User Guide

This report contains a wide range of useful information about the liver 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

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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 29.8 per 100 person-years, and this was not significantly different from what would be expected with a 95% confidence interval of [0.56, 1.19] 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 0.2 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.

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

Starting with Table C5, transplant outcomes are presented along with comparisons to what would be expected at this program and what happened in the nation as a whole. Tables C5-C10 present information on graft survival (survival of the transplanted organ), with data presented separately for

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adult and pediatric recipients. Patients are followed from the time of transplant until either failure of the transplanted organ or death, whichever comes first. Please refer to the technical methods for more information on these calculations (http://www.srtr.org).

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

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

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

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

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A. Program Summary

Figure A1. Waiting list and transplant activity

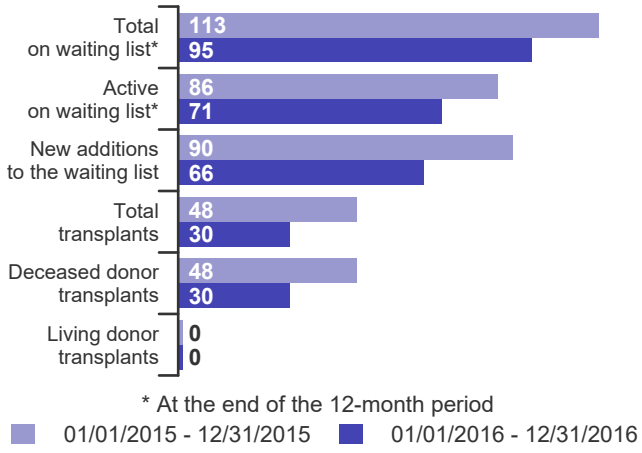
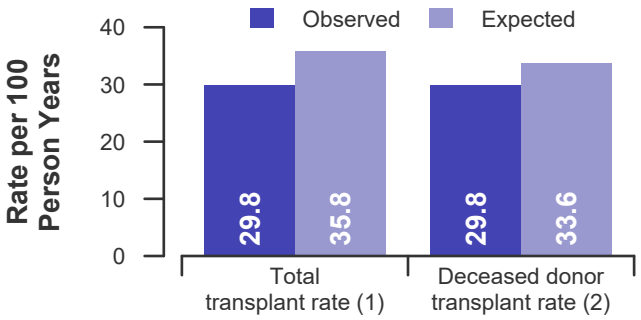


Table A1. Census of transplant recipients

Recipients	01/01/2015-12/31/2015	01/01/2016-12/31/2016
Transplanted at this center	48	30
Followed by this center*	560	581
...transplanted at this program	523	542
...transplanted elsewhere	37	39

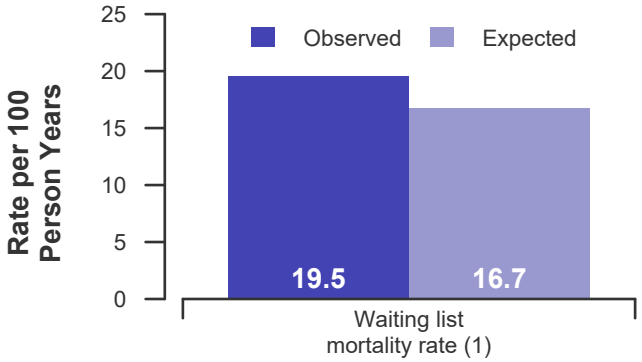
* Recipients followed are transplant recipients for whom the center has submitted a post-transplant follow-up form for a transplant that took place before the 12-month interval for each column.

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



(1) Not significantly different (p=0.359)
(2) Not significantly different (p=0.573)

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



(1) Not significantly different (p=0.536)

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

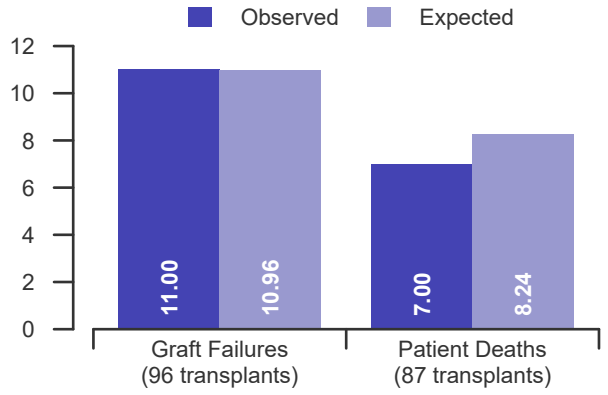
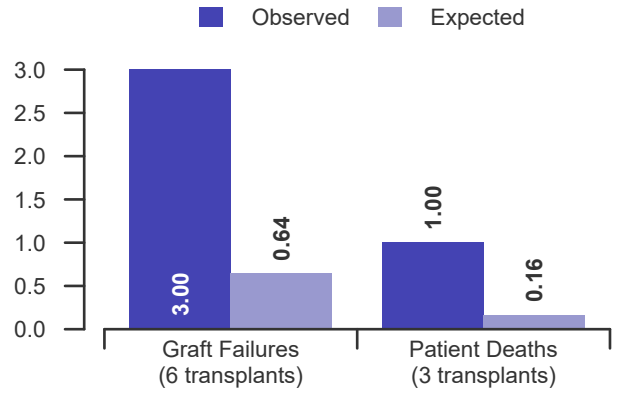


Figure A5. First-year pediatric graft and patient survival: 01/01/2014 - 06/30/2016



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	102	113	100.0	100.0	100.0
Additions					
New listings at this center	90	66	58.4	150.6	84.1
Removals					
Transferred to another center	3	9	8.0	1.5	1.5
Received living donor transplant*	0	0	0.0	0.0	2.3
Received deceased donor transplant*	48	30	26.5	115.0	49.5
Died	6	6	5.3	9.2	8.1
Transplanted at another center	1	3	2.7	2.3	2.5
Deteriorated	15	15	13.3	10.1	9.4
Recovered	2	7	6.2	7.0	5.7
Other reasons	4	14	12.4	6.8	7.7
On waiting list at end of period	113	95	84.1	98.7	97.3

* 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=66)	OPTN Region (N=1,750)	U.S. (N=12,734)	This Center (N=95)	OPTN Region (N=1,147)	U.S. (N=14,723)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	90.9	69.8	68.6	85.3	75.2	68.1
African-American	3.0	12.6	8.7	9.5	11.2	7.8
Hispanic/Latino	4.5	14.7	16.4	5.3	11.8	17.3
Asian	1.5	2.2	4.8	0.0	1.5	5.5
Other	0.0	0.6	1.5	0.0	0.3	1.3
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Age (%)						
<2 years	0.0	2.0	2.8	0.0	1.0	1.4
2-11 years	0.0	2.4	2.1	1.1	1.2	1.3
12-17 years	0.0	0.9	1.2	0.0	0.9	1.2
18-34 years	7.6	5.8	5.7	6.3	5.4	5.8
35-49 years	16.7	15.4	16.0	15.8	16.7	19.1
50-64 years	62.1	54.4	53.3	65.3	57.2	56.9
65+ years	13.6	19.1	18.9	11.6	17.7	14.3
Other (includes prenatal)	0.0	0.0	0.0	0.0	0.0	0.0
Gender (%)						
Male	57.6	62.1	62.9	55.8	59.5	61.6
Female	42.4	37.9	37.1	44.2	40.5	38.4

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

B. Waiting List Information

Table B3. Medical characteristics of waiting list candidates
Candidates registered on the waiting list between 01/01/2016 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=66)	OPTN Region (N=1,750)	U.S. (N=12,734)	This Center (N=95)	OPTN Region (N=1,147)	U.S. (N=14,723)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Blood Type (%)						
O	50.0	49.8	46.8	52.6	51.5	48.2
A	40.9	35.8	36.4	35.8	39.1	37.8
B	4.5	11.1	12.7	8.4	7.3	11.4
AB	4.5	3.3	4.1	3.2	2.0	2.5
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Previous Transplant (%)						
Yes	6.1	6.2	5.0	6.3	7.0	3.6
No	93.9	93.8	95.0	93.7	93.0	96.4
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Primary Disease (%)						
Acute Hepatic Necrosis	0.0	3.4	3.8	1.1	1.0	1.9
Non-Cholestatic Cirrhosis	87.9	67.9	67.0	86.3	72.5	72.6
Cholestatic Liver Disease/Cirrhosis	6.1	8.0	7.8	7.4	8.2	8.1
Biliary Atresia	0.0	2.0	2.3	0.0	1.3	1.6
Metabolic Diseases	1.5	1.9	2.5	1.1	1.5	1.7
Malignant Neoplasms	4.5	11.3	11.3	2.1	9.3	8.4
Other	0.0	5.5	5.3	2.1	6.1	5.6
Missing	0.0	0.0	0.0	0.0	0.0	0.0
Medical Urgency Status/MELD/PELD at Listing (%)*						
Status 1A	0.0	2.4	2.9	0.0	0.0	0.3
Status 1B	0.0	0.4	0.5	1.1	0.2	0.1
Status 2A	0.0	0.0	0.0	0.0	0.0	0.0
Status 2B	0.0	0.0	0.0	0.0	0.0	0.1
Status 3	0.0	0.0	0.0	0.0	0.0	1.2
MELD 6-10	19.7	16.7	20.0	23.2	24.2	30.1
MELD 11-14	31.8	16.0	18.5	34.7	31.0	30.0
MELD 15-20	22.7	26.9	23.1	28.4	29.3	23.6
MELD 21-30	18.2	21.7	17.2	12.6	10.4	7.9
MELD 31-40	7.6	10.1	10.8	0.0	0.3	0.7
PELD less than or equal to 10	0.0	1.4	2.1	0.0	1.2	1.8
PELD 11-14	0.0	0.2	0.3	0.0	0.0	0.2
PELD 15-20	0.0	0.6	0.5	0.0	0.3	0.3
PELD 21-30	0.0	0.6	0.5	0.0	0.3	0.2
PELD 31 or greater	0.0	0.6	0.3	0.0	0.0	0.0
Temporarily Inactive	0.0	2.6	3.3	0.0	2.8	3.7

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

B. Waiting List Information

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

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	112	207	1,161	15,107
Person Years**	100.8	193.8	1,126.1	14,405.0
Removals for Transplant	30	187	1,336	7,841
Adult (18+) Candidates				
Count on waiting list at start*	102	197	1,129	14,636
Person Years**	98.2	191.2	1,098.7	13,925.1
Removals for transpant	30	187	1,267	7,258
Pediatric (<18) Candidates				
Count on waiting list at start*	10	10	32	471
Person Years**	2.6	2.6	27.4	479.9
Removals for transplant	0	0	69	583

* 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

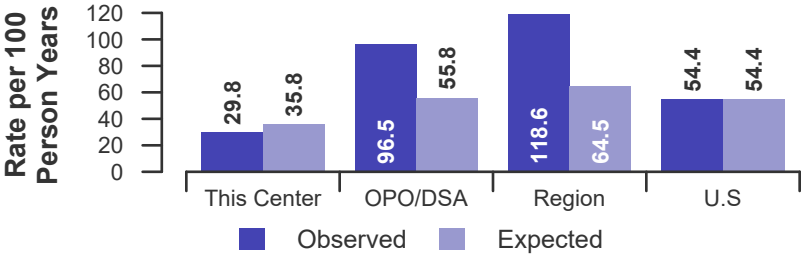
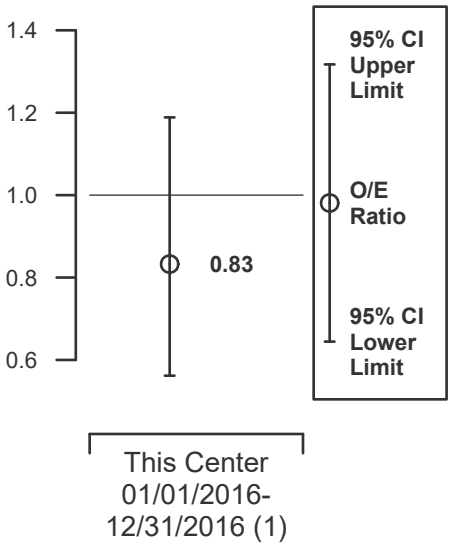
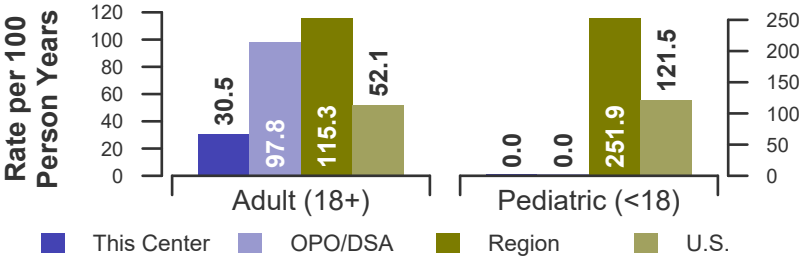


Figure B2. Ratio of observed to expected transplant rates



(1) Not significantly different (p=0.359, 95% CI=[0.56, 1.19])

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*	112	207	1,161	15,107
Person Years**	100.8	193.8	1,126.1	14,405.0
Removals for Transplant	30	187	1,336	7,496
Adult (18+) Candidates				
Count on waiting list at start*	102	197	1,129	14,636
Person Years**	98.2	191.2	1,098.7	13,925.1
Removals for transpant	30	187	1,267	6,976
Pediatric (<18) Candidates				
Count on waiting list at start*	10	10	32	471
Person Years**	2.6	2.6	27.4	479.9
Removals for transplant	0	0	69	520

* 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

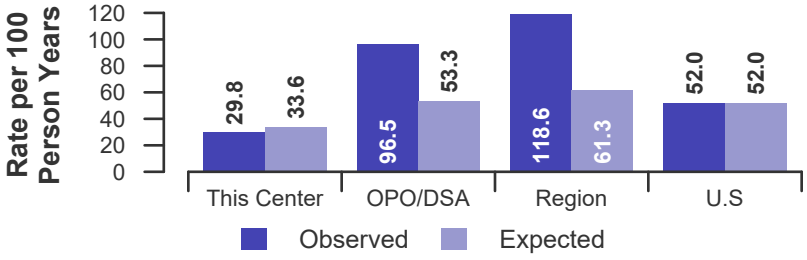


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 01/01/2016 - 12/31/2016

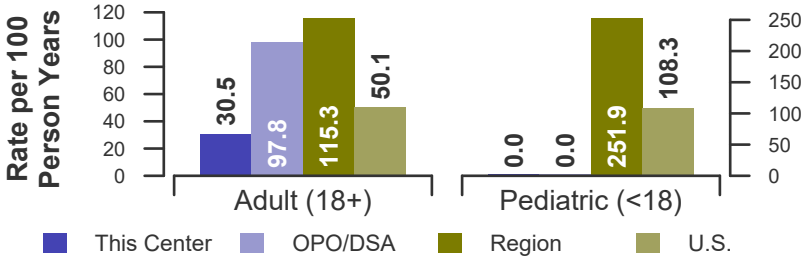
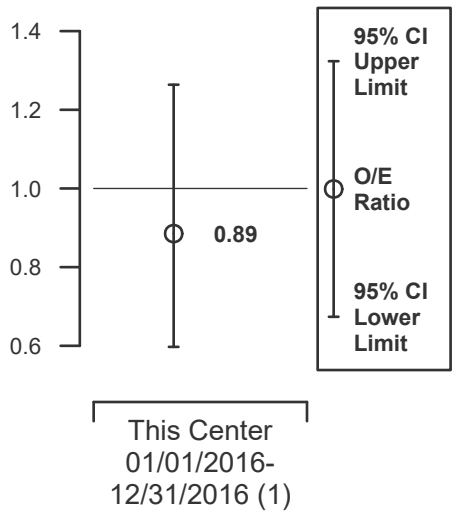


Figure B2D. Ratio of observed to expected deceased donor transplant rates



(1) Not significantly different (p=0.573, 95% CI=[0.60, 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*	112	207	1,161	15,107
Person Years**	107.7	210.8	1,193.5	15,344.9
Number of deaths	21	34	192	2,330
Adult (18+) Candidates				
Count on waiting list at start*	102	197	1,129	14,636
Person Years**	104.3	207.4	1,164.4	14,844.6
Number of deaths	21	34	186	2,290
Pediatric (<18) Candidates				
Count on waiting list at start*	10	10	32	471
Person Years**	3.4	3.4	29.1	500.3
Number of deaths	0	0	6	40

* 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

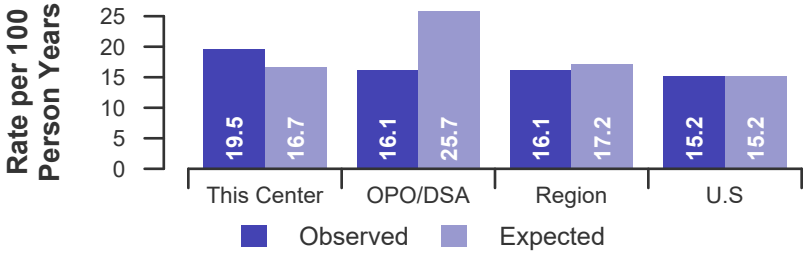
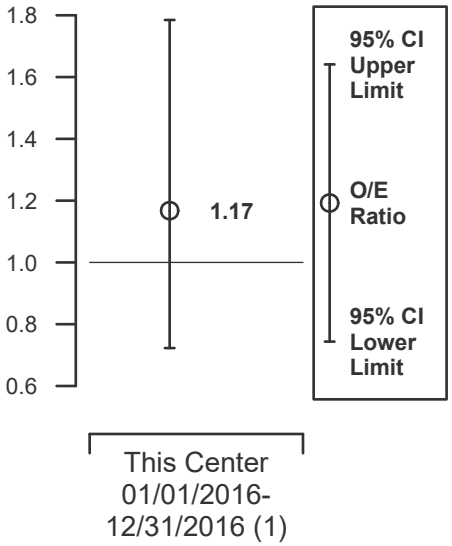
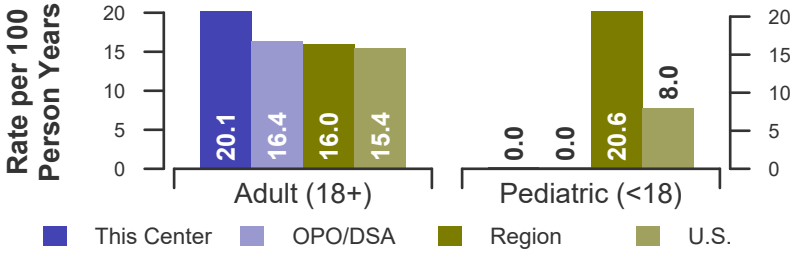


Figure B5. Ratio of observed to expected waiting list mortality rates



(1) Not significantly different (p=0.536, 95% CI=[0.72, 1.78])

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=112) Months Since Listing			U.S. (N=11,964) Months Since Listing		
	6	12	18	6	12	18
Alive on waiting list (%)	56.2	33.9	25.0	47.1	31.5	22.0
Died on the waiting list without transplant (%)	3.6	3.6	3.6	5.5	7.2	8.0
Removed without transplant (%):						
Condition worsened (status unknown)	7.1	11.6	13.4	6.0	8.1	9.3
Condition improved (status unknown)	0.9	0.9	2.7	1.1	1.6	2.3
Refused transplant (status unknown)	0.9	0.9	0.9	0.2	0.4	0.5
Other	2.7	2.7	2.7	1.6	2.6	3.7
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	0.0	0.0	0.0	1.5	1.9	1.3
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.1	0.1
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.0	0.0	0.0	0.1	0.1	0.2
Status Yet Unknown**	0.0	0.0	0.0	0.0	0.1	0.9
Transplant (deceased donor) (%):						
Functioning (alive)	24.1	34.8	29.5	32.7	38.0	29.6
Failed-Retransplanted (alive)	0.9	1.8	1.8	0.4	0.6	0.7
Failed-alive not retransplanted	0.0	0.9	0.9	0.1	0.0	0.0
Died	0.9	1.8	4.5	1.8	2.8	3.8
Status Yet Unknown*	0.9	5.4	12.5	1.4	4.1	16.6
Lost or Transferred (status unknown) (%)	1.8	1.8	2.7	0.4	0.8	1.0
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	4.5	5.4	8.0	7.4	10.1	12.0
Total % known died or removed as unstable	11.6	17.0	21.4	13.4	18.2	21.3
Total % removed for transplant	26.8	44.6	49.1	38.1	47.8	53.2
Total % with known functioning transplant (alive)	24.1	34.8	29.5	34.2	39.9	30.9

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

B. Waiting List Information

Table B6S1. Medical urgency status 1 candidate status after listing
Candidates registered on the waiting list between 07/01/2014 and 06/30/2015

Waiting list status (survival status)	This Center (N=4) Months Since listing			U.S. (N=466) Months Since listing		
	6	12	18	6	12	18
Alive on waiting list (%)	25.0	25.0	25.0	1.5	1.1	1.1
Died on the waiting list without transplant (%)	25.0	25.0	25.0	7.7	7.7	7.7
Removed without transplant (%):						
Condition worsened (status unknown)	0.0	0.0	0.0	12.0	12.0	12.0
Condition improved (status unknown)	0.0	0.0	0.0	15.0	15.2	15.2
Refused transplant (status unknown)	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	1.1	1.1	1.1
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	0.0	0.0	0.0	0.9	0.6	0.6
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.2	0.2	0.2
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	0.0	0.0
Status Yet Unknown**	0.0	0.0	0.0	0.0	0.2	0.2
Transplant (deceased donor) (%):						
Functioning (alive)	50.0	50.0	50.0	52.8	47.4	36.5
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.9	1.3	1.5
Failed-alive not retransplanted	0.0	0.0	0.0	0.2	0.2	0.0
Died	0.0	0.0	0.0	6.7	7.9	8.8
Status Yet Unknown*	0.0	0.0	0.0	0.9	4.7	14.8
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.2	0.2	0.2
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	25.0	25.0	25.0	14.4	15.7	16.5
Total % known died or removed as unstable	25.0	25.0	25.0	26.4	27.7	28.5
Total % removed for transplant	50.0	50.0	50.0	62.4	62.7	62.7
Total % with known functioning transplant (alive)	50.0	50.0	50.0	53.6	48.1	37.1

* 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	200	17.0	42.5	46.5	47.5	34,830	16.2	42.1	49.1	51.0
Ethnicity/Race*										
White	160	16.9	40.6	43.8	45.0	24,062	15.7	42.2	48.9	50.8
African-American	14	28.6	57.1	64.3	64.3	3,371	22.2	50.0	56.3	58.2
Hispanic/Latino	19	15.8	42.1	47.4	47.4	5,367	15.4	37.3	45.2	47.2
Asian	3	0.0	100.0	100.0	100.0	1,617	14.1	40.1	50.2	52.0
Other	4	0.0	25.0	50.0	50.0	413	16.5	41.4	48.4	49.6
Unknown	0	--	--	--	--	0	--	--	--	--
Age										
<2 years	3	33.3	66.7	100.0	100.0	887	28.0	70.6	74.1	75.0
2-11 years	8	62.5	75.0	75.0	75.0	685	31.5	66.7	71.5	73.3
12-17 years	10	40.0	70.0	70.0	70.0	426	22.5	51.6	59.2	62.0
18-34 years	11	18.2	45.5	54.5	54.5	1,751	23.5	42.7	48.4	51.0
35-49 years	28	21.4	46.4	50.0	57.1	5,736	20.6	42.8	48.5	50.4
50-64 years	120	12.5	37.5	40.8	40.8	20,642	14.1	40.2	47.8	49.8
65+ years	20	5.0	35.0	40.0	40.0	4,703	12.6	39.7	47.0	48.2
Other (includes prenatal)	0	--	--	--	--	0	--	--	--	--
Gender										
Male	126	12.7	38.1	42.1	43.7	22,336	15.6	43.0	50.5	52.4
Female	74	24.3	50.0	54.1	54.1	12,494	17.3	40.5	46.5	48.5

* 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%.

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	200	17.0	42.5	46.5	47.5	34,830	16.2	42.1	49.1	51.0
Blood Type										
O	96	21.9	45.8	50.0	50.0	16,165	15.7	39.5	47.0	49.1
A	75	5.3	29.3	33.3	36.0	13,083	14.8	40.7	47.7	49.5
B	19	21.1	57.9	63.2	63.2	4,229	19.0	49.6	55.7	57.6
AB	10	50.0	80.0	80.0	80.0	1,353	27.6	62.8	67.4	68.4
Previous Transplant										
Yes	23	13.0	43.5	56.5	60.9	2,095	27.4	47.9	51.4	52.8
No	177	17.5	42.4	45.2	45.8	32,735	15.5	41.7	48.9	50.9
Primary Disease										
Acute Hepatic Necrosis	6	50.0	50.0	50.0	50.0	1,548	43.0	51.7	53.9	54.5
Non-Cholestatic Cirrhosis	114	15.8	36.8	41.2	43.0	23,314	14.9	38.8	45.7	47.7
Cholestatic Liver Disease/Cirrhosis	12	8.3	25.0	25.0	25.0	2,394	14.0	40.9	47.6	50.9
Biliary Atresia	6	33.3	50.0	66.7	66.7	689	19.0	65.3	71.3	73.0
Metabolic Diseases	12	33.3	66.7	83.3	83.3	809	22.9	61.9	68.0	70.1
Malignant Neoplasms	41	4.9	53.7	53.7	53.7	3,923	9.8	47.9	59.0	59.9
Other	9	44.4	44.4	44.4	44.4	2,149	22.0	46.6	52.2	54.3
Missing	0	--	--	--	--	4	0.0	25.0	25.0	25.0
Medical Urgency Status/MELD/PELD at Listing*										
Status 1	0	--	--	--	--	0	--	--	--	--
Status 1A	8	87.5	87.5	87.5	87.5	1,283	58.6	59.0	59.0	59.0
Status 1B	1	0.0	100.0	100.0	100.0	105	62.9	80.0	80.0	80.0
Status 2A	0	--	--	--	--	0	--	--	--	--
Status 2B	0	--	--	--	--	0	--	--	--	--
Status 3	0	--	--	--	--	0	--	--	--	--
MELD 6-10	33	0.0	42.4	45.5	45.5	6,675	3.6	33.7	45.9	48.0
MELD 11-14	39	0.0	17.9	17.9	20.5	7,137	3.5	26.8	36.4	39.8
MELD 15-20	56	3.6	30.4	35.7	37.5	8,203	7.0	38.0	45.3	47.7
MELD 21-30	37	21.6	54.1	62.2	62.2	5,690	27.1	56.8	59.3	60.0
MELD 31-40	15	80.0	86.7	86.7	86.7	3,176	59.9	66.9	67.1	67.1
PELD less than or equal to 10	4	25.0	25.0	50.0	50.0	668	13.2	66.6	73.7	75.7
PELD 11-14	2	50.0	100.0	100.0	100.0	117	17.9	70.9	75.2	76.1
PELD 15-20	1	100.0	100.0	100.0	100.0	194	20.1	75.8	79.9	82.0
PELD 21-30	1	100.0	100.0	100.0	100.0	136	33.8	71.3	71.3	71.3
PELD 31 or greater	0	--	--	--	--	65	52.3	73.8	76.9	76.9
Temporarily Inactive	3	33.3	33.3	33.3	33.3	1,381	7.2	26.5	35.7	37.6

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

B. Waiting List Information

Table 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	0.2	0.2	0.1	0.2
10th	0.4	0.3	0.2	0.4
25th	3.7	1.4	0.8	2.3
50th (median time to transplant)	30.1	5.4	4.0	14.4
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.

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=30)	Region (N=1,336)	U.S. (N=7,496)
Ethnicity/Race (%)*			
White	73.3	70.1	68.9
African-American	10.0	13.5	9.7
Hispanic/Latino	10.0	13.7	15.3
Asian	6.7	2.2	4.7
Other	0.0	0.4	1.4
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	0.0	2.1	2.7
2-11 years	0.0	2.2	2.9
12-17	0.0	0.9	1.3
18-34	3.3	5.8	5.6
35-49 years	10.0	16.2	15.7
50-64 years	56.7	53.0	53.1
65+ years	30.0	19.8	18.7
Unknown	0.0	0.0	0.0
Gender (%)			
Male	83.3	62.7	65.0
Female	16.7	37.3	35.0

* 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 C1L. Living donor transplant recipient demographic characteristics
Patients transplanted between 01/01/2016 and 12/31/2016

This center did not perform any transplants relevant to this table during 01/01/2016-12/31/2016

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=30)	Region (N=1,336)	U.S. (N=7,496)
Blood Type (%)			
O	43.3	47.5	44.9
A	46.7	36.1	36.2
B	10.0	12.9	14.2
AB	0.0	3.5	4.6
Previous Transplant (%)			
Yes	10.0	4.8	5.4
No	90.0	95.2	94.6
Body Mass Index (%)			
0-20	3.3	11.7	12.7
21-25	33.3	29.3	26.6
26-30	26.7	28.9	29.5
31+	36.7	29.5	30.2
Unknown	0.0	0.7	1.0
Primary Disease (%)			
Acute Hepatic Necrosis	3.3	4.5	4.0
Non-Cholestatic Cirrhosis	66.7	65.3	63.4
Cholestatic Liver Disease/Cirrhosis	3.3	8.8	8.2
Biliary Atresia	0.0	2.1	2.6
Metabolic Diseases	0.0	2.5	3.4
Malignant Neoplasms	26.7	13.5	14.8
Other	0.0	3.2	3.6
Missing	0.0	0.0	0.0
Medical Urgency Statust/MELD/PELD at Transplant (%)*			
Status 1A	0.0	2.8	3.5
Status 1B	0.0	0.7	1.7
MELD 6-10	26.7	11.4	13.4
MELD 11-14	13.3	12.6	11.4
MELD 15-20	16.7	26.3	20.6
MELD 21-30	16.7	25.7	23.4
MELD 31-40	26.7	17.6	22.6
PELD less than or equal to 10	0.0	0.8	1.5
PELD 11-14	0.0	0.4	0.4
PELD 15-20	0.0	0.4	0.5
PELD 21-30	0.0	0.7	0.5
PELD 31 or greater	0.0	0.4	0.4
Temporarily Inactive	0.0	0.0	0.0
Recipient Medical Condition at Transplant (%)			
Not Hospitalized	63.3	68.8	64.8
Hospitalized	10.0	18.2	19.6
ICU	26.7	12.9	15.3
Unknown	0.0	0.1	0.3

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

C. Transplant Information

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

This center did not perform any transplants relevant to this table during 01/01/2016-12/31/2016

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=30)	Region (N=1,336)	U.S. (N=7,496)
Cause of Death (%)			
Deceased: Stroke	30.0	33.5	30.1
Deceased: MVA	20.0	15.5	13.9
Deceased: Other	50.0	51.0	56.0
Ethnicity/Race (%)*			
White	80.0	59.9	65.2
African-American	16.7	30.5	18.8
Hispanic/Latino	3.3	9.1	12.6
Asian	0.0	0.6	2.7
Other	0.0	0.0	0.7
Not Reported	0.0	0.0	0.0
Age (%)			
<2 years	0.0	1.9	1.7
2-11 years	0.0	2.5	2.9
12-17	3.3	4.6	5.3
18-34	50.0	30.9	34.5
35-49 years	23.3	25.6	25.3
50-64 years	23.3	28.0	23.9
65+ years	0.0	6.4	6.5
Unknown	0.0	0.0	0.0
Gender (%)			
Male	50.0	58.3	59.8
Female	50.0	41.7	40.2
Blood Type (%)			
O	43.3	50.8	49.0
A	50.0	36.2	36.9
B	6.7	11.2	11.5
AB	0.0	1.7	2.6
Unknown	0.0	0.0	0.0

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

C. Transplant Information

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

This center did not perform any transplants relevant to this table during 01/01/2016-12/31/2016

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=30)	Region (N=1,336)	U.S. (N=7,496)
Cold Ischemic Time (Hours): Local (%)			
Deceased: 0-5 hr	45.8	69.6	60.4
Deceased: 6-10 hr	54.2	29.0	37.0
Deceased: 11-15 hr	0.0	0.6	1.6
Deceased: 16-20 hr	0.0	0.1	0.1
Deceased: 21+ hr	0.0	0.0	0.1
Not Reported	0.0	0.6	0.8
Cold Ischemic Time (Hours): Shared (%)			
Deceased: 0-5 hr	16.7	39.7	36.3
Deceased: 6-10 hr	83.3	57.7	58.5
Deceased: 11-15 hr	0.0	1.5	4.2
Deceased: 16-20 hr	0.0	0.2	0.3
Deceased: 21+ hr	0.0	0.2	0.2
Not Reported	0.0	0.7	0.6
Procedure Type (%)			
Liver alone	93.3	89.5	89.0
Liver and another organ	6.7	10.5	11.0
Sharing (%)			
Local	80.0	59.7	63.0
Shared	20.0	40.3	37.0
Median Time in Hospital After Transplant*	10.0 Days	9.0 Days	10.0 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

This center did not perform any transplants relevant to this table during 01/01/2016-12/31/2016

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	96	14,645
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	95.83%	96.03%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	95.36%	--
Number of observed graft failures (including deaths) during the first month after transplant	4	582
Number of expected graft failures (including deaths) during the first month after transplant	4.51	582
Estimated hazard ratio*	0.92	1.00
95% credible interval for the hazard ratio**	[0.34, 1.79]	--

* 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, [0.34, 1.79], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 8% lower risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 66% reduced risk up to 79% increased risk.

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

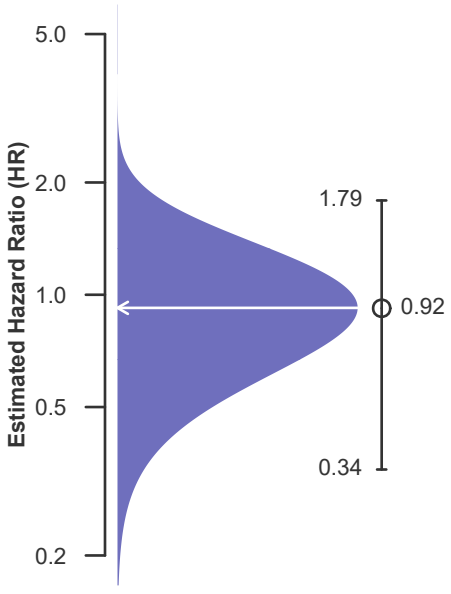
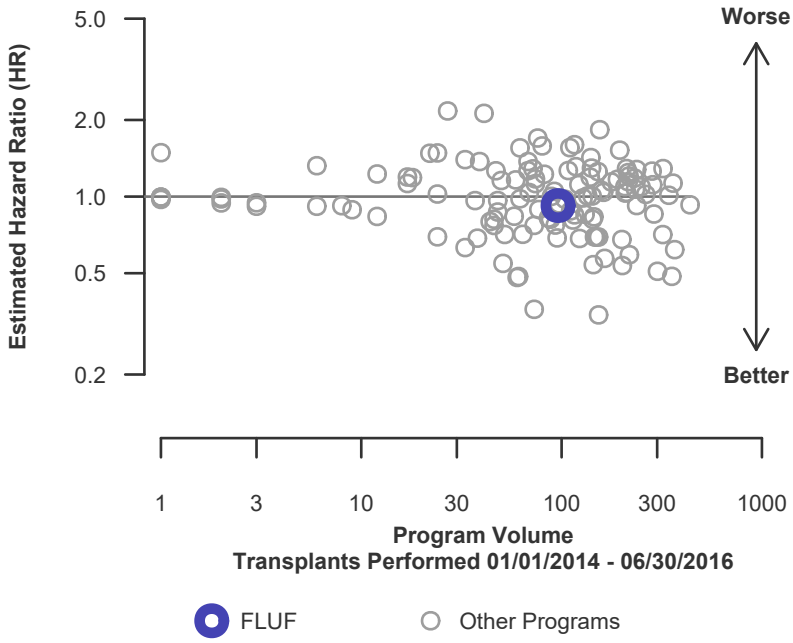


Figure C2. Adult (18+) 1-month graft failure HR program comparison



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	96	13,997
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	95.83%	96.11%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	95.36%	--
Number of observed graft failures (including deaths) during the first month after transplant	4	545
Number of expected graft failures (including deaths) during the first month after transplant	4.51	545
Estimated hazard ratio*	0.92	1.00
95% credible interval for the hazard ratio**	[0.34, 1.79]	--

* 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, [0.34, 1.79], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 8% lower risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 66% reduced risk up to 79% increased risk.

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

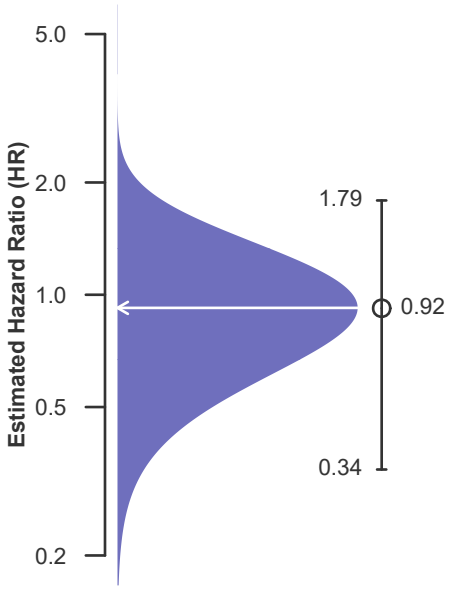
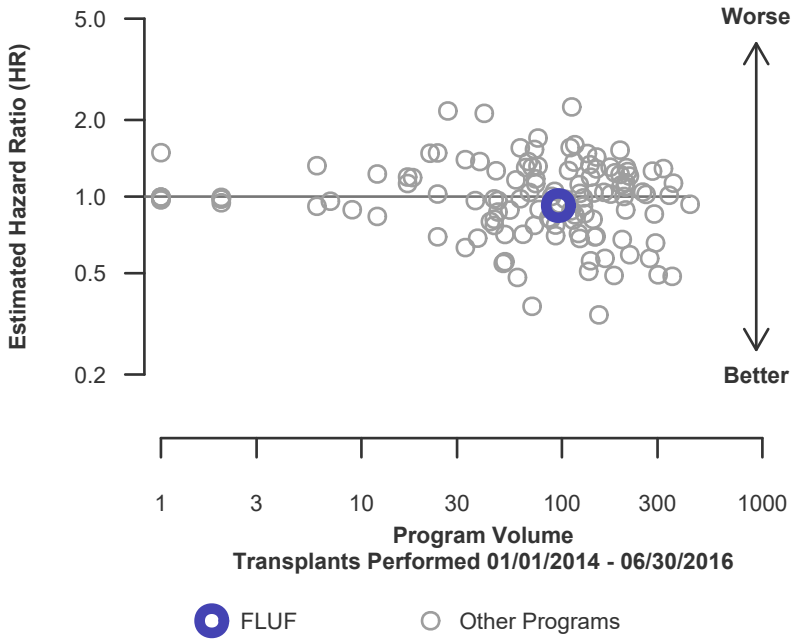


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison



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

This center did not perform any transplants relevant to this table during 01/01/2014-06/30/2016

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016

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	96	14,645
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	88.10%	89.90%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	88.15%	--
Number of observed graft failures (including deaths) during the first year after transplant	11	1,400
Number of expected graft failures (including deaths) during the first year after transplant	10.96	1,400
Estimated hazard ratio*	1.00	1.00
95% credible interval for the hazard ratio**	[0.53, 1.62]	--

* 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, [0.53, 1.62], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 0% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 47% reduced risk up to 62% increased risk.

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

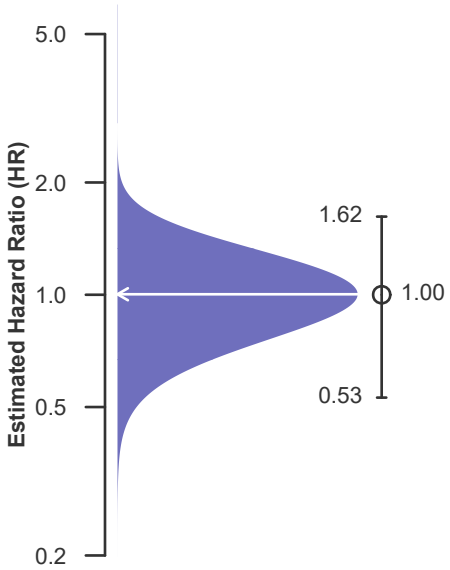
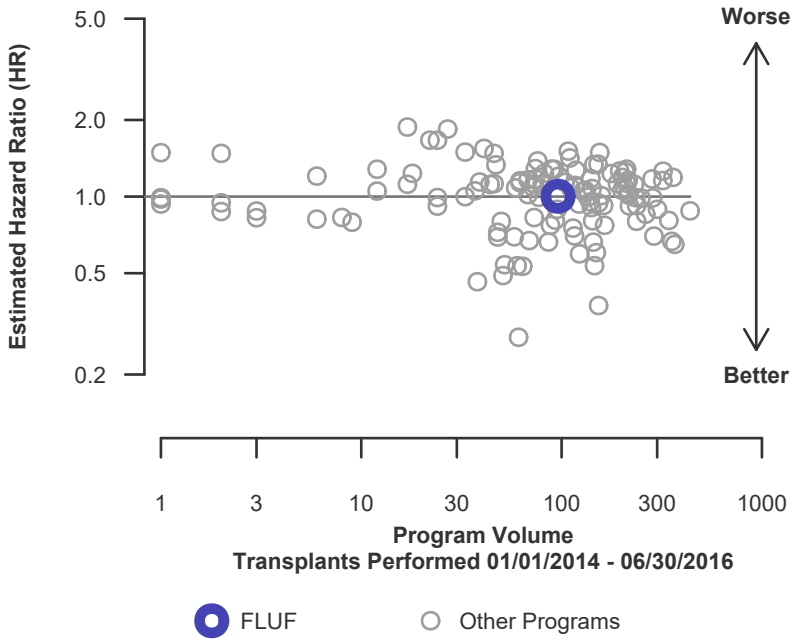


Figure C4. Adult (18+) 1-year graft failure HR program comparison



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	96	13,997
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	88.10%	90.00%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	88.15%	--
Number of observed graft failures (including deaths) during the first year after transplant	11	1,324
Number of expected graft failures (including deaths) during the first year after transplant	10.96	1,324
Estimated hazard ratio*	1.00	1.00
95% credible interval for the hazard ratio**	[0.53, 1.62]	--

* 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, [0.53, 1.62], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 0% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 47% reduced risk up to 62% increased risk.

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

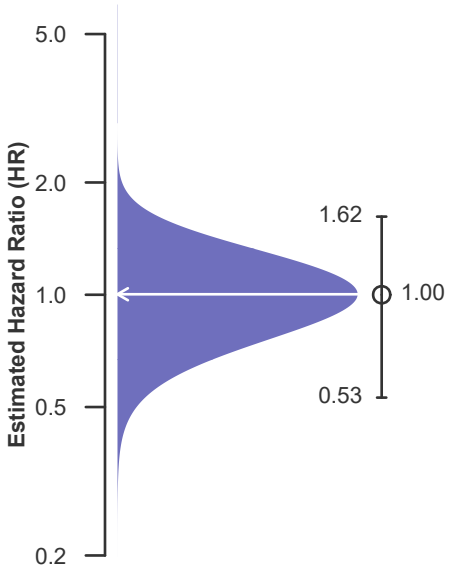
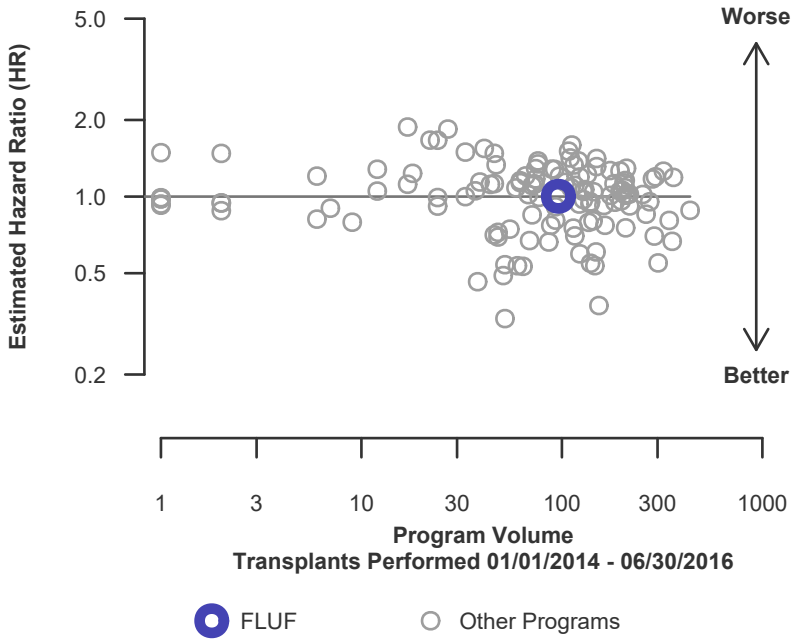


Figure C4D. Adult (18+) 1-year deceased donor graft failure HR program comparison



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

This center did not perform any transplants relevant to this table during 01/01/2014-06/30/2016

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016

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	47	13,395
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	68.09%	80.71%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	81.38%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	15	2,584
Number of expected graft failures (including deaths) during the first 3 years after transplant	8.09	2,584
Estimated hazard ratio*	1.69	1.00
95% credible interval for the hazard ratio**	[0.98, 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 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, [0.98, 2.58], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 69% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 2% reduced risk up to 158% increased risk.

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

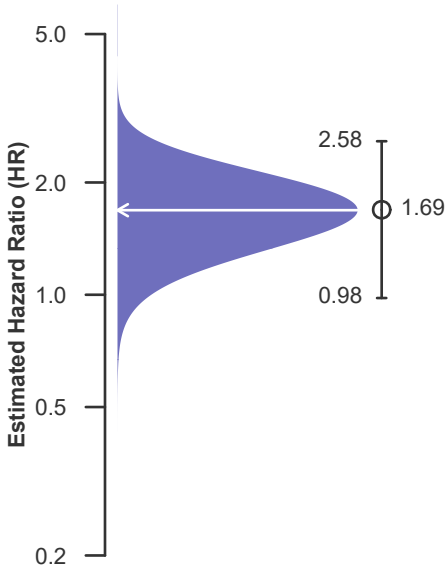
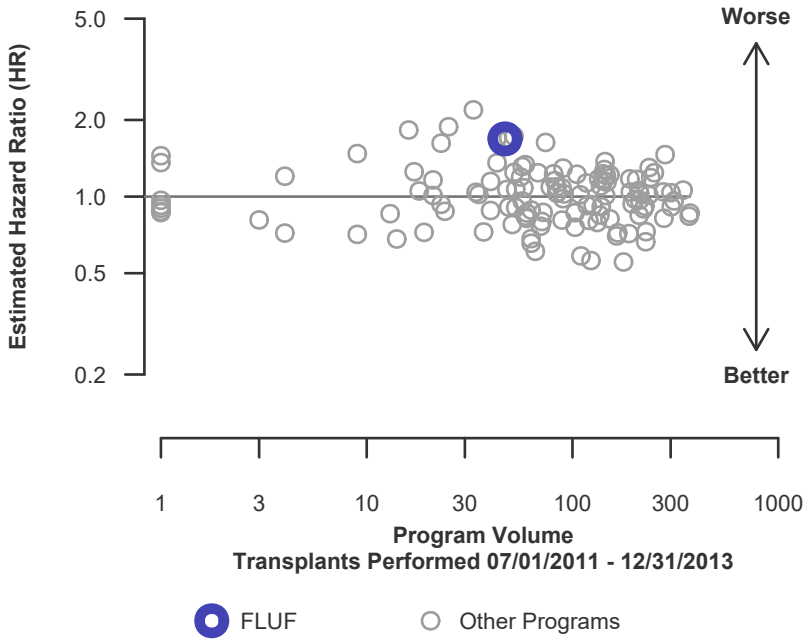


Figure C6. Adult (18+) 3-year graft failure HR program comparison



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	47	12,894
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	68.09%	80.78%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	81.38%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	15	2,478
Number of expected graft failures (including deaths) during the first 3 years after transplant	8.09	2,478
Estimated hazard ratio*	1.69	1.00
95% credible interval for the hazard ratio**	[0.98, 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 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, [0.98, 2.58], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 69% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 2% reduced risk up to 158% increased risk.

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

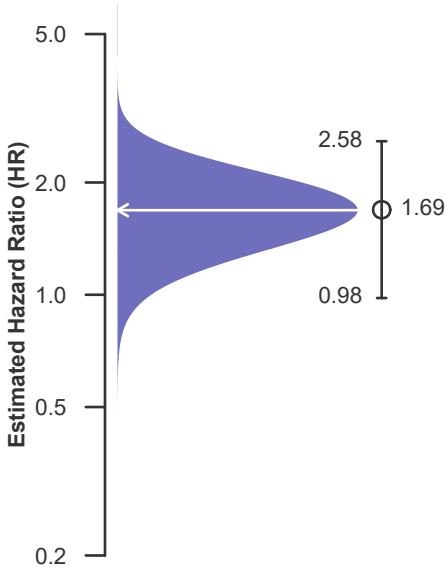
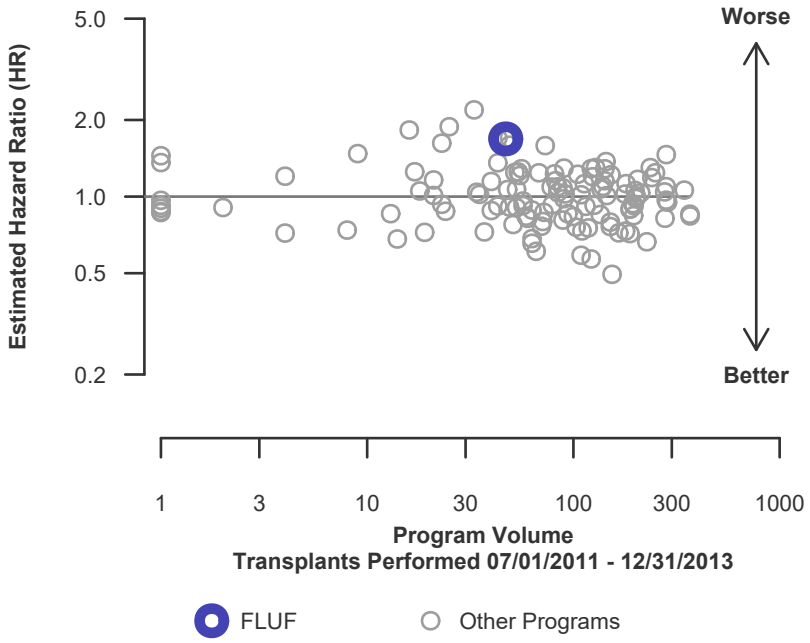


Figure C6D. Adult (18+) 3-year deceased donor graft failure HR program comparison



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

This center did not perform any transplants relevant to this table during 07/01/2011-12/31/2013

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

This center did not perform any transplants relevant to this figure during 07/01/2011-12/31/2013

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

This center did not perform any transplants relevant to this figure during 07/01/2011-12/31/2013

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	6	1,273
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	50.00%	94.19%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	89.05%	--
Number of observed graft failures (including deaths) during the first month after transplant	3	74
Number of expected graft failures (including deaths) during the first month after transplant	0.55	74
Estimated hazard ratio*	1.96	1.00
95% credible interval for the hazard ratio**	[0.64, 4.02]	--

* 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, [0.64, 4.02], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 96% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 36% reduced risk up to 302% increased risk.

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

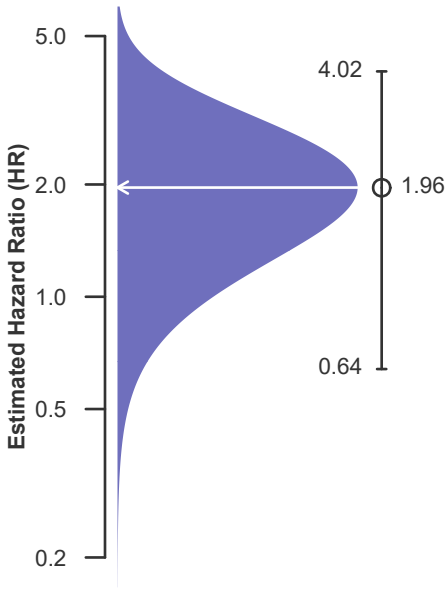
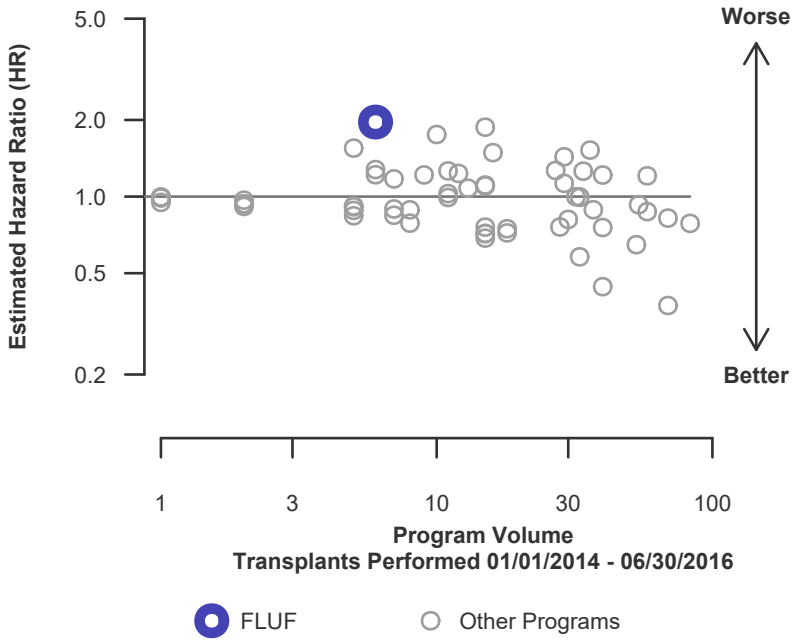


Figure C8. Pediatric (<18) 1-month graft failure HR program comparison



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	6	1,118
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	50.00%	93.74%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	89.05%	--
Number of observed graft failures (including deaths) during the first month after transplant	3	70
Number of expected graft failures (including deaths) during the first month after transplant	0.55	70
Estimated hazard ratio*	1.96	1.00
95% credible interval for the hazard ratio**	[0.64, 4.02]	--

* 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, [0.64, 4.02], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 96% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 36% reduced risk up to 302% increased risk.

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

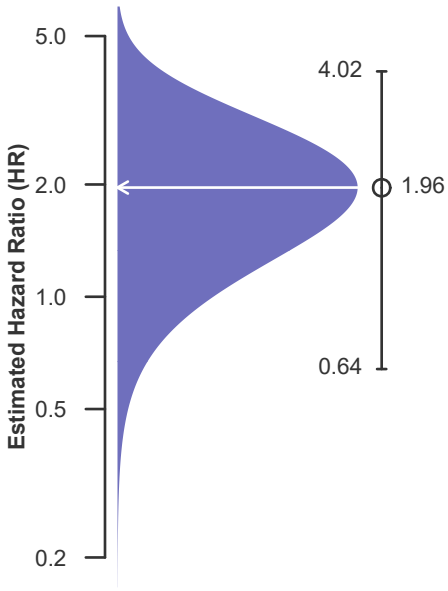
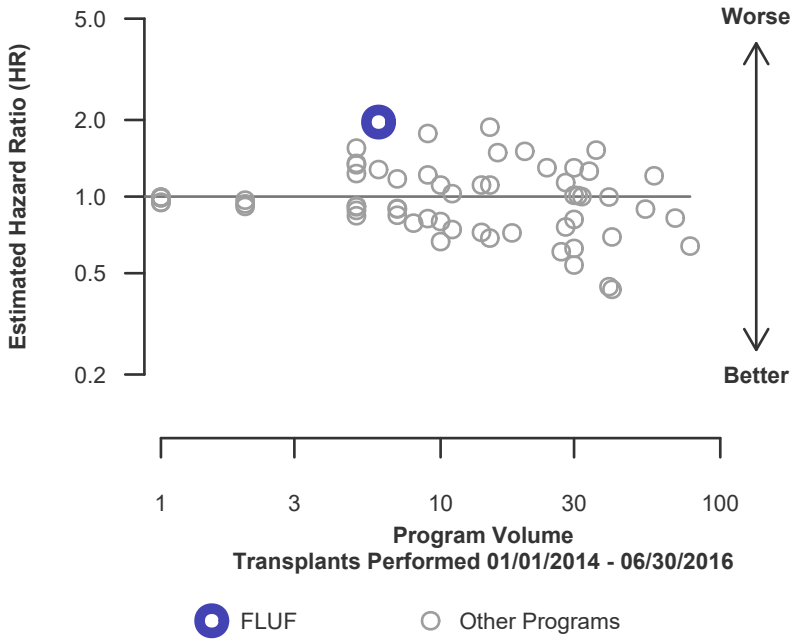


Figure C8D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison



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

This center did not perform any transplants relevant to this table during 01/01/2014-06/30/2016

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016

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	6	1,273
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	50.00%	91.48%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	84.45%	--
Number of observed graft failures (including deaths) during the first year after transplant	3	106
Number of expected graft failures (including deaths) during the first year after transplant	0.64	106
Estimated hazard ratio*	1.89	1.00
95% credible interval for the hazard ratio**	[0.61, 3.87]	--

* 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, [0.61, 3.87], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 89% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 39% reduced risk up to 287% increased risk.

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

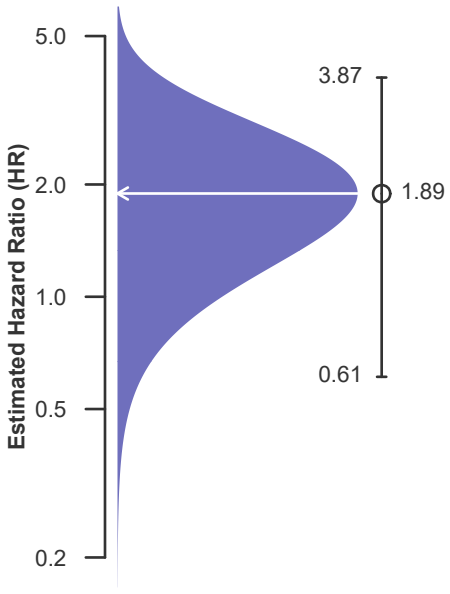
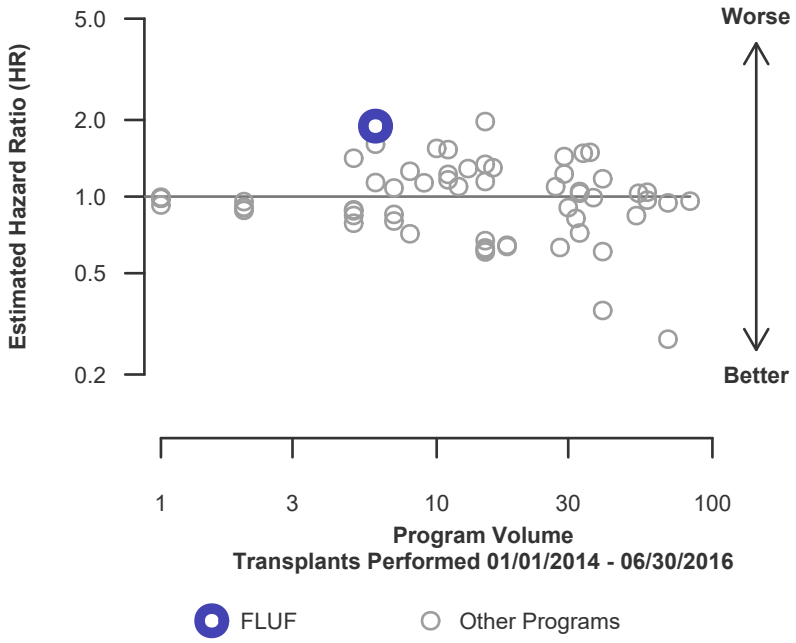


Figure C10. Pediatric (<18) 1-year graft failure HR program comparison



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	6	1,118
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	50.00%	91.02%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	84.45%	--
Number of observed graft failures (including deaths) during the first year after transplant	3	98
Number of expected graft failures (including deaths) during the first year after transplant	0.64	98
Estimated hazard ratio*	1.89	1.00
95% credible interval for the hazard ratio**	[0.61, 3.87]	--

* 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, [0.61, 3.87], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 89% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 39% reduced risk up to 287% increased risk.

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

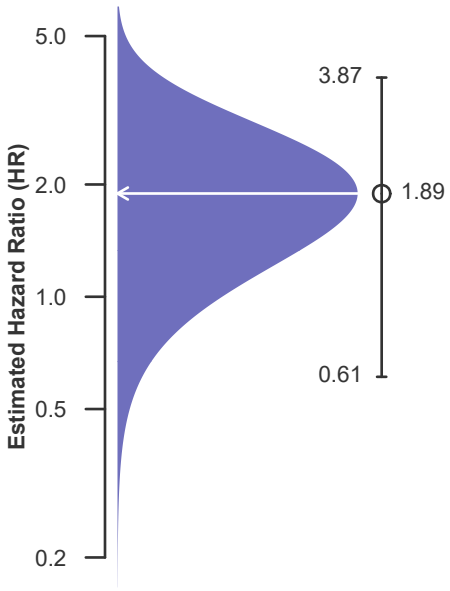
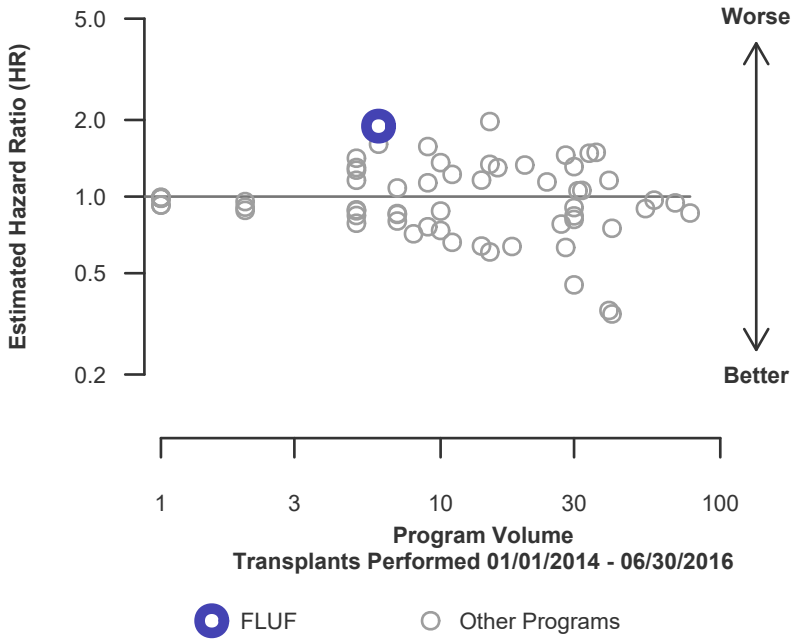


Figure C10D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison



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

This center did not perform any transplants relevant to this table during 01/01/2014-06/30/2016

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016

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	11	1,179
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	63.64%	85.67%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	77.31%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	4	169
Number of expected graft failures (including deaths) during the first 3 years after transplant	2.62	169
Estimated hazard ratio*	1.30	1.00
95% credible interval for the hazard ratio**	[0.48, 2.52]	--

* 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, [0.48, 2.52], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 30% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 52% reduced risk up to 152% increased risk.

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

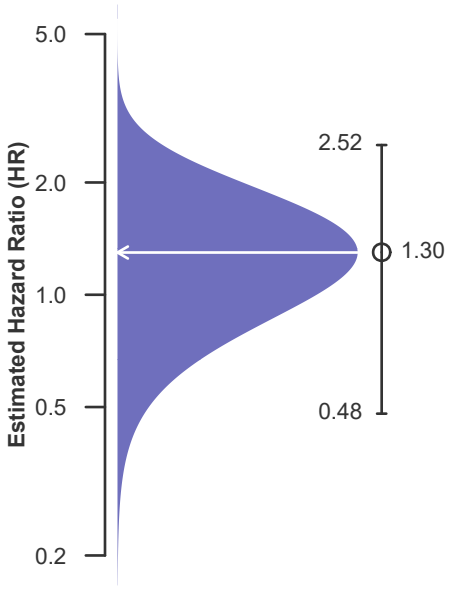
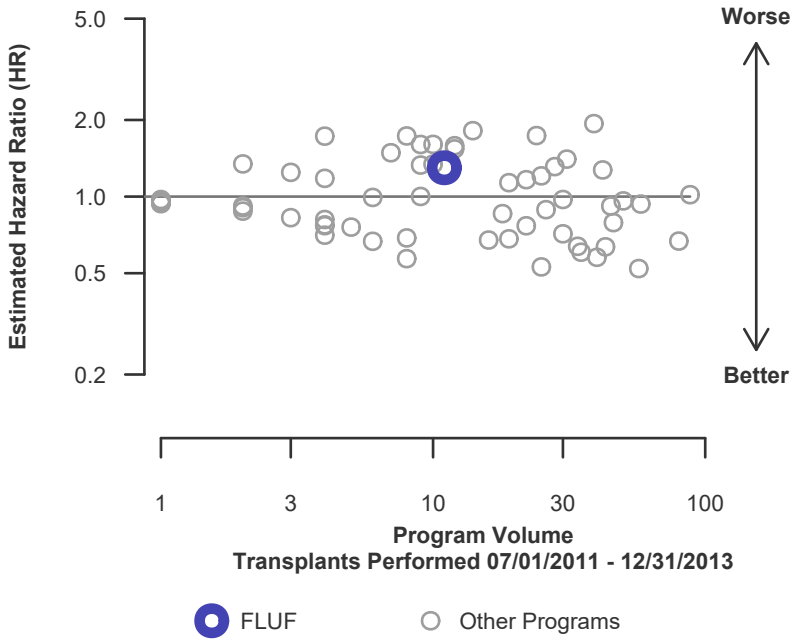


Figure C12. Pediatric (<18) 3-year graft failure HR program comparison



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	11	1,062
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	63.64%	85.03%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	77.31%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	4	159
Number of expected graft failures (including deaths) during the first 3 years after transplant	2.62	159
Estimated hazard ratio*	1.30	1.00
95% credible interval for the hazard ratio**	[0.48, 2.52]	--

* 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, [0.48, 2.52], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 30% higher risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 52% reduced risk up to 152% increased risk.

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

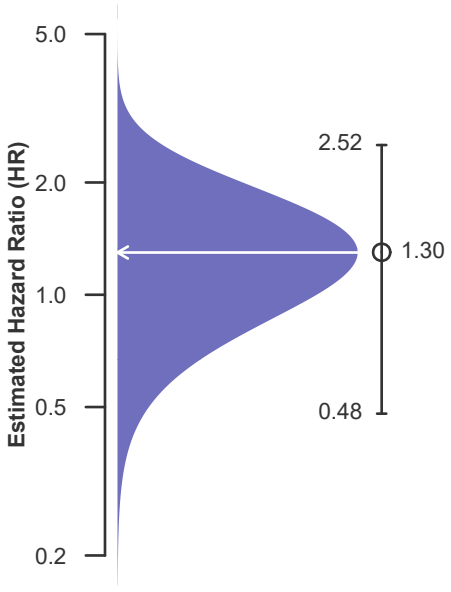
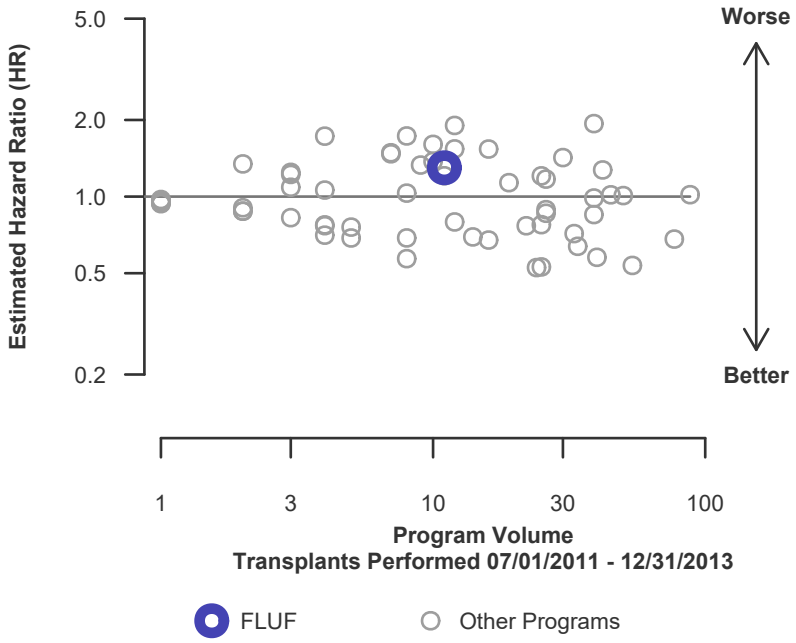


Figure C12D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison



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

This center did not perform any transplants relevant to this table during 07/01/2011-12/31/2013

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

This center did not perform any transplants relevant to this figure during 07/01/2011-12/31/2013

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

This center did not perform any transplants relevant to this figure during 07/01/2011-12/31/2013

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	87	14,026
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	96.55%	97.45%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	96.81%	--
Number of observed deaths during the first month after transplant	3	358
Number of expected deaths during the first month after transplant	2.79	358
Estimated hazard ratio*	1.04	1.00
95% credible interval for the hazard ratio**	[0.34, 2.14]	--

* 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, [0.34, 2.14], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 4% higher risk of patient death compared to an average program, but FLUF's performance could plausibly range from 66% reduced risk up to 114% increased risk.

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

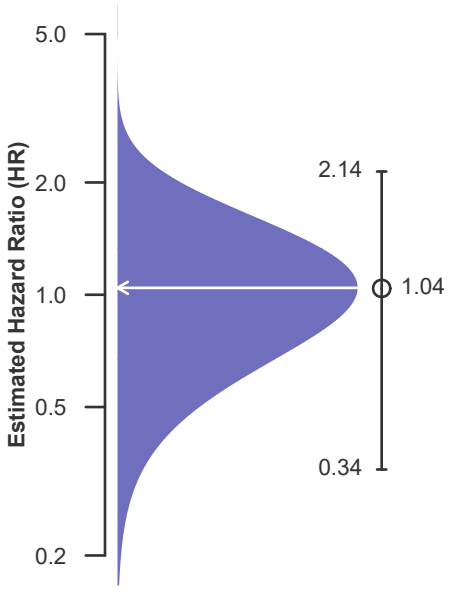
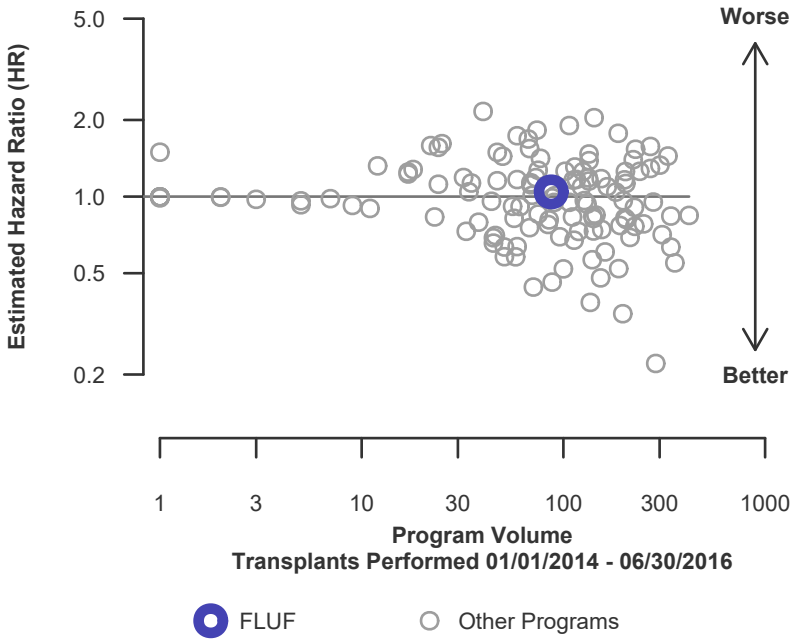


Figure C14. Adult (18+) 1-month patient death HR program comparison



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	87	13,384
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	96.55%	97.44%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	96.81%	--
Number of observed deaths during the first month after transplant	3	343
Number of expected deaths during the first month after transplant	2.79	343
Estimated hazard ratio*	1.04	1.00
95% credible interval for the hazard ratio**	[0.34, 2.14]	--

* 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, [0.34, 2.14], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 4% higher risk of patient death compared to an average program, but FLUF's performance could plausibly range from 66% reduced risk up to 114% increased risk.

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

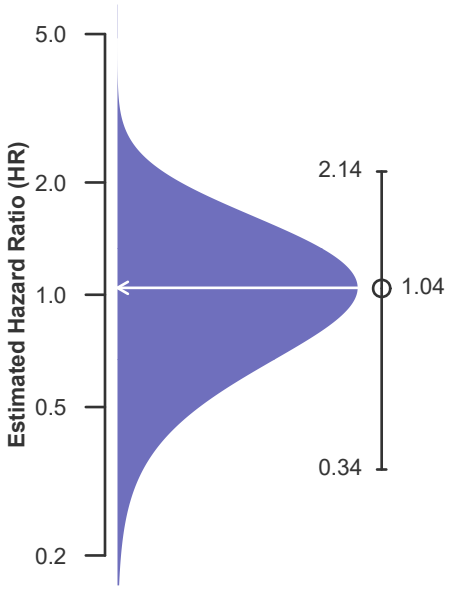
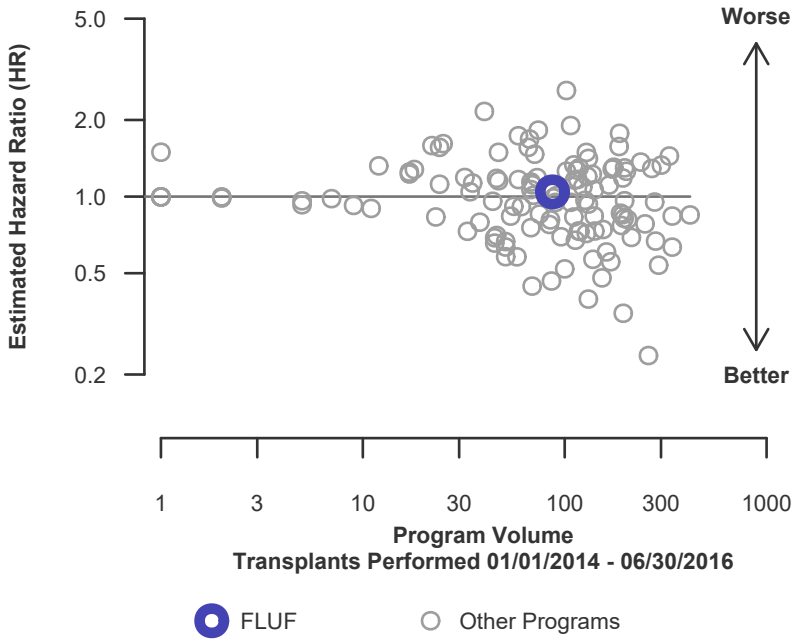


Figure C14D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)



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

This center did not perform any transplants relevant to this table during 01/01/2014-06/30/2016

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016

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	87	14,026
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	91.77%	92.01%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	90.11%	--
Number of observed deaths during the first year after transplant	7	1,051
Number of expected deaths during the first year after transplant	8.24	1,051
Estimated hazard ratio*	0.88	1.00
95% credible interval for the hazard ratio**	[0.40, 1.54]	--

* 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, [0.40, 1.54], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 12% lower risk of patient death compared to an average program, but FLUF's performance could plausibly range from 60% reduced risk up to 54% increased risk.

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

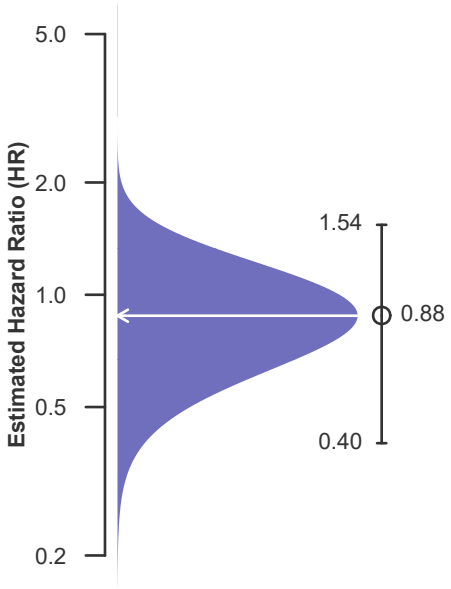
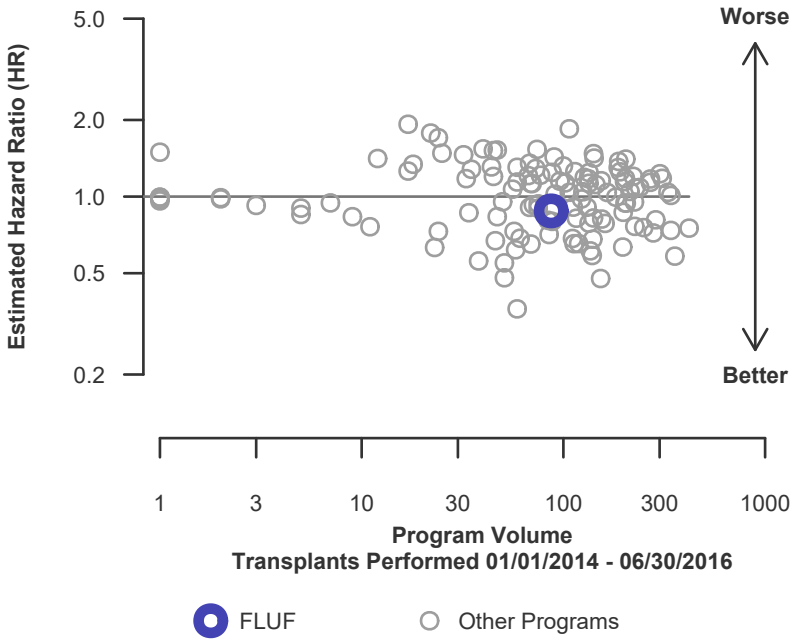


Figure C16. Adult (18+) 1-year patient death HR program comparison



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	87	13,384
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	91.77%	91.99%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	90.11%	--
Number of observed deaths during the first year after transplant	7	1,005
Number of expected deaths during the first year after transplant	8.24	1,005
Estimated hazard ratio*	0.88	1.00
95% credible interval for the hazard ratio**	[0.40, 1.54]	--

* 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, [0.40, 1.54], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 12% lower risk of patient death compared to an average program, but FLUF's performance could plausibly range from 60% reduced risk up to 54% increased risk.

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

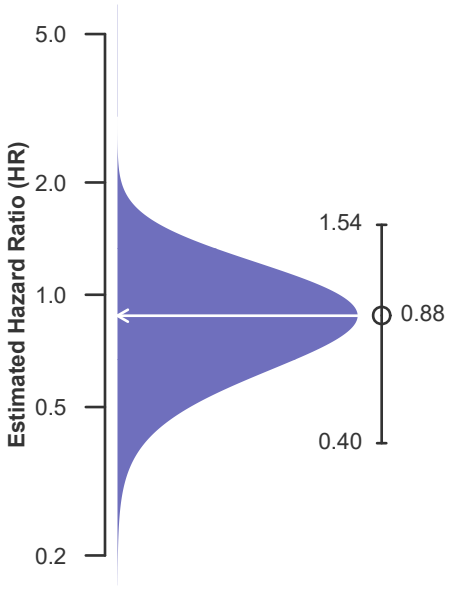
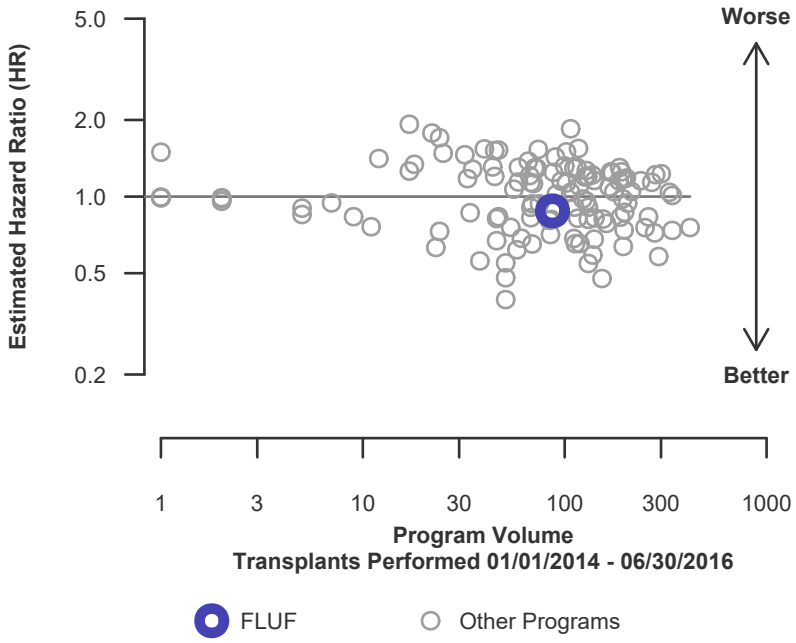


Figure C16D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)



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

This center did not perform any transplants relevant to this table during 01/01/2014-06/30/2016

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016

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	43	12,749
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	76.74%	83.60%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	82.54%	--
Number of observed deaths during the first 3 years after transplant	10	2,091
Number of expected deaths during the first 3 years after transplant	7.08	2,091
Estimated hazard ratio*	1.32	1.00
95% credible interval for the hazard ratio**	[0.68, 2.17]	--

* 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, [0.68, 2.17], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 32% higher risk of patient death compared to an average program, but FLUF's performance could plausibly range from 32% reduced risk up to 117% increased risk.

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

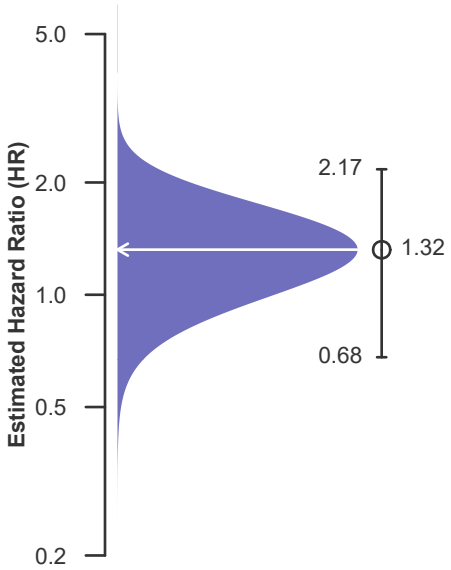
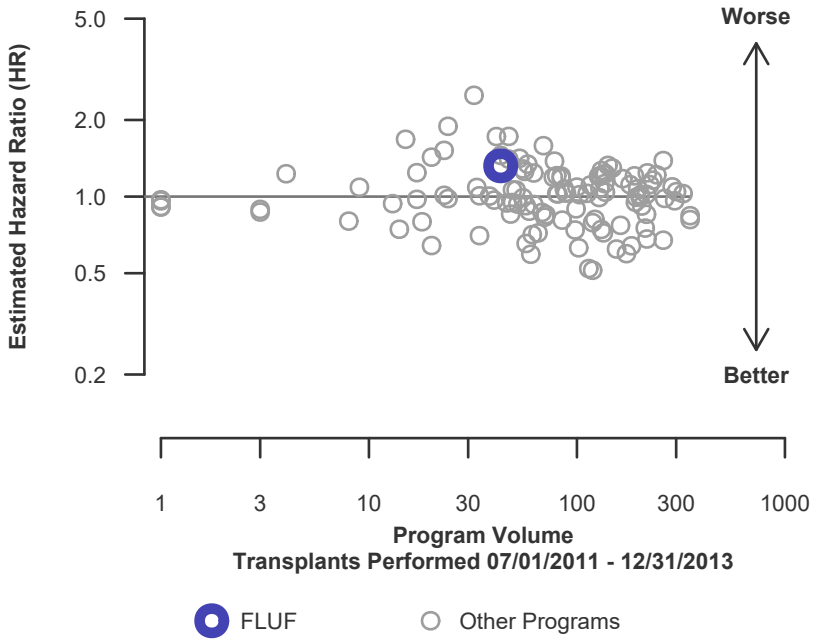


Figure C18. Adult (18+) 3-year patient death HR program comparison



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	43	12,256
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	76.74%	83.53%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	82.54%	--
Number of observed deaths during the first 3 years after transplant	10	2,019
Number of expected deaths during the first 3 years after transplant	7.08	2,019
Estimated hazard ratio*	1.32	1.00
95% credible interval for the hazard ratio**	[0.68, 2.17]	--

* 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, [0.68, 2.17], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 32% higher risk of patient death compared to an average program, but FLUF's performance could plausibly range from 32% reduced risk up to 117% increased risk.

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

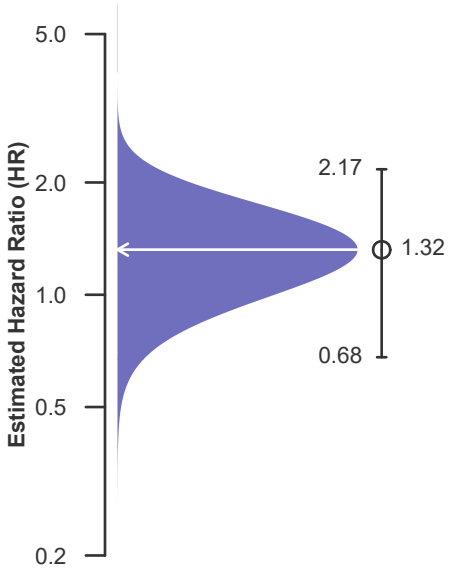
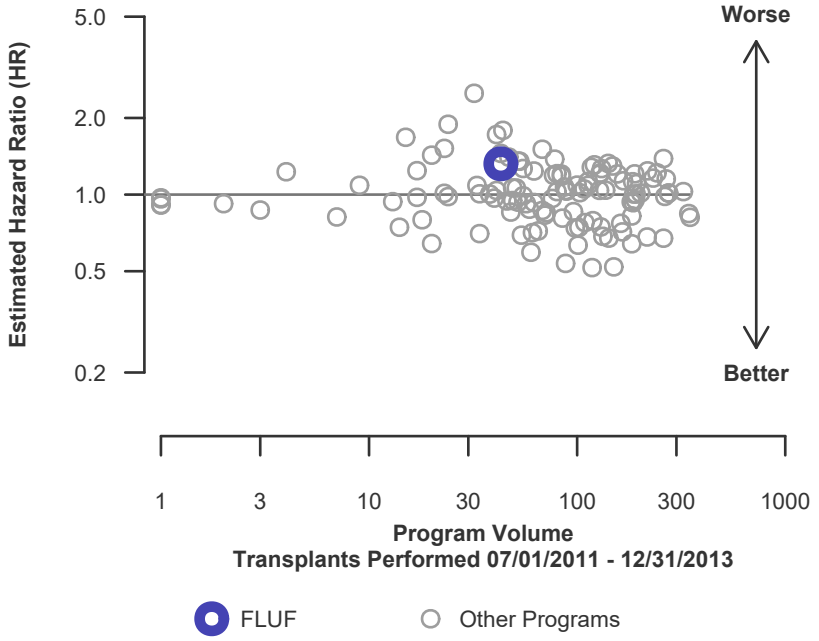


Figure C18D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)



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

This center did not perform any transplants relevant to this table during 07/01/2011-12/31/2013

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

This center did not perform any transplants relevant to this figure during 07/01/2011-12/31/2013

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

This center did not perform any transplants relevant to this figure during 07/01/2011-12/31/2013

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	3	1,167
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	66.67%	98.37%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	96.25%	--
Number of observed deaths during the first month after transplant	1	19
Number of expected deaths during the first month after transplant	0.12	19
Estimated hazard ratio*	1.42	1.00
95% credible interval for the hazard ratio**	[0.29, 3.42]	--

* 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, [0.29, 3.42], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 42% higher risk of patient death compared to an average program, but FLUF's performance could plausibly range from 71% reduced risk up to 242% increased risk.

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

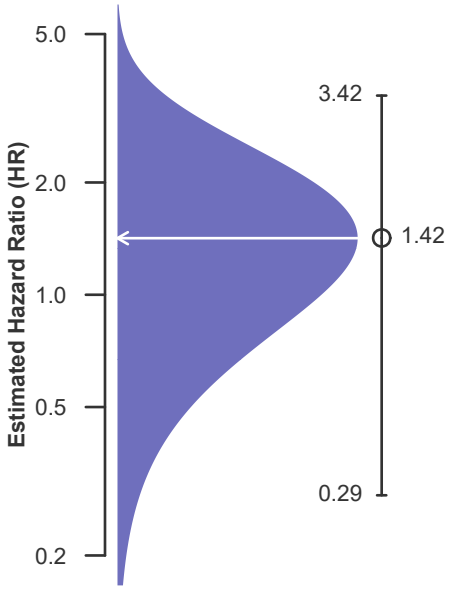
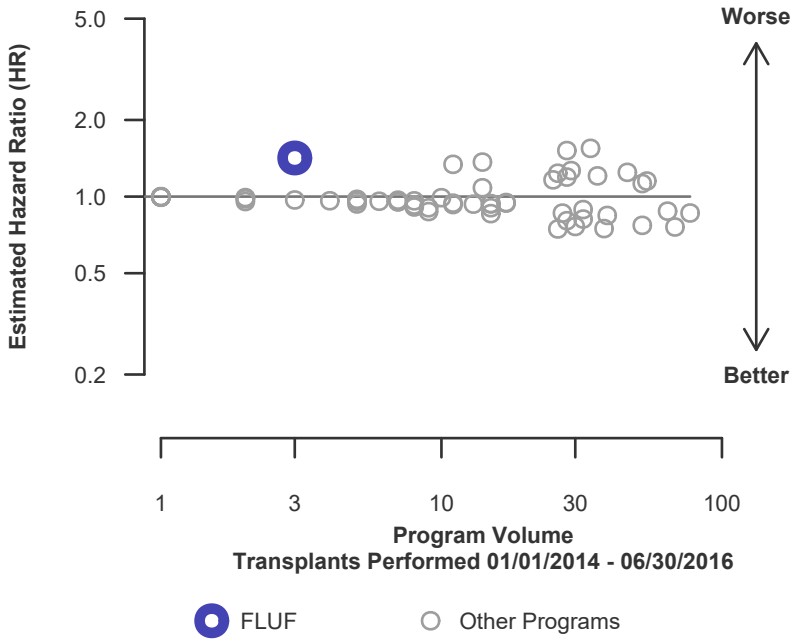


Figure C20. Pediatric (<18) 1-month patient death HR program comparison



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	3	1,015
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	66.67%	98.13%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	96.25%	--
Number of observed deaths during the first month after transplant	1	19
Number of expected deaths during the first month after transplant	0.12	19
Estimated hazard ratio*	1.42	1.00
95% credible interval for the hazard ratio**	[0.29, 3.42]	--

* 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, [0.29, 3.42], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 42% higher risk of patient death compared to an average program, but FLUF's performance could plausibly range from 71% reduced risk up to 242% increased risk.

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

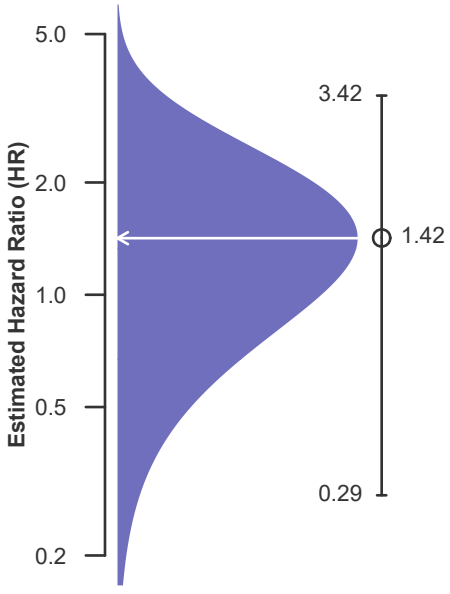
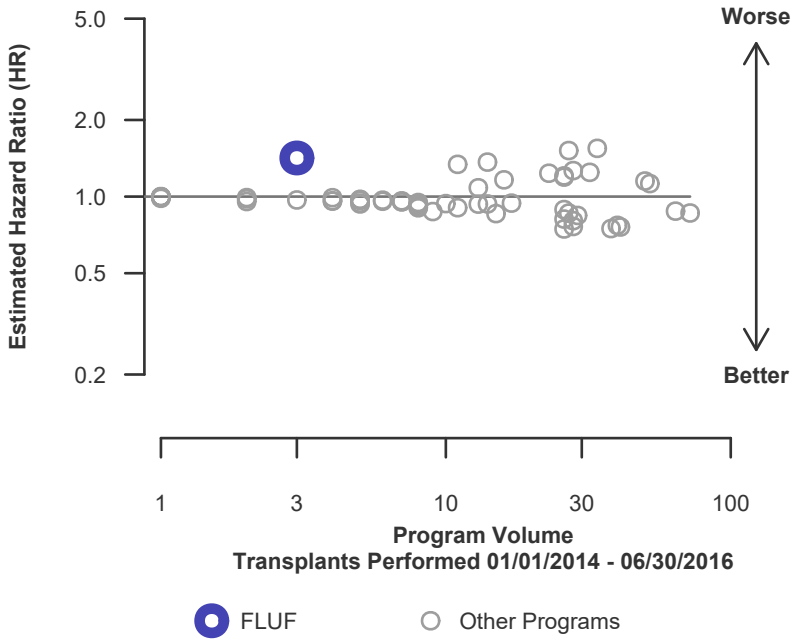


Figure C20D. Pediatric (<18) 1-month patient death HR program comparison (deceased donor grafts)



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

This center did not perform any transplants relevant to this table during 01/01/2014-06/30/2016

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016

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	3	1,167
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	66.67%	96.24%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	92.19%	--
Number of observed deaths during the first year after transplant	1	42
Number of expected deaths during the first year after transplant	0.16	42
Estimated hazard ratio*	1.39	1.00
95% credible interval for the hazard ratio**	[0.29, 3.34]	--

* 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, [0.29, 3.34], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 39% higher risk of patient death compared to an average program, but FLUF's performance could plausibly range from 71% reduced risk up to 234% increased risk.

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

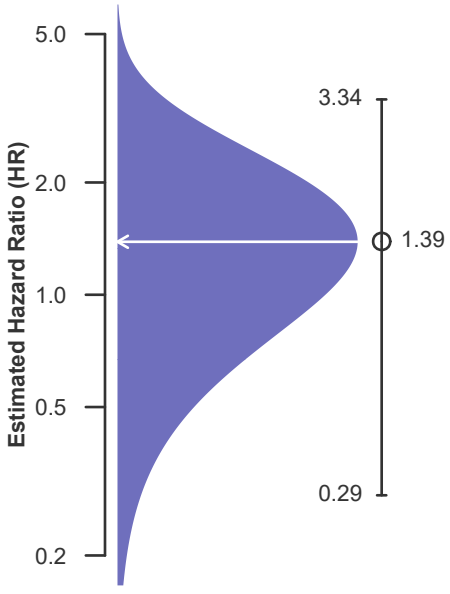
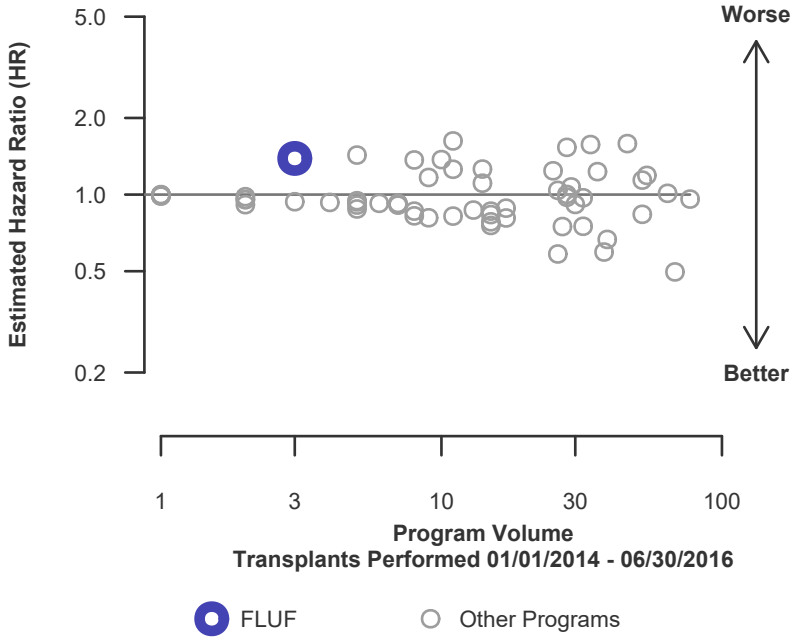


Figure C22. Pediatric (<18) 1-year patient death HR program comparison



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	3	1,015
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	66.67%	96.09%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	92.19%	--
Number of observed deaths during the first year after transplant	1	38
Number of expected deaths during the first year after transplant	0.16	38
Estimated hazard ratio*	1.39	1.00
95% credible interval for the hazard ratio**	[0.29, 3.34]	--

* 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, [0.29, 3.34], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 39% higher risk of patient death compared to an average program, but FLUF's performance could plausibly range from 71% reduced risk up to 234% increased risk.

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

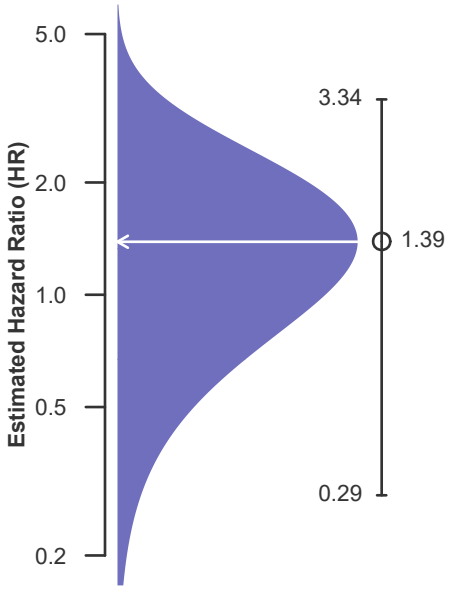
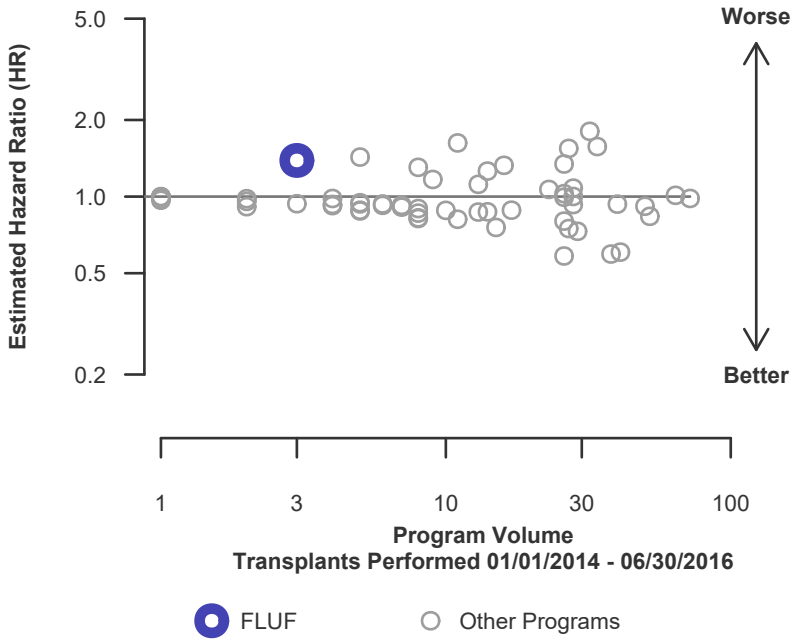


Figure C22D. Pediatric (<18) 1-year patient death HR program comparison (deceased donor grafts)



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

This center did not perform any transplants relevant to this table during 01/01/2014-06/30/2016

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016

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

This center did not perform any transplants relevant to this figure during 01/01/2014-06/30/2016

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	9	1,074
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	88.89%	92.64%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	90.91%	--
Number of observed deaths during the first 3 years after transplant	1	79
Number of expected deaths during the first 3 years after transplant	0.85	79
Estimated hazard ratio*	1.05	1.00
95% credible interval for the hazard ratio**	[0.22, 2.54]	--

* 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, [0.22, 2.54], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 5% higher risk of patient death compared to an average program, but FLUF's performance could plausibly range from 78% reduced risk up to 154% increased risk.

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

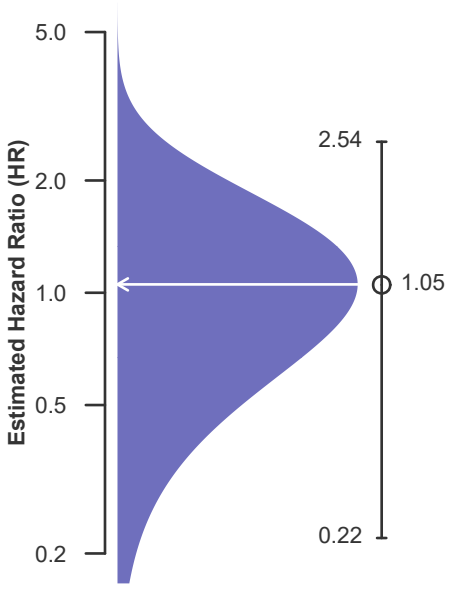
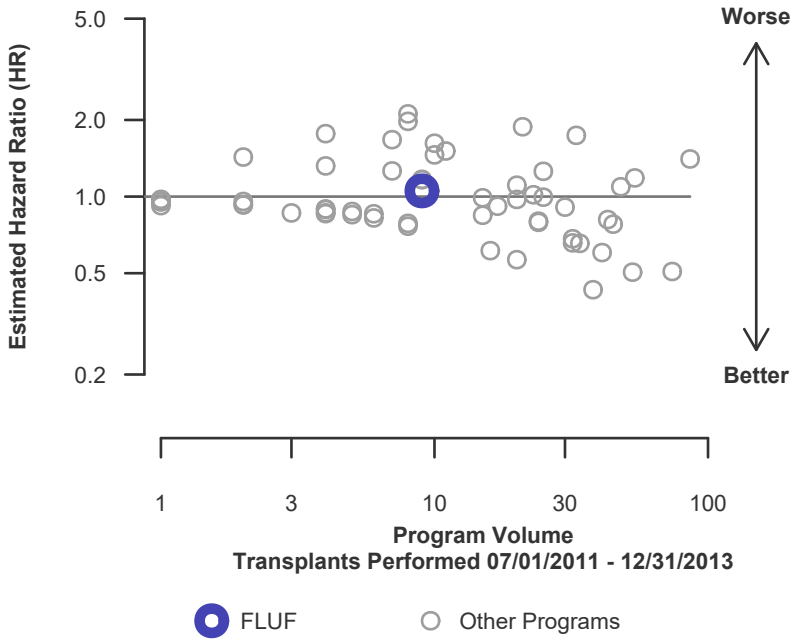


Figure C24. Pediatric (<18) 3-year patient death HR program comparison



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	9	961
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	88.89%	92.30%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	90.91%	--
Number of observed deaths during the first 3 years after transplant	1	74
Number of expected deaths during the first 3 years after transplant	0.85	74
Estimated hazard ratio*	1.05	1.00
95% credible interval for the hazard ratio**	[0.22, 2.54]	--

* 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, [0.22, 2.54], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 5% higher risk of patient death compared to an average program, but FLUF's performance could plausibly range from 78% reduced risk up to 154% increased risk.

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

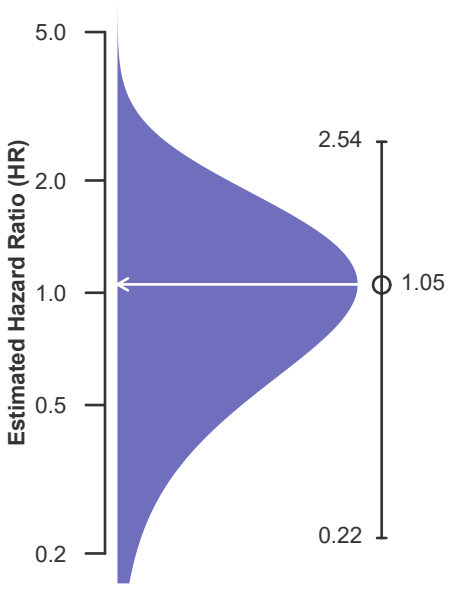
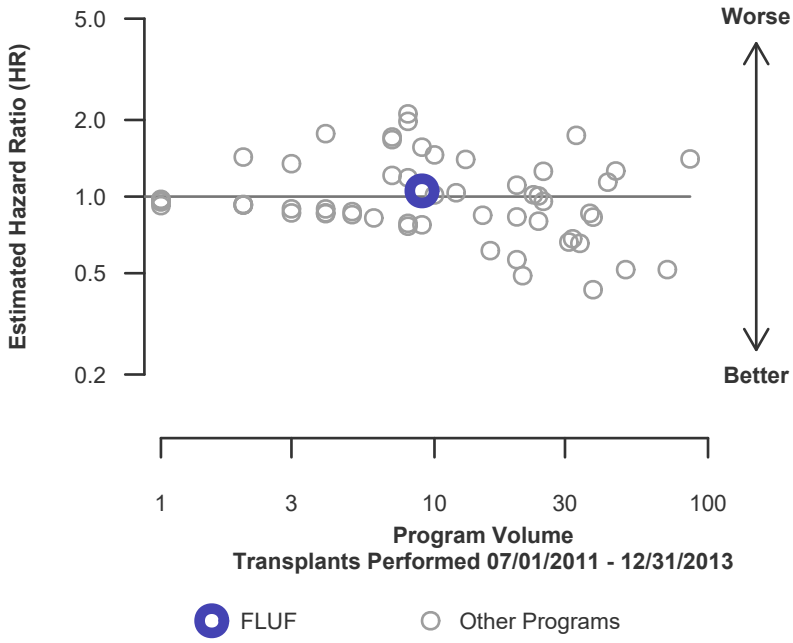


Figure C24D. Pediatric (<18) 3-year patient death HR program comparison (deceased donor grafts)



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

This center did not perform any transplants relevant to this table during 07/01/2011-12/31/2013

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

This center did not perform any transplants relevant to this figure during 07/01/2011-12/31/2013

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

This center did not perform any transplants relevant to this figure during 07/01/2011-12/31/2013

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: Liver Graft Failures		First-Year Outcomes: Estimated Liver Graft Survival	
	FLUF-TX1	USA	FLUF-TX1	USA	FLUF-TX1	USA
Kidney-Liver	14	1,505	1	135	92.9%	90.4%

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-Liver	14	1,505	1	125	92.9%	91.1%

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	--	--	--	--	--	--
6-Month Follow-Up						
Donors due for follow-up	--	--	--	--	--	--
Timely clinical data	--	--	--	--	--	--
	--%	--%	--%	--%	--%	--%
Timely lab data	--	--	--	--	--	--
	--%	--%	--%	--%	--%	--%
12-Month Follow-Up						
Donors due for follow-up	--	--		--	--	
Timely clinical data	--	--		--	--	
	--%	--%		--%	--%	
Timely lab data	--	--		--	--	
	--%	--%		--%	--%	
24-Month Follow-Up						
Donors due for follow-up	--			--		
Timely clinical data	--			--		
	--%			--%		
Timely lab data	--			--		
	--%			--%		

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