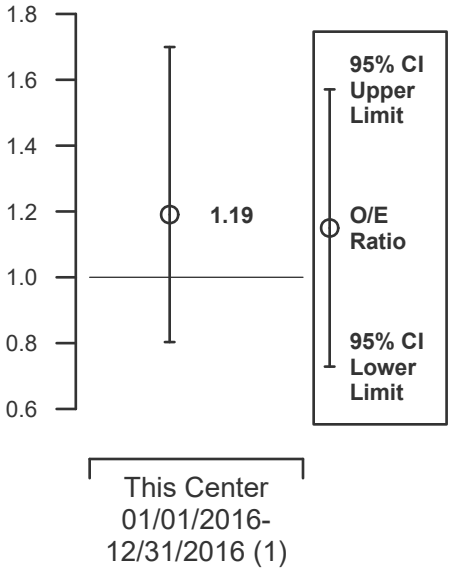
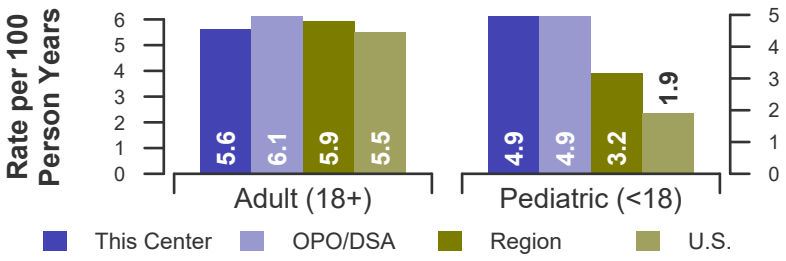


Figure B5. Ratio of observed to expected waiting list mortality rates



(1) Not significantly different (p=0.386, 95% CI=[0.80, 1.70])

Figure B6. Observed adult (18+) and pediatric (<18) waiting list mortality rates: 01/01/2016 - 12/31/2016



B. Waiting List Information

Table B6. Waiting list candidate status after listing
Candidates registered on waiting list between 07/01/2014 and 06/30/2015

Waiting list status (survival status)	This Center (N=192) Months Since Listing			U.S. (N=36,566) Months Since Listing		
	6	12	18	6	12	18
Alive on waiting list (%)	80.2	63.5	52.1	82.2	70.1	60.5
Died on the waiting list without transplant (%)	1.6	2.1	3.1	1.3	2.4	3.5
Removed without transplant (%):						
Condition worsened (status unknown)	0.5	1.0	1.0	0.7	1.5	2.6
Condition improved (status unknown)	0.5	0.5	0.5	0.1	0.1	0.2
Refused transplant (status unknown)	0.0	0.0	0.0	0.1	0.1	0.2
Other	0.0	5.2	9.4	0.6	1.6	2.7
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	4.2	6.8	6.8	6.2	9.3	7.8
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	0.0	0.1	0.1
Status Yet Unknown**	0.0	0.0	1.0	0.0	0.3	3.6
Transplant (deceased donor) (%):						
Functioning (alive)	9.4	15.1	11.5	7.1	10.5	9.7
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	0.5	0.5	0.5	0.2	0.3	0.5
Status Yet Unknown*	3.1	4.2	12.0	1.1	2.6	7.0
Lost or Transferred (status unknown) (%)	0.0	1.0	2.1	0.4	1.0	1.6
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	2.1	2.6	3.6	1.5	2.8	4.1
Total % known died or removed as unstable	2.6	3.6	4.7	2.2	4.3	6.6
Total % removed for transplant	17.2	26.6	31.8	14.6	23.1	28.7
Total % with known functioning transplant (alive)	13.5	21.9	18.2	13.2	19.8	17.5

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

B. Waiting List Information

Table B7. Percent of candidates with deceased donor transplants: demographic characteristics
Candidates registered on the waiting list between 01/01/2011 and 12/31/2013

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	625	6.2	19.4	26.2	31.5	92,271	2.0	10.0	16.6	22.6
Ethnicity/Race*										
White	310	8.4	21.9	29.0	34.2	37,976	2.5	12.1	19.5	25.5
African-American	235	3.4	14.5	21.3	26.8	29,134	1.4	8.3	14.3	20.4
Hispanic/Latino	60	5.0	21.7	26.7	30.0	16,404	2.1	9.2	15.5	21.1
Asian	18	11.1	27.8	38.9	50.0	7,278	1.3	7.9	14.0	19.5
Other	2	0.0	50.0	50.0	50.0	1,479	1.1	8.0	14.6	21.0
Unknown	0	--	--	--	--	0	--	--	--	--
Age										
<2 years	2	0.0	0.0	50.0	50.0	151	6.6	39.7	60.3	67.5
2-11 years	12	0.0	41.7	50.0	58.3	750	7.7	50.4	65.7	72.3
12-17 years	22	22.7	59.1	68.2	72.7	1,343	9.1	50.8	62.8	68.4
18-34 years	85	2.4	12.9	21.2	25.9	9,523	1.5	7.9	15.5	23.2
35-49 years	163	3.1	15.3	20.2	25.8	23,645	1.6	8.2	14.3	20.7
50-64 years	222	9.9	19.4	26.1	31.5	40,436	2.0	9.4	15.6	21.2
65+ years	119	4.2	20.2	27.7	32.8	16,423	1.7	9.9	16.6	21.8
Other (includes prenatal)	0	--	--	--	--	0	--	--	--	--
Gender										
Male	345	6.7	17.4	23.8	28.4	56,203	2.0	9.7	16.3	22.1
Female	280	5.7	21.8	29.3	35.4	36,068	1.8	10.4	17.2	23.3

* 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 B8. Percent of candidates with deceased donor transplants: medical characteristics
Candidates registered on the waiting list between 01/01/2011 and 12/31/2013

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	625	6.2	19.4	26.2	31.5	92,271	2.0	10.0	16.6	22.6
Blood Type										
O	312	5.8	17.6	22.1	26.0	45,439	1.8	8.5	13.6	18.8
A	173	8.1	24.9	37.0	45.7	29,511	2.3	12.2	21.1	28.6
B	115	0.0	8.7	13.0	16.5	13,887	1.3	7.3	12.5	16.9
AB	25	28.0	52.0	64.0	72.0	3,434	3.5	21.5	34.9	42.7
Previous Transplant										
Yes	133	5.3	16.5	27.8	35.3	13,660	1.8	10.7	17.7	23.8
No	492	6.5	20.1	25.8	30.5	78,611	2.0	9.9	16.4	22.3
Peak PRA/CPRA										
0-9%	479	6.7	19.8	26.9	31.5	76,665	2.0	9.6	16.0	21.9
10-79%	70	4.3	18.6	24.3	37.1	9,143	1.6	11.7	19.3	26.2
80+%	76	5.3	17.1	23.7	26.3	6,448	1.7	12.1	19.7	25.6
Unknown	0	--	--	--	--	13	100.0	100.0	100.0	100.0
Primary Disease*										
Glomerular Diseases	165	4.8	21.2	29.1	35.8	16,699	1.7	11.2	19.0	26.2
Tubular & Interstitial Diseases	38	10.5	21.1	31.6	36.8	3,477	3.8	15.1	22.3	28.4
Polycystic Kidneys	42	7.1	16.7	23.8	28.6	5,917	1.5	10.1	18.7	26.3
Congenital, Familial, Metabolic	21	4.8	28.6	42.9	47.6	1,590	4.2	26.4	37.7	46.0
Diabetes	172	7.0	16.9	23.3	28.5	31,977	1.2	6.9	12.2	17.0
Renovascular & Vascular Diseases	0	--	--	--	--	143	1.4	8.4	16.8	21.7
Neoplasms	2	0.0	0.0	0.0	0.0	283	0.7	10.2	19.8	27.9
Hypertensive Nephrosclerosis	130	3.1	15.4	20.0	24.6	21,474	1.2	8.1	14.6	20.7
Other	54	13.0	29.6	35.2	38.9	10,286	5.8	17.5	24.4	29.9
Missing*	1	0.0	0.0	0.0	0.0	425	1.6	6.4	11.3	16.9

* When "retransplant" is indicated, the primary disease is passed forward from the prior transplant in order to indicate the initial primary disease causing organ failure. "Missing" may include some patients for whom retransplant is indicated but no prior diagnosis can be found.

B. Waiting List Information

Table B9. Time to transplant for waiting list candidates*
Candidates registered on the waiting list between 01/01/2011 and 06/30/2016

	Months to Transplant**			
Percentile	**Center**	**OPO/DSA**	**Region**	**U.S.**
5th	1.2	1.6	1.8	1.7
10th	3.0	3.9	4.2	4
25th	10.4	12.4	15.9	14.8
50th (median time to transplant)	49.7	52.3	Not Observed	Not Observed
75th	Not Observed	Not Observed	Not Observed	Not Observed

* If cells contain "Not Observed" fewer than that percentile of patients had recieved 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 tranplant will not be observed.

** Censored on 12/31/2016. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had recieved a transplant.

B. Waiting List Information

Table B10. Offer Acceptance Practices: 01/01/2016 - 12/31/2016

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
Overall				
Number of Offers	6,026	11,148	256,636	1,533,978
Number of Acceptances	66	168	1,684	12,467
Expected Acceptances	71.3	131.1	1,760.2	12,458.5
Offer Acceptance Ratio*	0.93	1.28	0.96	1.00
95% Credible Interval**	[0.72, 1.16]	--	--	--
Low-KDRI Donors (KDRI < 1.05)				
Number of Offers	1,203	2,195	41,234	254,475
Number of Acceptances	42	86	615	4,911
Expected Acceptances	37.3	68.9	660.1	4,909.0
Offer Acceptance Ratio*	1.12	1.24	0.93	1.00
95% Credible Interval**	[0.81, 1.47]	--	--	--
Medium-KDRI Donors (1.05 < KDRI < 1.75)				
Number of Offers	4,286	7,866	171,524	968,063
Number of Acceptances	24	72	880	6,441
Expected Acceptances	32.3	58.3	933.1	6,435.2
Offer Acceptance Ratio*	0.76	1.23	0.94	1.00
95% Credible Interval**	[0.50, 1.08]	--	--	--
High-KDRI Donors (KDRI > 1.75)				
Number of Offers	537	1,087	43,878	311,440
Number of Acceptances	0	10	189	1,115
Expected Acceptances	1.8	3.9	166.9	1,114.3
Offer Acceptance Ratio*	0.53	2.02	1.13	1.00
95% Credible Interval**	[0.06, 1.48]	--	--	--
Hard-to-Place Kidneys (Over 100 Offers)				
Number of Offers	4,937	9,397	224,041	1,311,620
Number of Acceptances	2	19	195	1,754
Expected Acceptances	5.6	10.7	278.1	1,786.7
Offer Acceptance Ratio*	0.52	1.66	0.70	0.98
95% Credible Interval**	[0.14, 1.15]	--	--	--

* The offer acceptance ratio estimates the relative offer acceptance practice of UF Health Shands Hospital (FLUF) 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, [0.72, 1.16], indicates the location of FLUF's true offer acceptance ratio with 95% probability. The best estimate is 7% less likely to accept an offer compared to nationalacceptance behavior, but FLUF's performance could plausibly range from 28% reduced acceptance up to 16% higher acceptance.

B. Waiting List Information

Figure B7. Overall Offer Acceptance

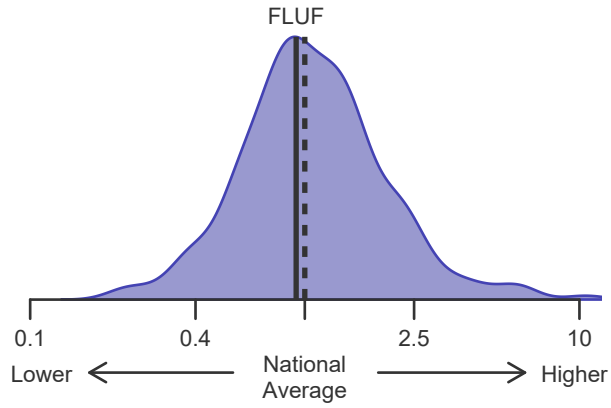


Figure B8. Low-KDRI Offer Acceptance

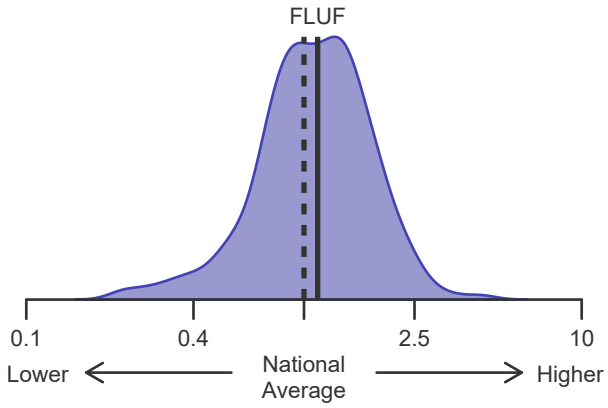


Figure B9. Medium-KDRI Offer Acceptance

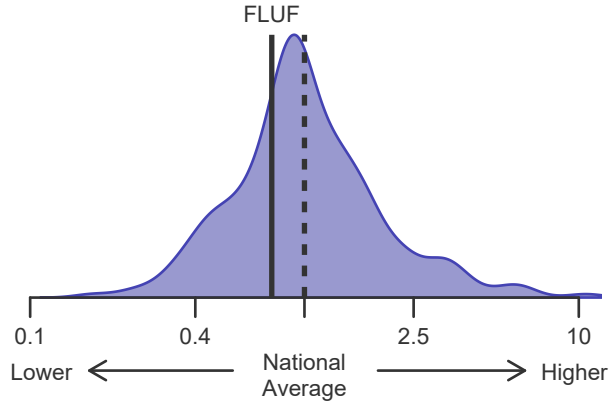


Figure B10. High-KDRI Offer Acceptance

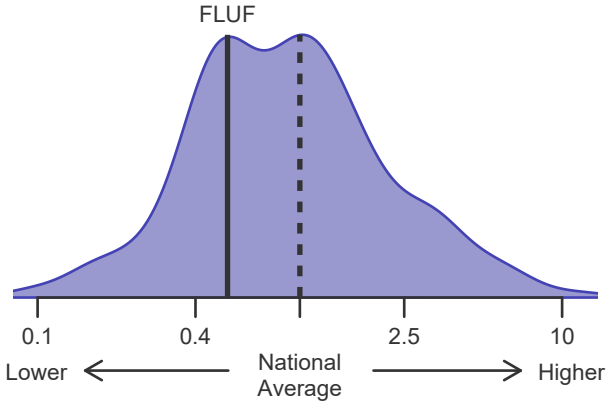
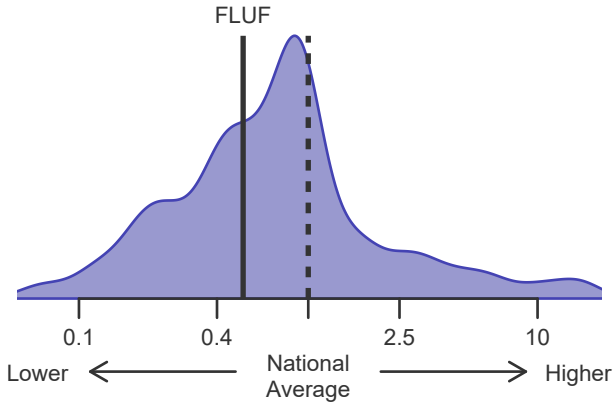


Figure B11. Hard-to-Place Offer Acceptance



C. Transplant Information

Table C1D. Deceased donor transplant recipient demographic characteristics
Patients transplanted between 01/01/2016 and 12/31/2016

Characteristic	Percentage in each category		
	Center (N=71)	Region (N=1,832)	U.S. (N=13,431)
Ethnicity/Race (%)*			
White	32.4	30.1	38.3
African-American	57.7	50.7	33.3
Hispanic/Latino	5.6	15.2	19.3
Asian	4.2	3.5	7.4
Other	0.0	0.6	1.7
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	0.0	0.1	0.1
2-11 years	5.6	1.6	1.4
12-17	4.2	2.3	2.0
18-34	16.9	12.0	11.4
35-49 years	29.6	27.9	25.4
50-64 years	32.4	38.3	40.0
65+ years	11.3	17.8	19.6
Unknown	0.0	0.0	0.0
Gender (%)			
Male	66.2	60.8	59.4
Female	33.8	39.2	40.6

* 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 01/01/2016 and 12/31/2016

Characteristic	Percentage in each category		
	Center (N=22)	Region (N=581)	U.S. (N=5,630)
Ethnicity/Race (%)*			
White	86.4	59.0	65.4
African-American	4.5	23.1	12.1
Hispanic/Latino	9.1	13.4	16.0
Asian	0.0	3.8	5.4
Other	0.0	0.7	1.1
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	0.0	0.3	0.4
2-11 years	0.0	2.4	1.8
12-17	0.0	3.3	2.3
18-34	22.7	17.4	16.8
35-49 years	36.4	28.6	27.4
50-64 years	22.7	33.7	35.8
65+ years	18.2	14.3	15.6
Unknown	0.0	0.0	0.0
Gender (%)			
Male	72.7	60.2	62.5
Female	27.3	39.8	37.5

* 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 01/01/2016 and 12/31/2016

Characteristic	Percentage in each category		
	Center (N=71)	Region (N=1,832)	U.S. (N=13,431)
Blood Type (%)			
O	43.7	46.8	45.4
A	35.2	33.1	36.0
B	11.3	15.0	13.9
AB	9.9	5.1	4.7
Previous Transplant (%)			
Yes	18.3	12.8	15.3
No	81.7	87.2	84.7
Peak PRA/CPRA Prior to Transplant (%)			
0-9%	59.2	61.9	58.5
10-79%	26.8	20.6	21.0
80+ %	14.1	17.4	20.5
Unknown	0.0	0.1	0.0
Body Mass Index (%)			
0-20	15.5	11.4	11.1
21-25	28.2	28.2	28.3
26-30	32.4	30.1	30.7
31+	23.9	29.6	28.7
Unknown	0.0	0.7	1.2
Primary Disease (%)*			
Glomerular Diseases	33.8	22.8	22.4
Tubular and Interstitial Disease	2.8	2.9	4.3
Polycystic Kidneys	4.2	6.4	6.8
Congenital, Familial, Metabolic	7.0	3.1	3.2
Diabetes	31.0	21.7	26.2
Renovascular & Vascular Diseases	0.0	0.1	0.3
Neoplasms	0.0	0.3	0.4
Hypertensive Nephrosclerosis	16.9	31.8	24.8
Other Kidney	4.2	10.6	11.1
Missing*	0.0	0.3	0.4

* When "retransplant" is indicated, the primary disease is passed forward from the prior transplant in order to indicate the initial primary disease causing organ failure. "Missing" may include some patients for whom retransplant is indicated but no prior diagnosis can be found.

C. Transplant Information

Table C2L. Living donor transplant recipient medical characteristics
Patients transplanted between 01/01/2016 and 12/31/2016

Characteristic	Percentage in each category		
	Center (N=22)	Region (N=581)	U.S. (N=5,630)
Blood Type (%)			
O	59.1	42.5	44.6
A	31.8	40.1	38.4
B	9.1	12.4	12.9
AB	0.0	5.0	4.1
Previous Transplant (%)			
Yes	22.7	9.8	12.1
No	77.3	90.2	87.9
Peak PRA/CPRA Prior to Transplant (%)			
0-9%	81.8	73.8	75.0
10-79%	9.1	21.9	19.5
80+ %	9.1	4.3	5.3
Unknown	0.0	0.0	0.2
Body Mass Index (%)			
0-20	13.6	13.9	12.5
21-25	27.3	31.8	30.5
26-30	36.4	28.6	30.7
31+	22.7	24.8	25.8
Unknown	0.0	0.9	0.5
Primary Disease (%)*			
Glomerular Diseases	31.8	28.9	30.2
Tubular and Interstitial Disease	4.5	4.3	5.3
Polycystic Kidneys	18.2	13.4	13.2
Congenital, Familial, Metabolic	4.5	5.0	4.1
Diabetes	18.2	17.6	21.6
Renovascular & Vascular Diseases	0.0	0.2	0.4
Neoplasms	0.0	0.3	0.6
Hypertensive Nephrosclerosis	18.2	22.9	15.4
Other Kidney	4.5	7.2	8.8
Missing*	0.0	0.2	0.3

* When "retransplant" is indicated, the primary disease is passed forward from the prior transplant in order to indicate the initial primary disease causing organ failure. "Missing" may include some patients for whom retransplant is indicated but no prior diagnosis can be found.

C. Transplant Information

Table C3D. Deceased donor characteristics
Transplants performed between 01/01/2016 and 12/31/2016

Donor Characteristic	Percentage in each category		
	Center (N=71)	Region (N=1,832)	U.S. (N=13,431)
Cause of Death (%)			
Deceased: Stroke	26.8	30.3	26.1
Deceased: MVA	16.9	18.4	15.4
Deceased: Other	56.3	51.3	58.5
Ethnicity/Race (%)*			
White	80.3	62.2	68.0
African-American	15.5	25.2	14.1
Hispanic/Latino	2.8	11.6	14.1
Asian	1.4	0.9	3.0
Other	0.0	0.2	0.7
Not Reported	0.0	0.0	0.0
Age (%)			
<2 years	0.0	1.4	1.2
2-11 years	4.2	3.7	3.4
12-17	7.0	5.5	4.8
18-34	39.4	34.3	36.3
35-49 years	39.4	28.8	28.9
50-64 years	9.9	24.2	23.0
65+ years	0.0	2.1	2.3
Unknown	0.0	0.0	0.0
Gender (%)			
Male	66.2	61.9	61.1
Female	33.8	38.1	38.9
Blood Type (%)			
O	47.9	48.3	47.4
A	38.0	35.5	37.9
B	9.9	13.1	11.7
AB	4.2	3.2	2.9
Unknown	0.0	0.0	0.0
Expanded Criteria Donor (%)			
Yes	1.4	12.8	12.6
No	98.6	87.2	87.4

* 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 C3L. Living donor characteristics
Transplants performed between 01/01/2016 and 12/31/2016

Donor Characteristic	Percentage in each category		
	Center (N=22)	Region (N=581)	U.S. (N=5,630)
Ethnicity/Race (%)*			
White	90.9	63.9	70.1
African-American	4.5	18.2	9.6
Hispanic/Latino	4.5	14.1	14.9
Asian	0.0	3.1	4.3
Other	0.0	0.7	1.2
Not Reported	0.0	0.0	0.0
Age (%)			
0-11 years	0.0	0.0	0.0
12-17	0.0	0.0	0.0
18-34	18.2	30.1	28.0
35-49 years	45.5	42.7	39.0
50-64 years	36.4	24.6	29.6
65+ years	0.0	2.6	3.4
Unknown	0.0	0.0	0.0
Gender (%)			
Male	27.3	37.5	37.0
Female	72.7	62.5	63.0
Blood Type (%)			
O	77.3	65.1	63.8
A	22.7	26.5	27.2
B	0.0	7.6	7.6
AB	0.0	0.9	1.4
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 01/01/2016 and 12/31/2016

Transplant Characteristic	Percentage in each category		
	Center (N=71)	Region (N=1,832)	U.S. (N=13,431)
Cold Ischemic Time (Hours): Local (%)			
Deceased: 0-11 hr	27.6	35.7	37.8
Deceased: 12-21 hr	55.2	46.0	46.1
Deceased: 22-31 hr	15.5	13.9	12.6
Deceased: 32-41 hr	1.7	2.2	1.9
Deceased: 42+ hr	0.0	0.2	0.5
Not Reported	0.0	2.0	1.2
Cold Ischemic Time (Hours): Shared (%)			
Deceased: 0-11 hr	7.7	10.5	9.6
Deceased: 12-21 hr	38.5	35.2	37.4
Deceased: 22-31 hr	53.8	36.8	35.7
Deceased: 32-41 hr	0.0	13.0	12.0
Deceased: 42+ hr	0.0	4.2	4.3
Not Reported	0.0	0.4	0.9
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	18.3	9.7	12.0
1	59.2	38.0	39.1
2	22.5	50.4	48.3
Not Reported	0.0	1.9	0.6
B Locus Mismatches (%)			
0	9.9	5.8	7.2
1	23.9	25.4	25.8
2	66.2	66.9	66.3
Not Reported	0.0	1.9	0.6
DR Locus Mismatches (%)			
0	18.3	15.3	17.4
1	50.7	47.3	47.0
2	31.0	35.4	35.0
Not Reported	0.0	1.9	0.6
Total Mismatches (%)			
0	8.5	3.1	4.5
1	1.4	1.1	1.6
2	5.6	5.2	5.0
3	18.3	13.5	14.3
4	32.4	27.4	27.7
5	26.8	32.2	31.7
6	7.0	15.6	14.5
Not Reported	0.0	1.9	0.6
Procedure Type (%)			
Kidney alone	94.4	92.0	93.4
Kidney and another organ	5.6	8.0	6.6
Dialysis in First Week After Transplant (%)			
Yes	12.7	25.5	27.3
No	87.3	74.3	72.3
Not Reported	0.0	0.2	0.3
Sharing (%)			
Local	81.7	72.4	70.0
Shared	18.3	27.6	30.0
Median Time in Hospital After Transplant*	4.0 Days	5.0 Days	5.0 Days

* Multiple organ transplants are excluded from this statistic.

C. Transplant Information

Table C4L. Living donor transplant characteristics
Transplants performed between 01/01/2016 and 12/31/2016

Transplant Characteristic	Percentage in each category		
	Center (N=22)	Region (N=581)	U.S. (N=5,630)
Relation with Donor (%)			
Related	36.4	42.7	43.9
Unrelated	63.6	57.3	55.8
Not Reported	0.0	0.0	0.3
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	13.6	16.9	17.9
1	59.1	49.4	51.2
2	27.3	33.7	30.3
Not Reported	0.0	0.0	0.5
B Locus Mismatches (%)			
0	18.2	10.2	11.5
1	45.5	43.5	45.1
2	36.4	46.3	42.8
Not Reported	0.0	0.0	0.5
DR Locus Mismatches (%)			
0	13.6	17.0	16.8
1	36.4	49.1	50.4
2	50.0	33.9	32.3
Not Reported	0.0	0.0	0.5
Total Mismatches (%)			
0	9.1	5.5	6.2
1	4.5	2.4	3.8
2	4.5	14.8	12.8
3	22.7	21.7	24.4
4	13.6	18.2	18.1
5	40.9	24.3	22.2
6	4.5	13.1	12.0
Not Reported	0.0	0.0	0.5
Procedure Type (%)			
Kidney alone	100.0	100.0	100.0
Kidney and another organ	0.0	0.0	0.0
Dialysis in First Week After Transplant (%)			
Yes	13.6	3.6	3.5
No	86.4	96.4	96.3
Not Reported	0.0	0.0	0.2
Median Time in Hospital After Transplant*	3.0 Days	4.0 Days	4.0 Days

* Multiple organ transplants are excluded from this statistic.

C. Transplant Information

Table C5. Adult (18+) 1-month survival with a functioning graft
Single organ transplants performed between 01/01/2014 and 06/30/2016
Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	176	40,586
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.30%	98.38%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.50%	--
Number of observed graft failures (including deaths) during the first month after transplant	3	659
Number of expected graft failures (including deaths) during the first month after transplant	2.62	--
Estimated hazard ratio*	1.08	--
95% credible interval for the hazard ratio**	[0.35, 2.22]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.35, 2.22], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 8% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 65% reduced risk up to 122% increased risk.

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

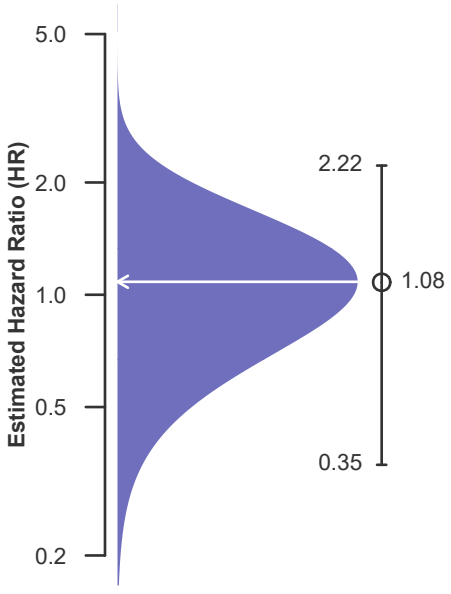
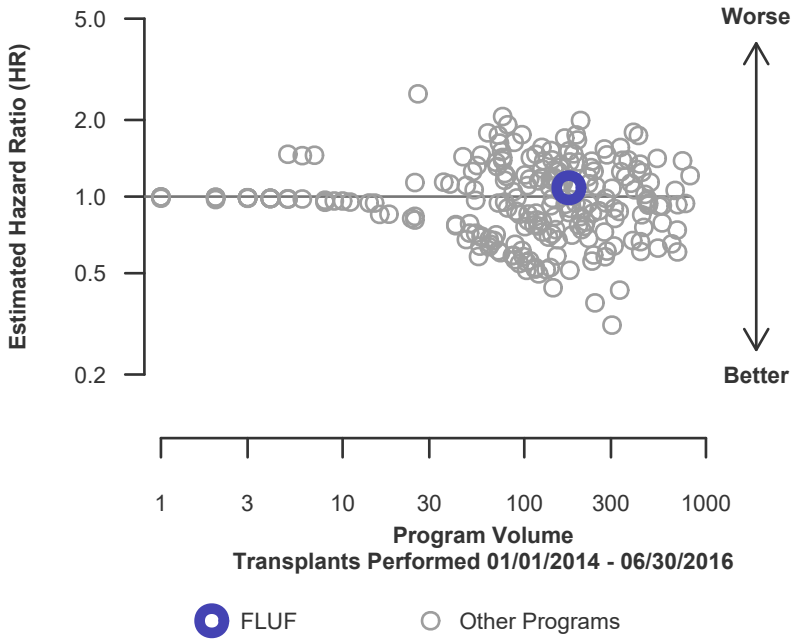


Figure C2. Adult (18+) 1-month graft failure HR program comparison



C. Transplant Information

Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft
Single organ transplants performed between 01/01/2014 and 06/30/2016
Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	125	27,327
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.40%	98.03%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.27%	--
Number of observed graft failures (including deaths) during the first month after transplant	2	538
Number of expected graft failures (including deaths) during the first month after transplant	2.14	--
Estimated hazard ratio*	0.97	--
95% credible interval for the hazard ratio**	[0.26, 2.12]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.26, 2.12], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 3% lower risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 74% reduced risk up to 112% increased risk.

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

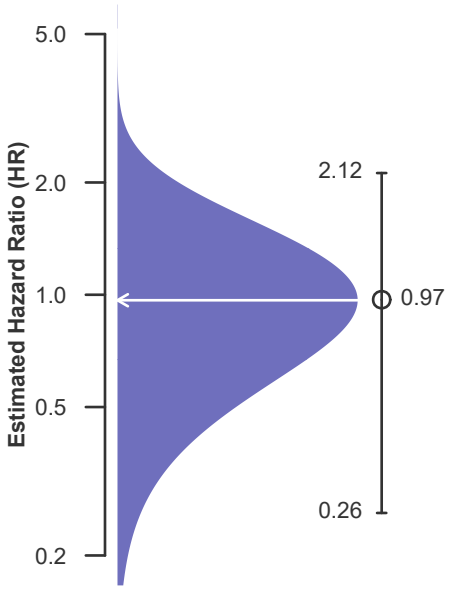
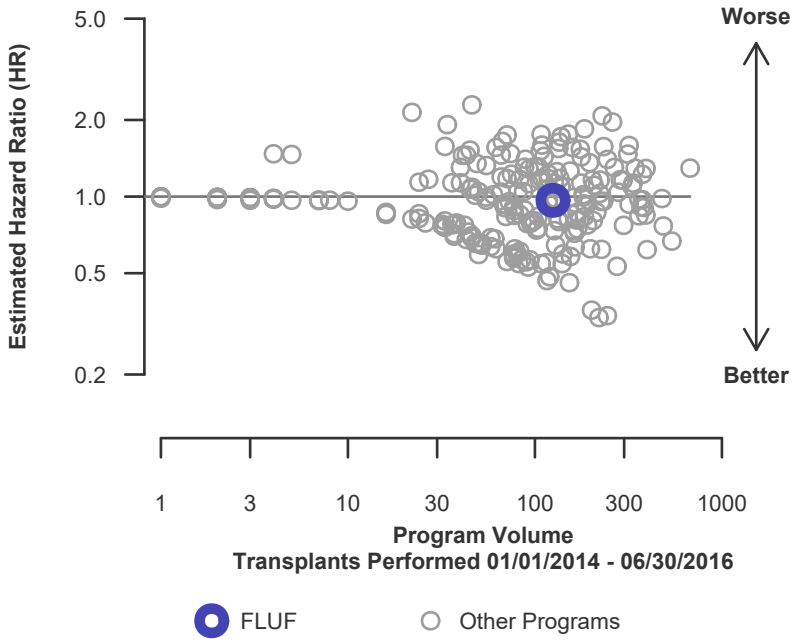


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison



C. Transplant Information

Table C5L. Adult (18+) 1-month survival with a functioning living donor graft
Single organ transplants performed between 01/01/2014 and 06/30/2016
Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	51	13,259
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.04%	99.09%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.05%	--
Number of observed graft failures (including deaths) during the first month after transplant	1	121
Number of expected graft failures (including deaths) during the first month after transplant	0.48	--
Estimated hazard ratio*	1.21	--
95% credible interval for the hazard ratio**	[0.25, 2.92]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.25, 2.92], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 21% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 75% reduced risk up to 192% increased risk.

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

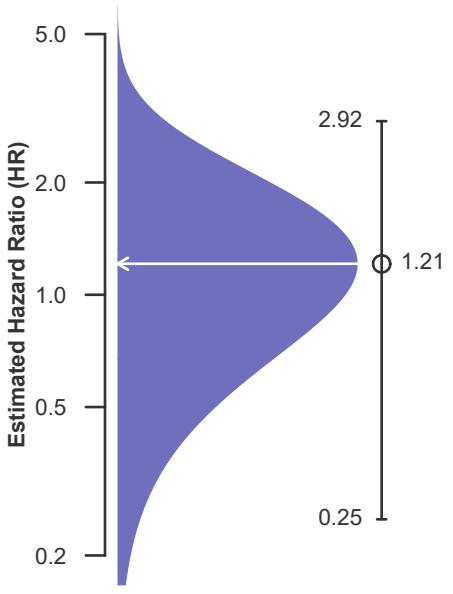
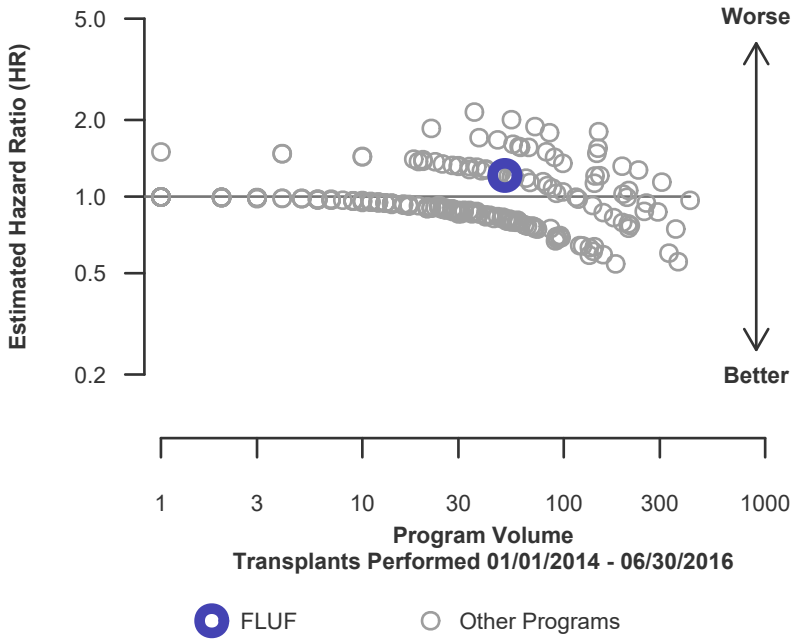


Figure C2L. Adult (18+) 1-month living donor graft failure HR program comparison



C. Transplant Information

Table C6. Adult (18+) 1-year survival with a functioning graft
Single organ transplants performed between 01/01/2014 and 06/30/2016
Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	176	40,586
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	95.31%	95.18%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	95.51%	--
Number of observed graft failures (including deaths) during the first year after transplant	8	1,837
Number of expected graft failures (including deaths) during the first year after transplant	7.37	--
Estimated hazard ratio*	1.07	--
95% credible interval for the hazard ratio**	[0.51, 1.82]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.51, 1.82], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 7% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 49% reduced risk up to 82% increased risk.

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

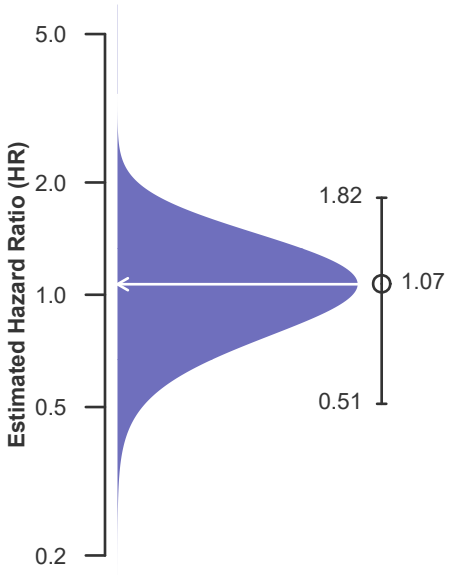
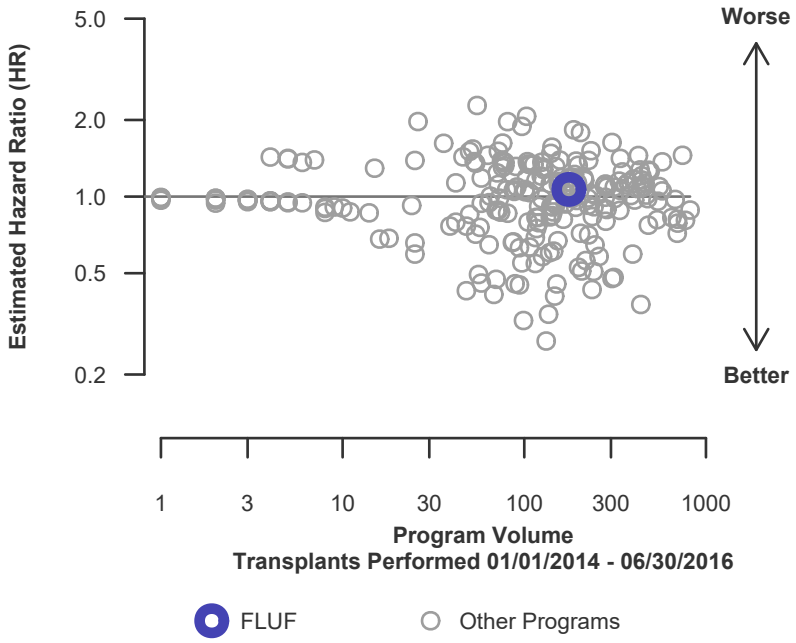


Figure C4. Adult (18+) 1-year graft failure HR program comparison



C. Transplant Information

Table C6D. Adult (18+) 1-year survival with a functioning deceased donor graft
Single organ transplants performed between 01/01/2014 and 06/30/2016
Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	125	27,327
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	94.18%	93.92%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	94.63%	--
Number of observed graft failures (including deaths) during the first year after transplant	7	1,557
Number of expected graft failures (including deaths) during the first year after transplant	6.24	--
Estimated hazard ratio*	1.09	--
95% credible interval for the hazard ratio**	[0.50, 1.91]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.50, 1.91], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 9% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 50% reduced risk up to 91% increased risk.

Figure C3D. Adult (18+) 1-year deceased donor graft failure HR estimate

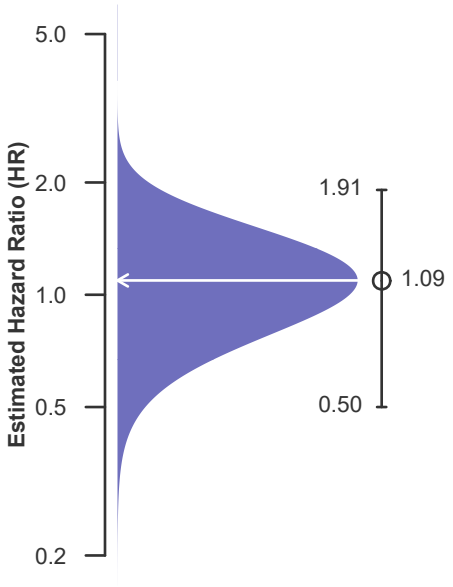
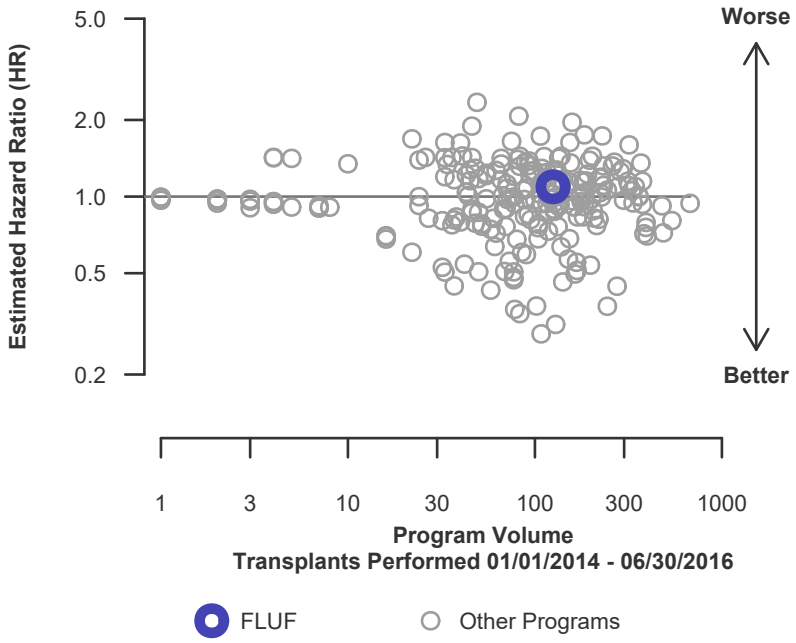


Figure C4D. Adult (18+) 1-year deceased donor graft failure HR program comparison



C. Transplant Information

Table C6L. Adult (18+) 1-year survival with a functioning living donor graft
Single organ transplants performed between 01/01/2014 and 06/30/2016
Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	51	13,259
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	98.04%	97.75%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.66%	--
Number of observed graft failures (including deaths) during the first year after transplant	1	280
Number of expected graft failures (including deaths) during the first year after transplant	1.13	--
Estimated hazard ratio*	0.96	--
95% credible interval for the hazard ratio**	[0.20, 2.31]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.20, 2.31], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 4% lower risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 80% reduced risk up to 131% increased risk.

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

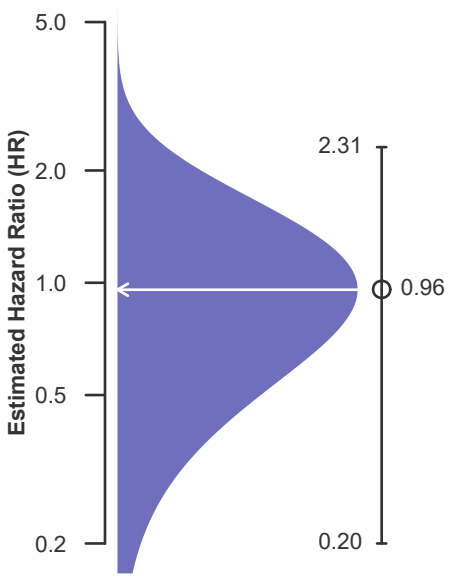
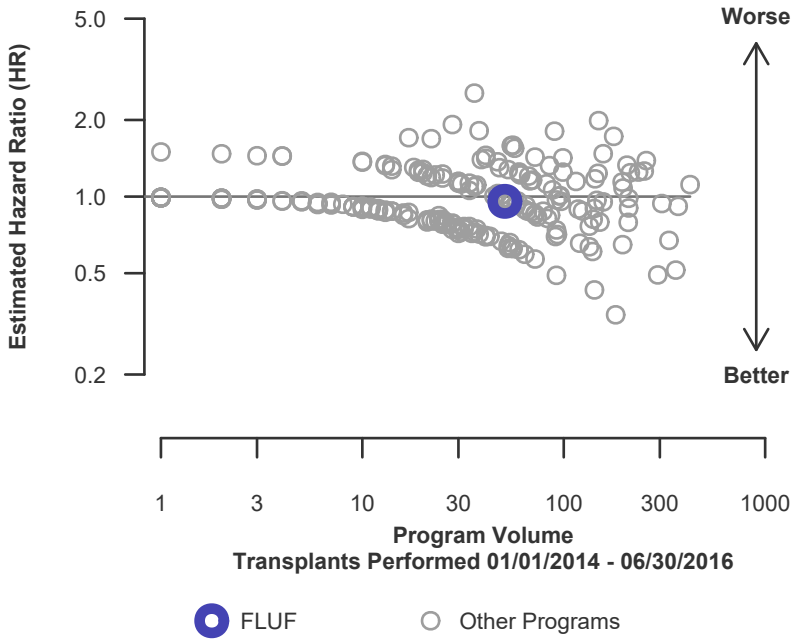


Figure C4L. Adult (18+) 1-year living donor graft failure HR program comparison



C. Transplant Information

Table C7. Adult (18+) 3-year survival with a functioning graft
Single organ transplants performed between 07/01/2011 and 12/31/2013
Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	212	38,687
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	86.32%	88.49%
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	29	4,452
Number of expected graft failures (including deaths) during the first 3 years after transplant	23.87	--
Estimated hazard ratio*	1.20	--
95% credible interval for the hazard ratio**	[0.81, 1.66]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.81, 1.66], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 20% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 19% reduced risk up to 66% increased risk.

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

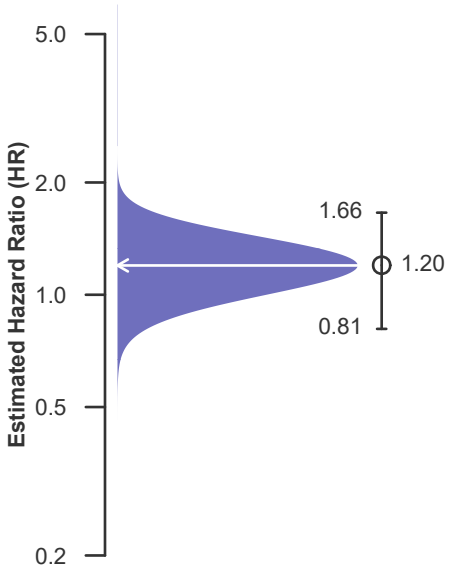
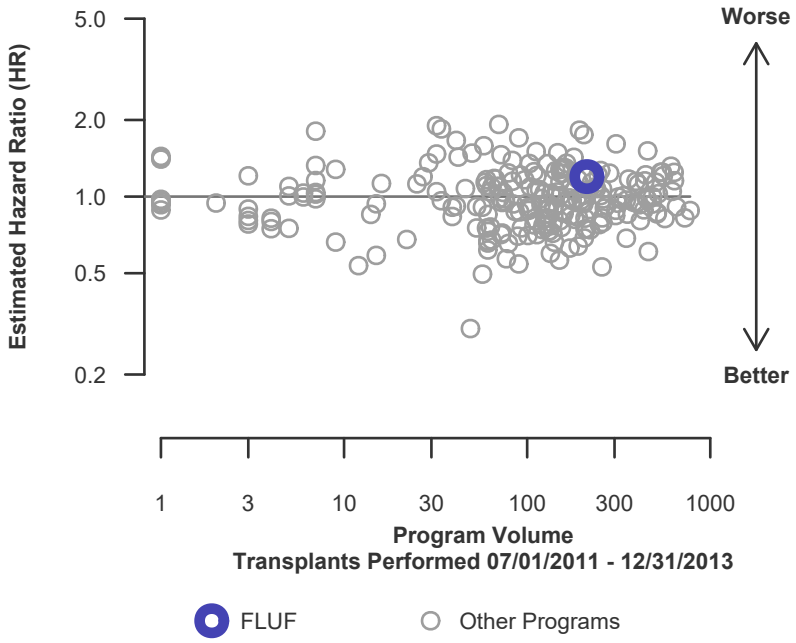


Figure C6. Adult (18+) 3-year graft failure HR program comparison



C. Transplant Information

Table C7D. Adult (18+) 3-year survival with a functioning deceased donor graft
Single organ transplants performed between 07/01/2011 and 12/31/2013
Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	147	25,140
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	84.35%	86.10%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	86.44%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	23	3,494
Number of expected graft failures (including deaths) during the first 3 years after transplant	19.67	--
Estimated hazard ratio*	1.15	--
95% credible interval for the hazard ratio**	[0.75, 1.65]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.75, 1.65], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 15% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 25% reduced risk up to 65% increased risk.

Figure C5D. Adult (18+) 3-year deceased donor graft failure HR estimate

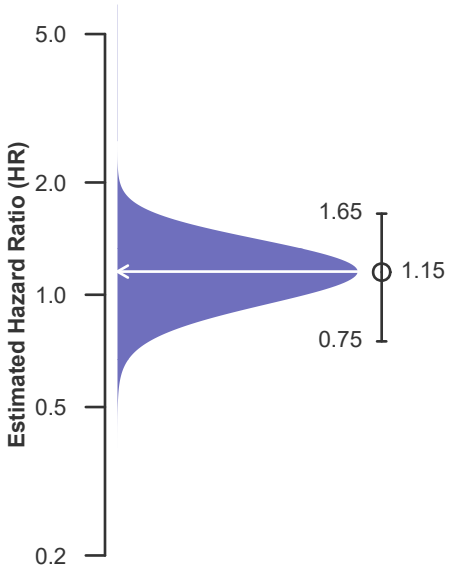
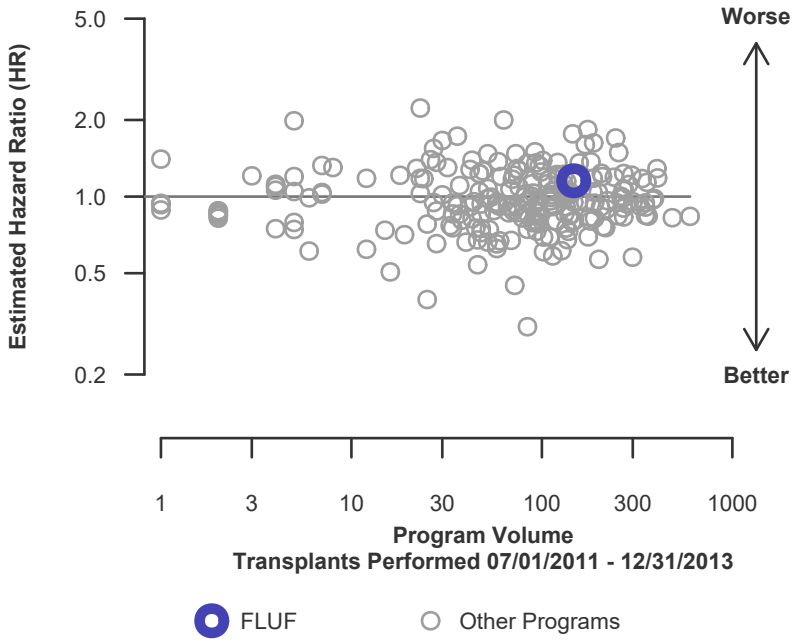


Figure C6D. Adult (18+) 3-year deceased donor graft failure HR program comparison



C. Transplant Information

Table C7L. Adult (18+) 3-year survival with a functioning living donor graft
Single organ transplants performed between 07/01/2011 and 12/31/2013
Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	65	13,547
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	90.77%	92.93%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	93.45%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	6	958
Number of expected graft failures (including deaths) during the first 3 years after transplant	4.20	--
Estimated hazard ratio*	1.29	--
95% credible interval for the hazard ratio**	[0.56, 2.33]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.56, 2.33], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 29% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 44% reduced risk up to 133% increased risk.

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

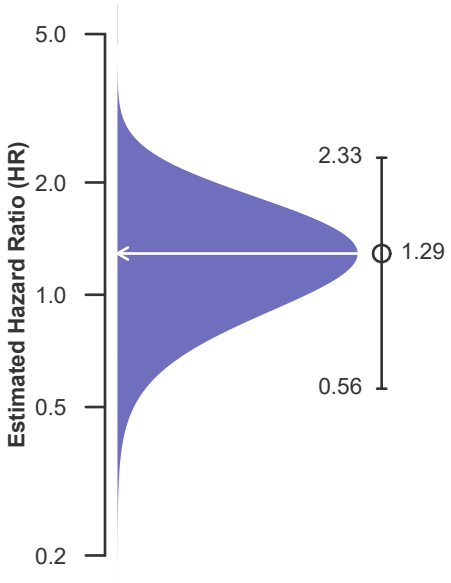
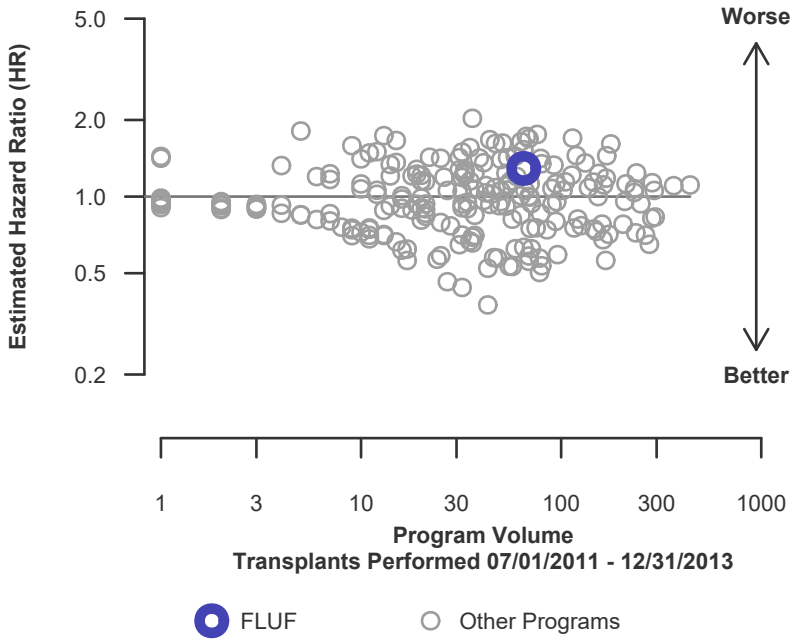


Figure C6L. Adult (18+) 3-year living donor graft failure HR program comparison



C. Transplant Information

Table C8. Pediatric (<18) 1-month survival with a functioning graft
Single organ transplants performed between 01/01/2014 and 06/30/2016
Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	25	1,764
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.47%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)*	--%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	27
Number of expected graft failures (including deaths) during the first month after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of graft failures, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients.

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

Expected graft failures were not calculated

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

Expected graft failures were not calculated

C. Transplant Information

Table C8D. Pediatric (<18) 1-month survival with a functioning deceased donor graft
Single organ transplants performed between 01/01/2014 and 06/30/2016
Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	23	1,148
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.61%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.61%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	16
Number of expected graft failures (including deaths) during the first month after transplant	0.59	--
Estimated hazard ratio*	0.77	--
95% credible interval for the hazard ratio**	[0.09, 2.15]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.09, 2.15], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 23% lower risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 91% reduced risk up to 115% increased risk.

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

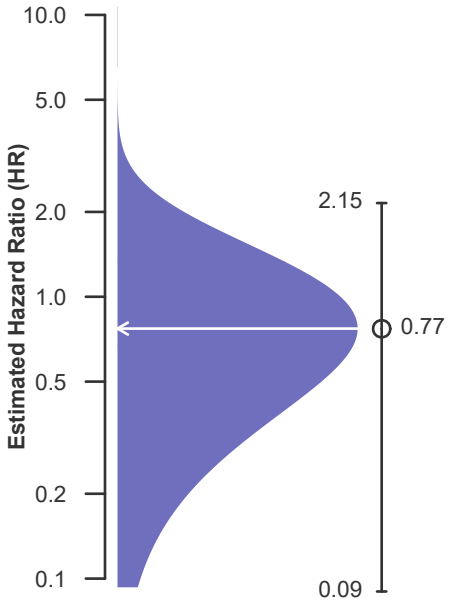
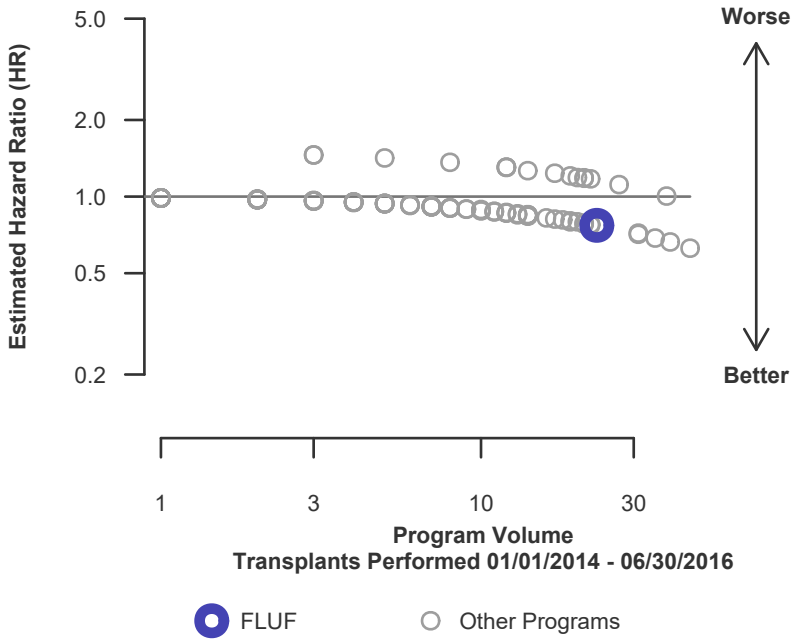


Figure C8D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison



C. Transplant Information

Table C8L. Pediatric (<18) 1-month survival with a functioning living donor graft
Single organ transplants performed between 01/01/2014 and 06/30/2016
Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	2	616
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.21%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)*	--%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	11
Number of expected graft failures (including deaths) during the first month after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of graft failures, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients of living donor grafts.

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

Expected graft failures were not calculated

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

Expected graft failures were not calculated

C. Transplant Information

Table C9. Pediatric (<18) 1-year survival with a functioning graft
Single organ transplants performed between 01/01/2014 and 06/30/2016
Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	25	1,764
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	96.00%	97.20%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)*	--%	--
Number of observed graft failures (including deaths) during the first year after transplant	1	47
Number of expected graft failures (including deaths) during the first year after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of graft failures, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients.

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

Expected graft failures were not calculated

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

Expected graft failures were not calculated

C. Transplant Information

Table C9D. Pediatric (<18) 1-year survival with a functioning deceased donor graft
Single organ transplants performed between 01/01/2014 and 06/30/2016
Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	23	1,148
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	95.65%	97.27%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.28%	--
Number of observed graft failures (including deaths) during the first year after transplant	1	30
Number of expected graft failures (including deaths) during the first year after transplant	0.59	--
Estimated hazard ratio*	1.16	--
95% credible interval for the hazard ratio**	[0.24, 2.79]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.24, 2.79], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 16% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 76% reduced risk up to 179% increased risk.

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

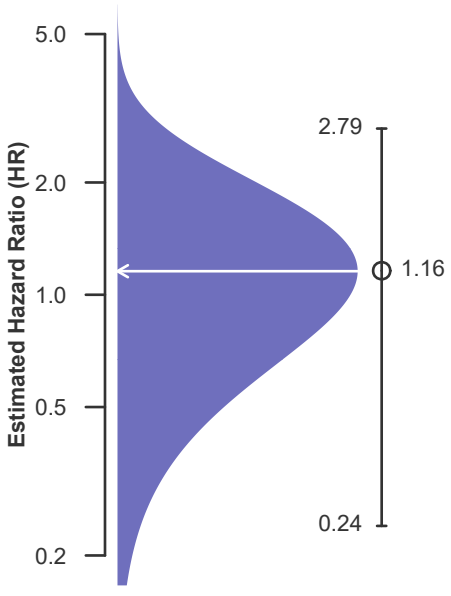
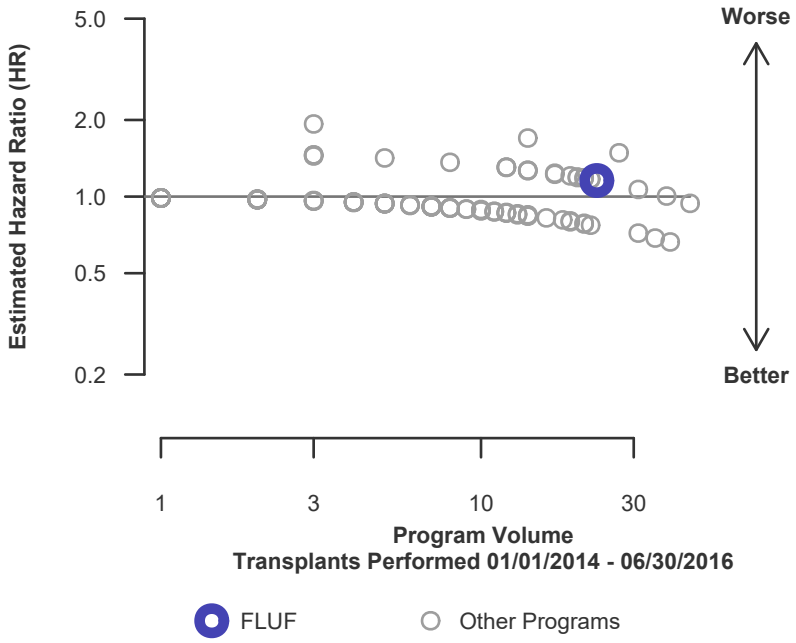


Figure C10D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison



C. Transplant Information

Table C9L. Pediatric (<18) 1-year survival with a functioning living donor graft
Single organ transplants performed between 01/01/2014 and 06/30/2016
Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	2	616
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	97.07%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)*	--%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	17
Number of expected graft failures (including deaths) during the first year after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of graft failures, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients of living donor grafts.

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

Expected graft failures were not calculated

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

Expected graft failures were not calculated

C. Transplant Information

Table C10. Pediatric (<18) 3-year survival with a functioning graft
Single organ transplants performed between 07/01/2011 and 12/31/2013
Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	20	1,866
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	90.00%	91.91%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	89.94%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	2	151
Number of expected graft failures (including deaths) during the first 3 years after transplant	1.90	--
Estimated hazard ratio*	1.03	--
95% credible interval for the hazard ratio**	[0.28, 2.25]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.28, 2.25], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 3% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 72% reduced risk up to 125% increased risk.

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

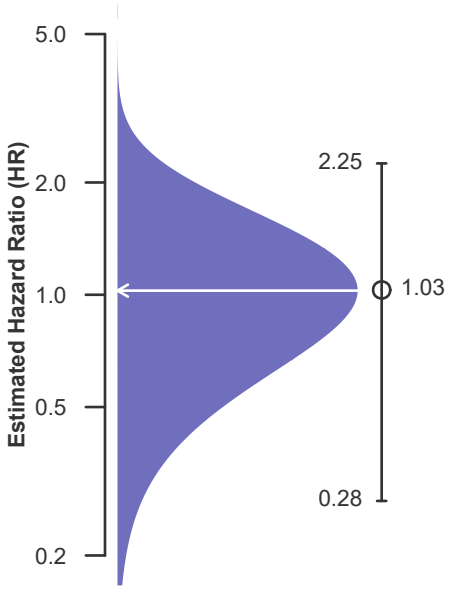
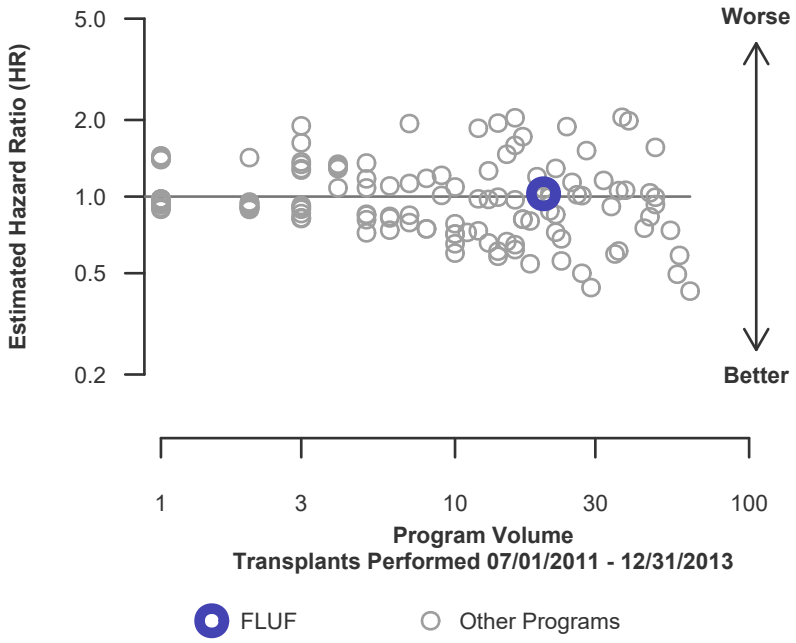


Figure C12. Pediatric (<18) 3-year graft failure HR program comparison



C. Transplant Information

Table C10D. Pediatric (<18) 3-year survival with a functioning deceased donor graft
Single organ transplants performed between 07/01/2011 and 12/31/2013
Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	15	1,127
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	86.67%	89.62%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	88.12%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	2	117
Number of expected graft failures (including deaths) during the first 3 years after transplant	1.66	--
Estimated hazard ratio*	1.09	--
95% credible interval for the hazard ratio**	[0.30, 2.39]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.30, 2.39], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 9% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 70% reduced risk up to 139% increased risk.

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

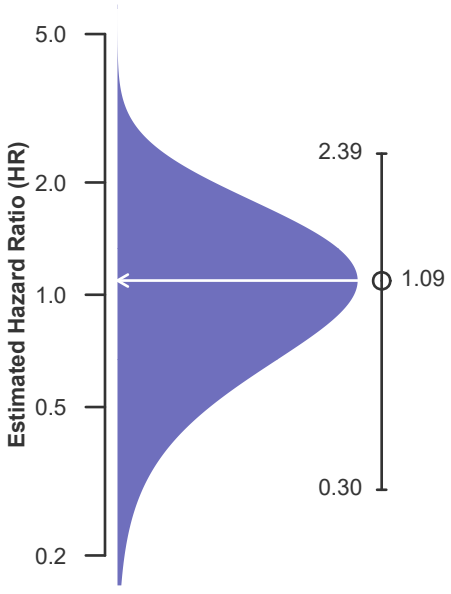
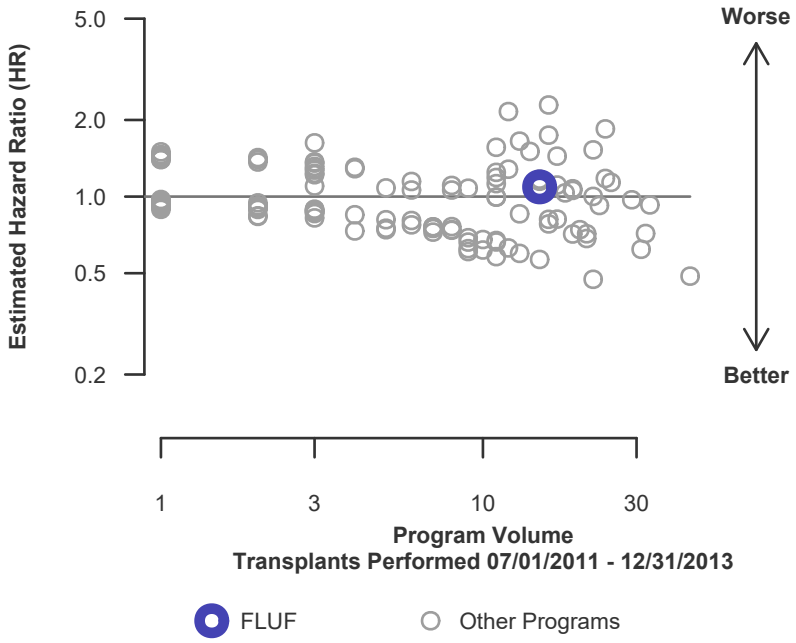


Figure C12D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison



C. Transplant Information

Table C10L. Pediatric (<18) 3-year survival with a functioning living donor graft
Single organ transplants performed between 07/01/2011 and 12/31/2013
Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	5	739
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	100.00%	95.40%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	95.40%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	34
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.24	--
Estimated hazard ratio*	0.89	--
95% credible interval for the hazard ratio**	[0.11, 2.49]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.49], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 11% lower risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 89% reduced risk up to 149% increased risk.

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

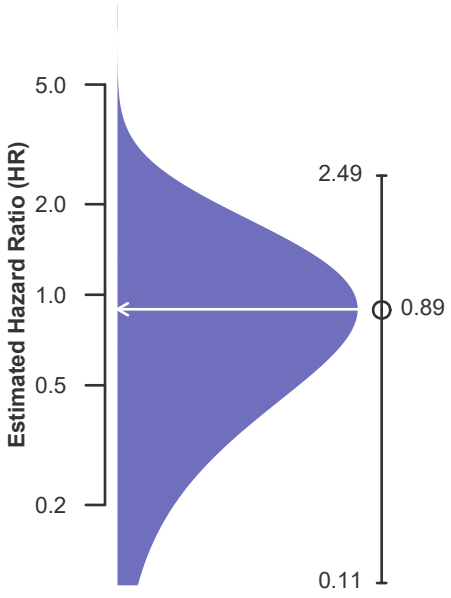
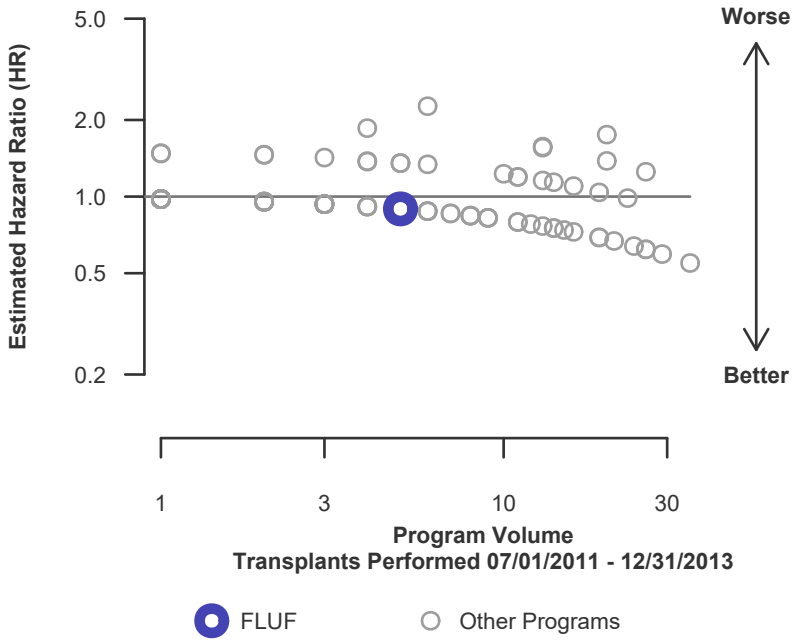


Figure C12L. Pediatric (<18) 3-year living donor graft failure HR program comparison



C. Transplant Information

Table C11. Adult (18+) 1-month patient survival
Single organ transplants performed between 01/01/2014 and 06/30/2016
Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	136	35,157
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.46%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.54%	--
Number of observed deaths during the first month after transplant	0	190
Number of expected deaths during the first month after transplant	0.63	--
Estimated hazard ratio*	0.76	--
95% credible interval for the hazard ratio**	[0.09, 2.12]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.09, 2.12], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 24% lower risk of patient death compared to an average program, but FLUF's performance could plausibly range from 91% reduced risk up to 112% increased risk.

Figure C13. Adult (18+) 1-month patient death HR estimate

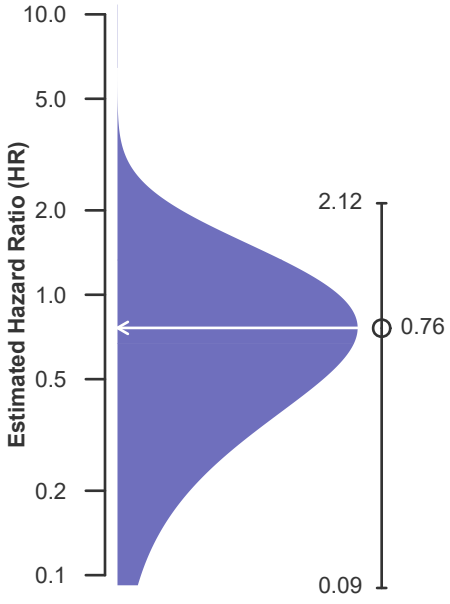
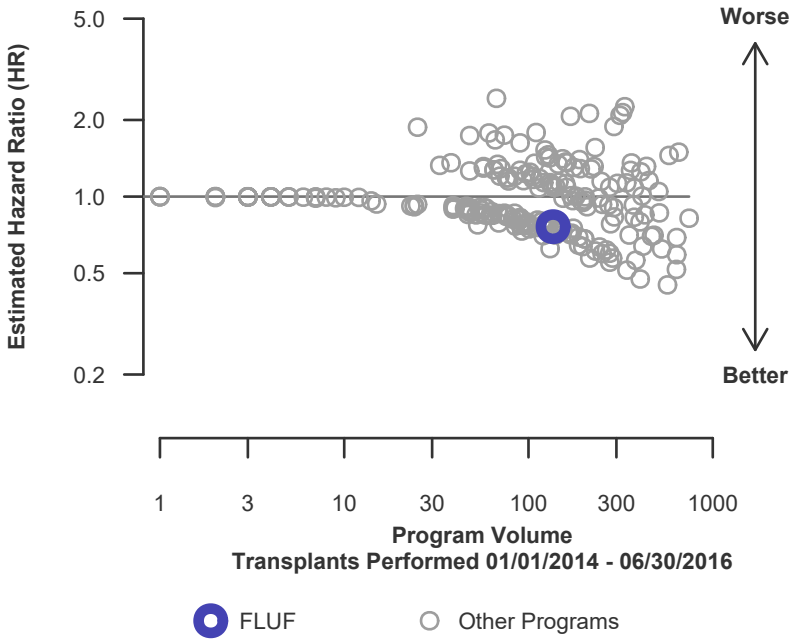


Figure C14. Adult (18+) 1-month patient death HR program comparison



C. Transplant Information

Table C11D. Adult (18+) 1-month patient survival (deceased donor graft recipients)
Single organ transplants performed between 01/01/2014 and 06/30/2016
Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	96	23,286
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.33%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.45%	--
Number of observed deaths during the first month after transplant	0	155
Number of expected deaths during the first month after transplant	0.53	--
Estimated hazard ratio*	0.79	--
95% credible interval for the hazard ratio**	[0.10, 2.21]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.10, 2.21], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 21% lower risk of patient death compared to an average program, but FLUF's performance could plausibly range from 90% reduced risk up to 121% increased risk.

Figure C13D. Adult (18+) 1-month patient death HR estimate (deceased donor grafts)

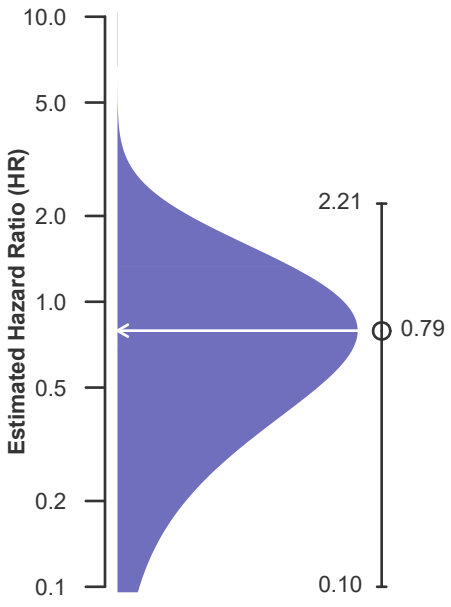
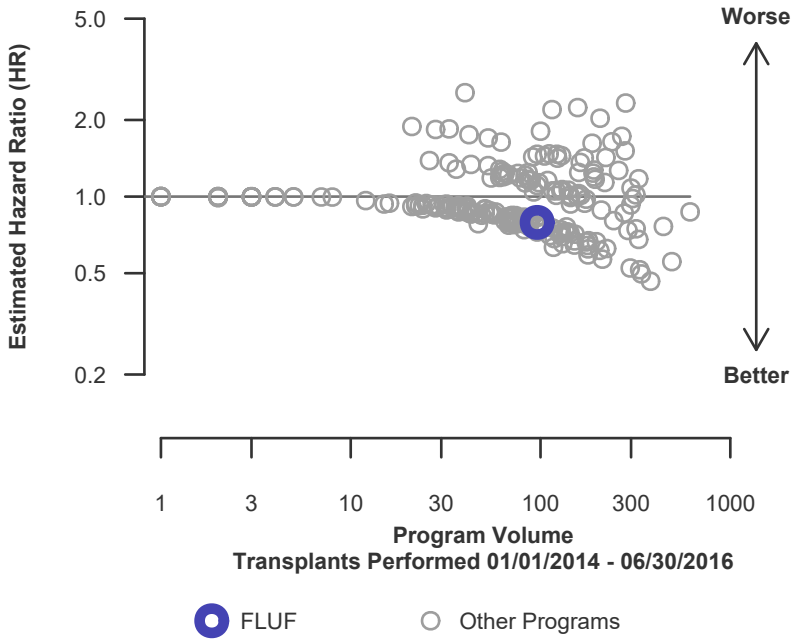


Figure C14D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table C11L. Adult (18+) 1-month patient survival (living donor graft recipients)
Single organ transplants performed between 01/01/2014 and 06/30/2016
Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	40	11,871
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.71%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.75%	--
Number of observed deaths during the first month after transplant	0	35
Number of expected deaths during the first month after transplant	0.10	--
Estimated hazard ratio*	0.95	--
95% credible interval for the hazard ratio**	[0.12, 2.65]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.65], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 5% lower risk of patient death compared to an average program, but FLUF's performance could plausibly range from 88% reduced risk up to 165% increased risk.

Figure C13L. Adult (18+) 1-month patient death HR estimate (living donor grafts)

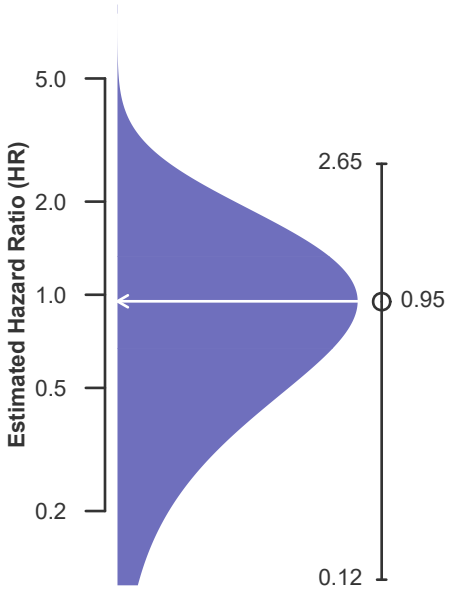
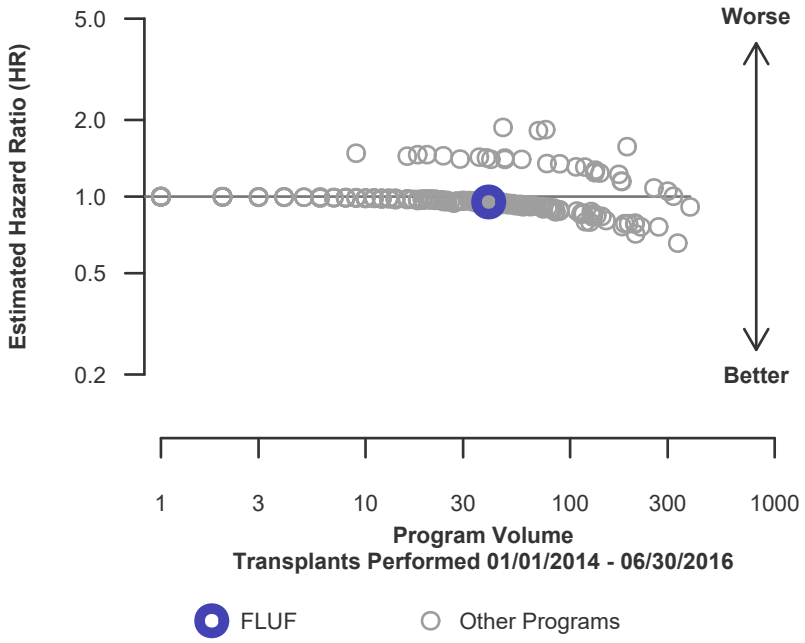


Figure C14L. Adult (18+) 1-month patient death HR program comparison (living donor grafts)



C. Transplant Information

Table C12. Adult (18+) 1-year patient survival
Single organ transplants performed between 01/01/2014 and 06/30/2016
Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	136	35,157
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	99.26%	97.34%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	97.71%	--
Number of observed deaths during the first year after transplant	1	860
Number of expected deaths during the first year after transplant	2.87	--
Estimated hazard ratio*	0.62	--
95% credible interval for the hazard ratio**	[0.13, 1.48]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.13, 1.48], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 38% lower risk of patient death compared to an average program, but FLUF's performance could plausibly range from 87% reduced risk up to 48% increased risk.

Figure C15. Adult (18+) 1-year patient death HR estimate

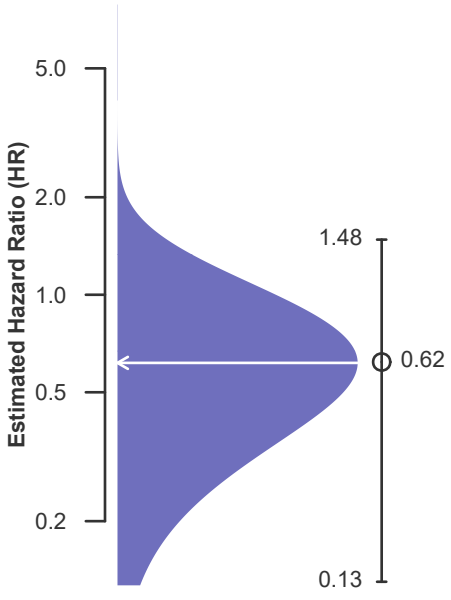
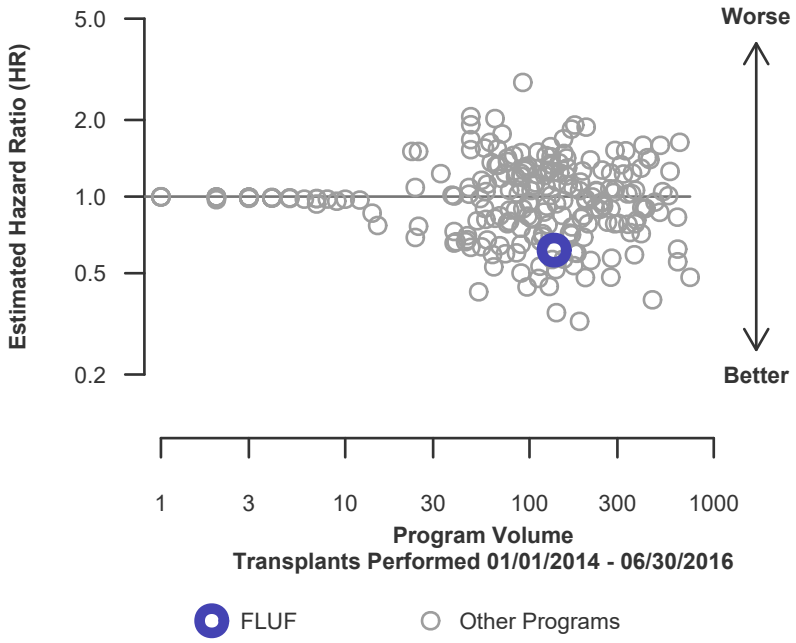


Figure C16. Adult (18+) 1-year patient death HR program comparison



C. Transplant Information

Table C12D. Adult (18+) 1-year patient survival (deceased donor graft recipients)
Single organ transplants performed between 01/01/2014 and 06/30/2016
Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	96	23,286
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	98.96%	96.57%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	97.17%	--
Number of observed deaths during the first year after transplant	1	733
Number of expected deaths during the first year after transplant	2.50	--
Estimated hazard ratio*	0.67	--
95% credible interval for the hazard ratio**	[0.14, 1.61]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.14, 1.61], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 33% lower risk of patient death compared to an average program, but FLUF's performance could plausibly range from 86% reduced risk up to 61% increased risk.

Figure C15D. Adult (18+) 1-year patient death HR estimate (deceased donor grafts)

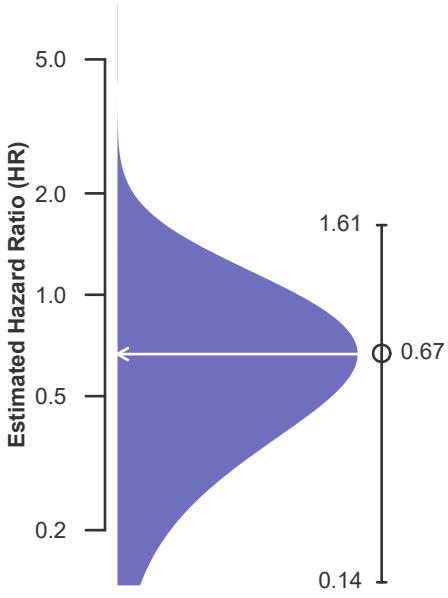
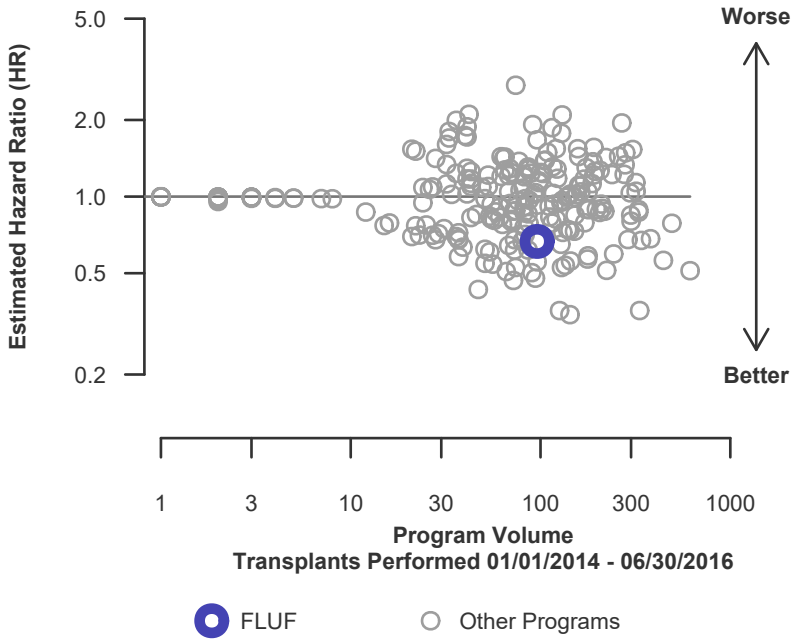


Figure C16D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table C12L. Adult (18+) 1-year patient survival (living donor graft recipients)
Single organ transplants performed between 01/01/2014 and 06/30/2016
Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	40	11,871
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	98.83%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.01%	--
Number of observed deaths during the first year after transplant	0	127
Number of expected deaths during the first year after transplant	0.37	--
Estimated hazard ratio*	0.84	--
95% credible interval for the hazard ratio**	[0.10, 2.35]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.10, 2.35], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 16% lower risk of patient death compared to an average program, but FLUF's performance could plausibly range from 90% reduced risk up to 135% increased risk.

Figure C15L. Adult (18+) 1-year patient death HR estimate (living donor grafts)

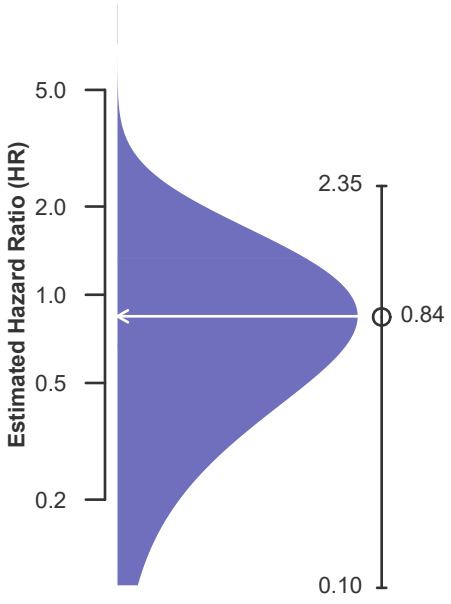
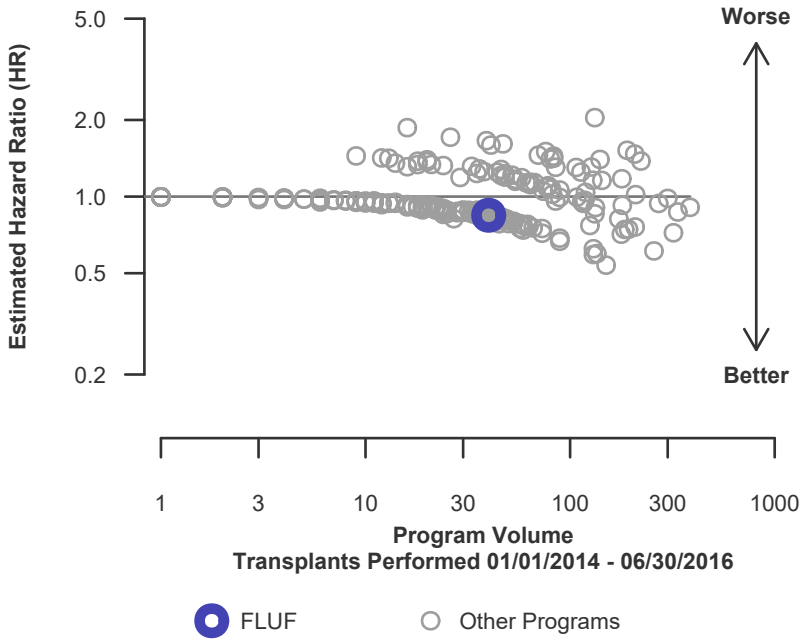


Figure C16L. Adult (18+) 1-year patient death HR program comparison (living donor grafts)



C. Transplant Information

Table C13. Adult (18+) 3-year patient survival
Single organ transplants performed between 07/01/2011 and 12/31/2013
Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	160	33,895
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	90.62%	93.61%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	94.33%	--
Number of observed deaths during the first 3 years after transplant	15	2,165
Number of expected deaths during the first 3 years after transplant	8.84	--
Estimated hazard ratio*	1.57	--
95% credible interval for the hazard ratio**	[0.91, 2.40]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.91, 2.40], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 57% higher risk of patient death compared to an average program, but FLUF's performance could plausibly range from 9% reduced risk up to 140% increased risk.

Figure C17. Adult (18+) 3-year patient death HR estimate

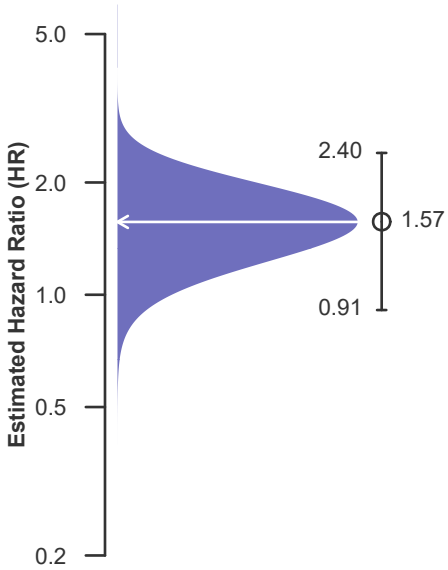
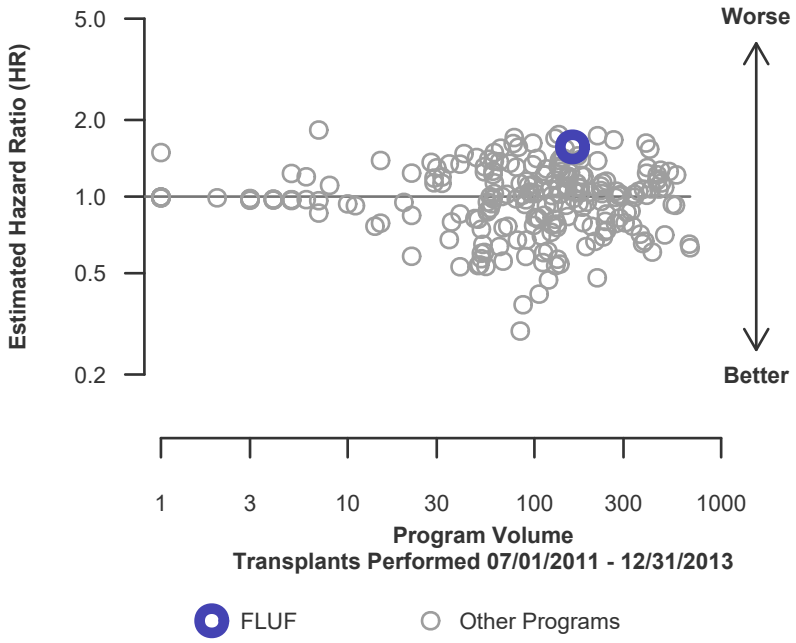


Figure C18. Adult (18+) 3-year patient death HR program comparison



C. Transplant Information

Table C13D. Adult (18+) 3-year patient survival (deceased donor graft recipients)
Single organ transplants performed between 07/01/2011 and 12/31/2013
Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	102	21,823
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	88.24%	92.16%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	93.25%	--
Number of observed deaths during the first 3 years after transplant	12	1,712
Number of expected deaths during the first 3 years after transplant	6.61	--
Estimated hazard ratio*	1.63	--
95% credible interval for the hazard ratio**	[0.89, 2.58]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.89, 2.58], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 63% higher risk of patient death compared to an average program, but FLUF's performance could plausibly range from 11% reduced risk up to 158% increased risk.

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

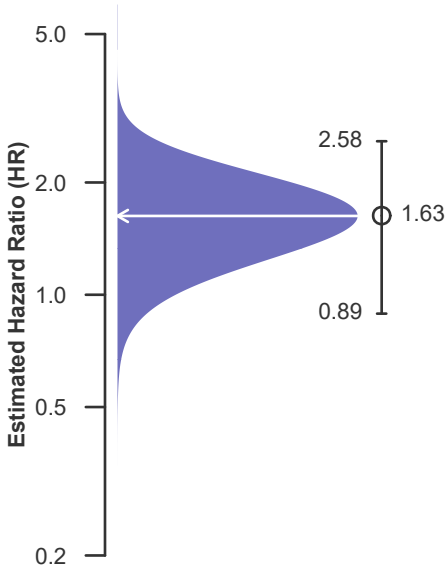
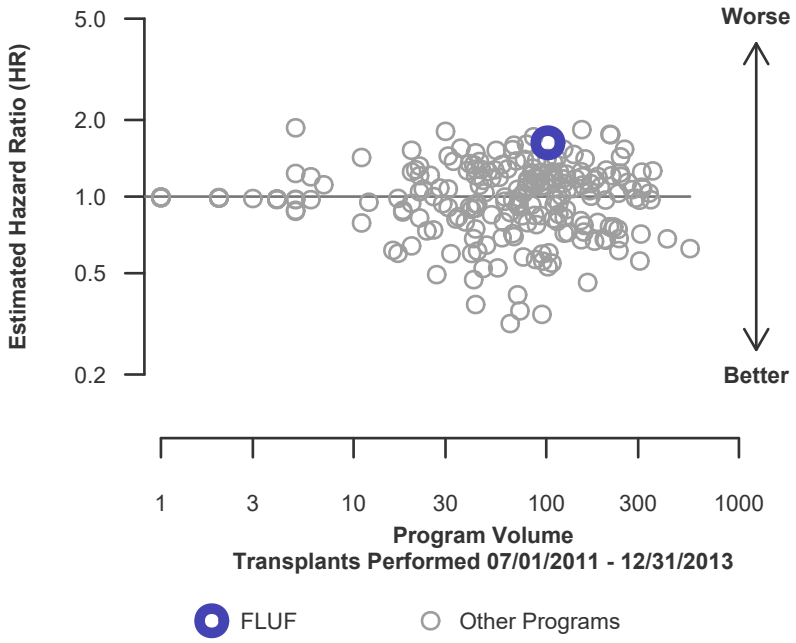


Figure C18D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table C13L. Adult (18+) 3-year patient survival (living donor graft recipients)
Single organ transplants performed between 07/01/2011 and 12/31/2013
Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	58	12,072
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	94.83%	96.25%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	96.23%	--
Number of observed deaths during the first 3 years after transplant	3	453
Number of expected deaths during the first 3 years after transplant	2.24	--
Estimated hazard ratio*	1.18	--
95% credible interval for the hazard ratio**	[0.38, 2.42]	--

* The hazard ratio provides an estimate of how UF Health Shands Hospital (FLUF)'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 FLUF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.38, 2.42], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 18% higher risk of patient death compared to an average program, but FLUF's performance could plausibly range from 62% reduced risk up to 142% increased risk.

Figure C17L. Adult (18+) 3-year patient death HR estimate (living donor grafts)

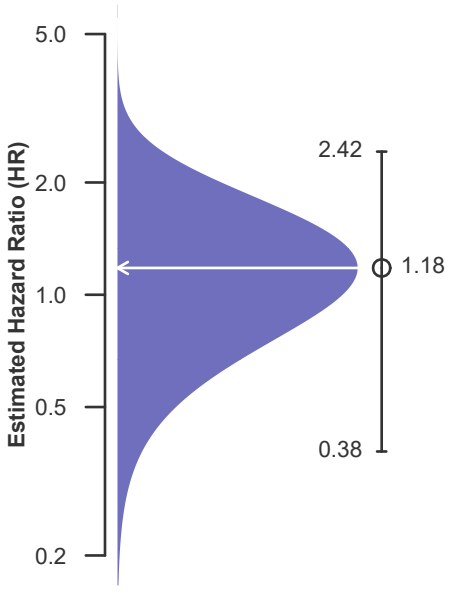
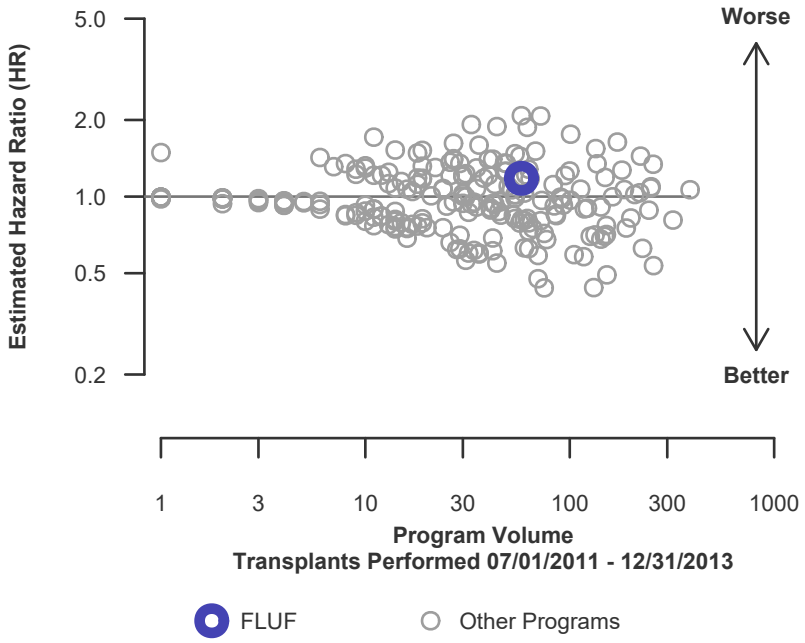


Figure C18L. Adult (18+) 3-year patient death HR program comparison (living donor grafts)



C. Transplant Information

Table C14. Pediatric (<18) 1-month patient survival
Single organ transplants performed between 01/01/2014 and 06/30/2016
Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	22	1,619
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.81%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first month after transplant	0	3
Number of expected deaths during the first month after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of patient deaths, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients.

Figure C19. Pediatric (<18) 1-month patient death HR estimate

Expected patient deaths were not calculated

Figure C20. Pediatric (<18) 1-month patient death HR program comparison

Expected patient deaths were not calculated

C. Transplant Information

Table C14D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients)
Single organ transplants performed between 01/01/2014 and 06/30/2016
Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	20	1,051
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.90%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first month after transplant	0	1
Number of expected deaths during the first month after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of patient deaths, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients of deceased donor grafts.

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

Expected patient deaths were not calculated

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

Expected patient deaths were not calculated

C. Transplant Information

Table C14L. Pediatric (<18) 1-month patient survival (living donor graft recipients)
Single organ transplants performed between 01/01/2014 and 06/30/2016
Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	2	568
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.65%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first month after transplant	0	2
Number of expected deaths during the first month after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of patient deaths, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients of living donor grafts.

Figure C19L. Pediatric (<18) 1-month patient death HR estimate (living donor grafts)

Expected patient deaths were not calculated

Figure C20L. Pediatric (<18) 1-month patient death HR program comparison (living donor grafts)

Expected patient deaths were not calculated

C. Transplant Information

Table C15. Pediatric (<18) 1-year patient survival
Single organ transplants performed between 01/01/2014 and 06/30/2016
Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	22	1,619
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.61%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first year after transplant	0	6
Number of expected deaths during the first year after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of patient deaths, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients.

Figure C21. Pediatric (<18) 1-year patient death HR estimate

Expected patient deaths were not calculated

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

Expected patient deaths were not calculated

C. Transplant Information

Table C15D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients)
Single organ transplants performed between 01/01/2014 and 06/30/2016
Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	20	1,051
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.69%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first year after transplant	0	3
Number of expected deaths during the first year after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of patient deaths, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients of deceased donor grafts.

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

Expected patient deaths were not calculated

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

Expected patient deaths were not calculated

C. Transplant Information

Table C15L. Pediatric (<18) 1-year patient survival (living donor graft recipients)
Single organ transplants performed between 01/01/2014 and 06/30/2016
Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	2	568
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.47%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first year after transplant	0	3
Number of expected deaths during the first year after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of patient deaths, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients of living donor grafts.

Figure C21L. Pediatric (<18) 1-year patient death HR estimate (living donor grafts)

Expected patient deaths were not calculated

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

Expected patient deaths were not calculated

C. Transplant Information

Table C16. Pediatric (<18) 3-year patient survival
Single organ transplants performed between 07/01/2011 and 12/31/2013
Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	18	1,732
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	98.56%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first 3 years after transplant	0	25
Number of expected deaths during the first 3 years after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of patient deaths, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients.

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

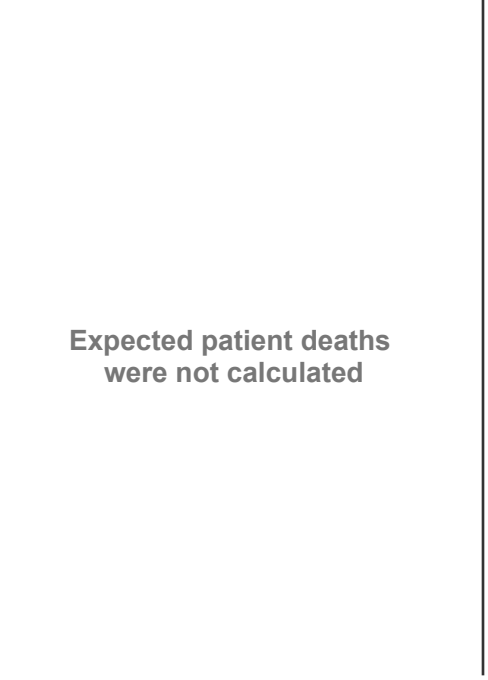
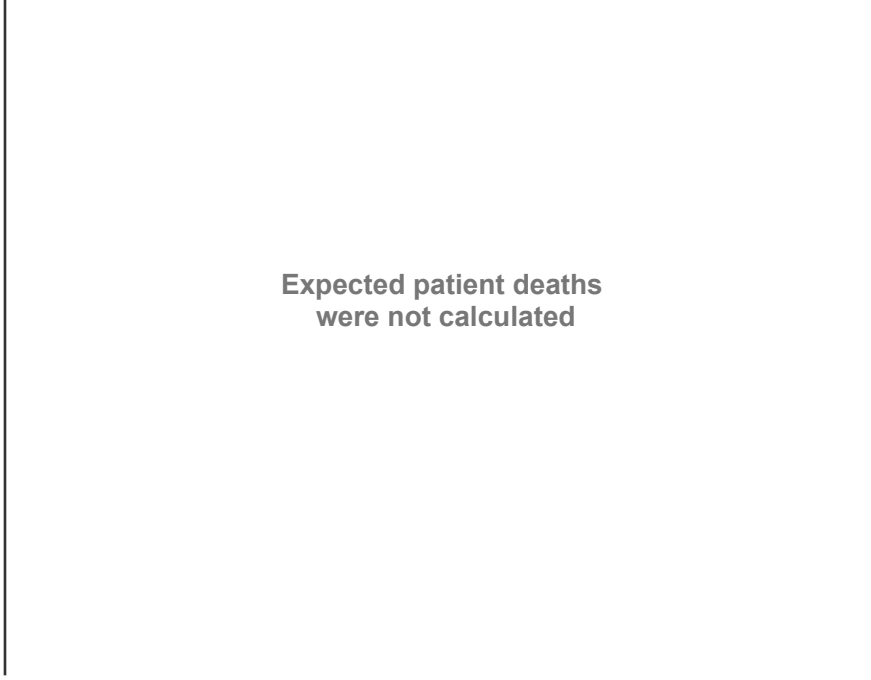


Figure C24. Pediatric (<18) 3-year patient death HR program comparison



C. Transplant Information

Table C16D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients)
Single organ transplants performed between 07/01/2011 and 12/31/2013
Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	14	1,040
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	98.37%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first 3 years after transplant	0	17
Number of expected deaths during the first 3 years after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of patient deaths, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients of deceased donor grafts.

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

Expected patient deaths were not calculated

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

Expected patient deaths were not calculated

C. Transplant Information

Table C16L. Pediatric (<18) 3-year patient survival (living donor graft recipients)
Single organ transplants performed between 07/01/2011 and 12/31/2013
Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	4	692
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	98.84%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)*	--%	--
Number of observed deaths during the first 3 years after transplant	0	8
Number of expected deaths during the first 3 years after transplant*	--	--
Estimated hazard ratio*	--	--
95% credible interval for the hazard ratio*	[--, --]	--

* The expected number of patient deaths, the hazard ratio, and the credible interval are not calculated for pediatric (<18) recipients of living donor grafts.

Figure C23L. Pediatric (<18) 3-year patient death HR estimate (living donor grafts)

Expected patient deaths were not calculated

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

Expected patient deaths were not calculated

C. Transplant Information

Table C17. Multi-organ transplant graft survival: 01/01/2014 - 06/30/2016

Adult (18+) Transplants

Transplant Type	Transplants Performed		First-Year Outcomes: Kidney Graft Failures		First-Year Outcomes: Estimated Kidney Graft Survival	
	FLUF-TX1	USA	FLUF-TX1	USA	FLUF-TX1	USA
Kidney-Heart	3	305	0	45	100.0%	84.9%
Kidney-Liver	14	1,505	1	145	92.9%	89.8%
Kidney-Pancreas	8	1,820	0	45	100.0%	97.4%

Pediatric (<18) Transplants

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

Table C18. Multi-organ transplant patient survival: 01/01/2014 - 06/30/2016

Adult (18+) Transplants

Transplant Type	Transplants Performed		First-Year Outcomes: Patient Deaths		First-Year Outcomes: Estimated Patient Survival	
	FLUF-TX1	USA	FLUF-TX1	USA	FLUF-TX1	USA
Kidney-Heart	3	305	0	37	100.0%	87.5%
Kidney-Liver	14	1,505	1	125	92.9%	91.1%
Kidney-Pancreas	8	1,820	0	42	100.0%	97.6%

Pediatric (<18) Transplants

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

D. Living Donor Information

Table D1. Living donor summary: 01/01/2014 - 12/31/2016

Living Donor Follow-Up	This Center			United States		
	01/2014-12/2014	01/2015-12/2015	01/2016-06/2016	01/2014-12/2014	01/2015-12/2015	01/2016-06/2016
Number of Living Donors	20	24	9	5,540	5,630	2,716
6-Month Follow-Up						
Donors due for follow-up	20	24	4	5,537	5,627	1,690
Timely clinical data	13 65.0%	22 91.7%	4 100.0%	4,449 80.4%	4,702 83.6%	1,461 86.4%
Timely lab data	11 55.0%	21 87.5%	4 100.0%	4,183 75.5%	4,444 79.0%	1,390 82.2%
12-Month Follow-Up						
Donors due for follow-up	20	19		5,537	4,622	
Timely clinical data	13 65.0%	18 94.7%		4,224 76.3%	3,646 78.9%	
Timely lab data	12 60.0%	18 94.7%		3,903 70.5%	3,321 71.9%	
24-Month Follow-Up						
Donors due for follow-up	16			4,544		
Timely clinical data	13 81.2%			3,231 71.1%		
Timely lab data	12 75.0%			2,844 62.6%		

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