User Guide

This report contains a wide range of useful information about the kidney transplant program at Cleveland Clinic Florida Weston (FLCC). The report has three main sections:

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

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

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

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

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

User Guide

confidence interval includes (crosses) 1.0, then we cannot say that this program's observed transplant rate is different from what would be expected. The observed transplant rate at this program was 40.3 per 100 person-years. Transplant rates are also provided for adult and pediatric patients separately along with comparisons to adult and pediatric rates in the DSA, the OPTN region, and the nation. Transplant rates are also presented excluding transplants from a living donor (Table B4D and Figures B1D-B3D). Please refer to the PSR Technical Methods documentation available at http://www.srtr.org for more detail regarding how expected rates are calculated.

The 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 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 01/01/2013 and 06/30/2018. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this program was 0.7 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 12/31/2018 to calculate a particular percentile of transplant times.

Table B10 contains a summary of the offer acceptance practices of the program. The offer acceptance ratio indicates whether the program is more or less likely to accept offers than the average program. If the offer acceptance ratio is greater than 1.0, then the program tends to accept more offers than average; if the offer acceptance ratio is less than 1.0, then the program tends to accept fewer offers than average. Figures B7 shows the distribution of program offer acceptance rates as well as the offer acceptance rate for this program. Figures B8 - B11 similarly show offer acceptance rates for subsets of offers.

The Transplant Information section begins with descriptions of transplant recipients in Tables C1 and C2. Data on recipients of deceased donor transplants are presented (Tables C1D and C2D); if applicable, data on recipients of living donor transplants are presented separately (Tables C1L and 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.

User Guide

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

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

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

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

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

Table of Contents

A. Program Summary

Figure A1. Waiting list and transplant activity

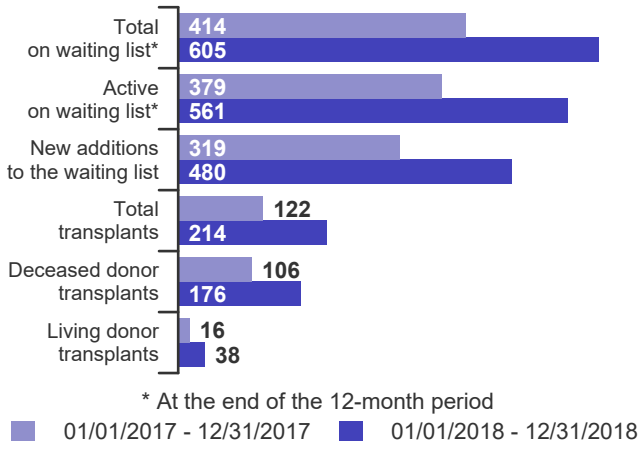


Table A1. Census of transplant recipients

Recipients	01/01/2017-12/31/2017	01/01/2018-12/31/2018
Transplanted at this center	122	214
Followed by this center*	256	363
...transplanted at this program	227	332
...transplanted elsewhere	29	31

* 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 01/01/2017 - 12/31/2018

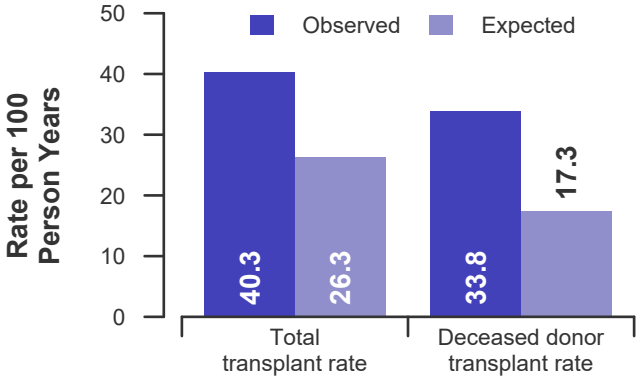


Figure A3. Waiting list mortality rates 01/01/2017 - 12/31/2018

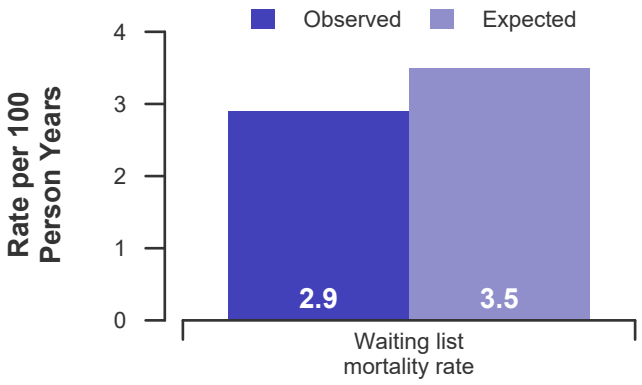


Figure A4. First-year adult graft and patient survival: 01/01/2016 - 06/30/2018

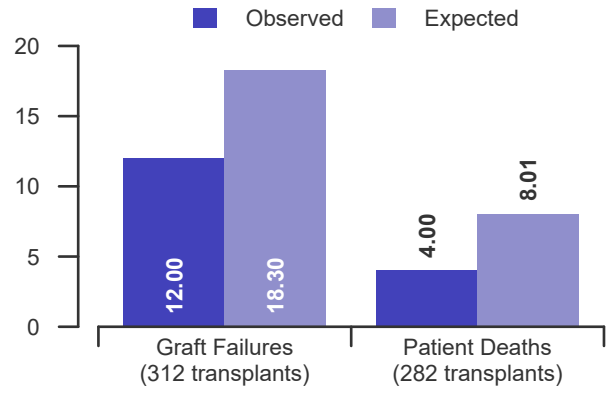


Figure A5. First-year pediatric graft and patient survival: 01/01/2016 - 06/30/2018

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

B. Waiting List Information

Table B1. Waiting list activity summary: 01/01/2017 - 12/31/2018

Waiting List Registrations	Counts for this center		Activity for 01/01/2018 to 12/31/2018 as percent of registrants on waiting list on 01/01/2018		
	01/01/2017-12/31/2017	01/01/2018-12/31/2018	This Center (%)	OPTN Region (%)	U.S. (%)
On waiting list at start	256	414	100.0	100.0	100.0
Additions					
New listings at this center	319	480	115.9	39.4	39.4
Removals					
Transferred to another center	0	0	0.0	1.4	1.2
Received living donor transplant*	16	38	9.2	4.7	6.3
Received deceased donor transplant*	106	176	42.5	14.5	14.5
Died	3	16	3.9	4.2	4.0
Transplanted at another center	20	46	11.1	4.4	3.3
Deteriorated	6	7	1.7	3.9	4.4
Recovered	0	0	0.0	0.2	0.2
Other reasons	10	6	1.4	9.0	5.7
On waiting list at end of period	414	605	146.1	97.2	99.8

* 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 01/01/2018 and 12/31/2018

Demographic Characteristic	New Waiting List Registrations 01/01/2018 to 12/31/2018 (%)			All Waiting List Registrations on 12/31/2018 (%)		
	This Center (N=480)	OPTN Region (N=5,798)	U.S. (N=39,987)	This Center (N=605)	OPTN Region (N=14,319)	U.S. (N=101,291)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	30.2	35.2	42.1	30.2	28.6	35.8
African-American	38.1	46.8	28.2	40.5	56.6	32.4
Hispanic/Latino	25.8	13.9	19.3	23.5	11.0	20.4
Asian	4.8	3.4	8.4	5.1	3.1	9.7
Other	1.0	0.7	1.9	0.7	0.6	1.7
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Age (%)						
<2 years	0.0	0.1	0.1	0.0	0.1	0.1
2-11 years	0.0	0.9	1.0	0.0	0.4	0.5
12-17 years	0.0	1.3	1.5	0.0	0.6	0.9
18-34 years	6.7	10.6	10.8	8.9	11.2	10.7
35-49 years	27.5	27.5	25.2	29.8	31.1	27.7
50-64 years	38.5	40.4	41.2	38.7	41.5	43.5
65+ years	27.3	19.2	20.2	22.6	15.1	16.6
Other (includes prenatal)	0.0	0.0	0.0	0.0	0.0	0.0
Gender (%)						
Male	62.7	61.2	62.2	62.6	59.3	61.8
Female	37.3	38.8	37.8	37.4	40.7	38.2

* 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 01/01/2018 and 12/31/2018

Medical Characteristic	New Waiting List Registrations 01/01/2018 to 12/31/2018 (%)			All Waiting List Registrations on 12/31/2018 (%)		
	This Center (N=480)	OPTN Region (N=5,798)	U.S. (N=39,987)	This Center (N=605)	OPTN Region (N=14,319)	U.S. (N=101,291)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Blood Type (%)						
O	52.3	49.4	49.0	55.2	53.0	53.3
A	28.1	30.5	32.0	23.0	25.9	27.4
B	16.5	16.5	15.1	19.7	18.7	16.7
AB	3.1	3.6	3.9	2.1	2.4	2.5
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Previous Transplant (%)						
Yes	10.6	11.3	12.7	12.7	13.2	13.8
No	89.4	88.7	87.3	87.3	86.8	86.2
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Initial CPRA (%)						
0-9%	79.4	76.8	79.2	81.5	79.5	80.4
10-79%	12.3	13.9	12.9	11.1	11.7	12.2
80+%	8.3	8.8	7.8	7.4	8.5	7.3
Unknown	0.0	0.4	0.1	0.0	0.3	0.1
Primary Disease (%)*						
Glomerular Diseases	19.2	19.8	19.8	21.5	19.2	19.2
Tubular and Interstitial Diseases	2.9	3.3	4.0	2.1	2.8	3.6
Polycystic Kidneys	7.1	7.5	7.4	7.6	7.1	7.0
Congenital, Familial, Metabolic	0.8	1.6	2.0	0.8	1.3	1.7
Diabetes	33.8	33.7	35.0	30.7	32.5	35.9
Renovascular & Vascular Diseases	0.4	0.3	0.2	0.2	0.2	0.1
Neoplasms	0.0	0.3	0.4	0.2	0.2	0.3
Hypertensive Nephrosclerosis	26.2	25.1	19.2	28.3	30.1	21.9
Other	9.2	8.1	11.5	8.6	6.4	9.8
Missing*	0.4	0.2	0.4	0.0	0.2	0.4

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

B. Waiting List Information

Table B4. Transplant rates: 01/01/2017 - 12/31/2018

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	256	1,981	15,108	103,905
Person Years**	833.1	4,185.0	29,394.4	203,485.0
Removals for Transplant	336	1,140	5,279	40,820
Adult (18+) Candidates				
Count on waiting list at start*	255	1,952	14,956	102,444
Person Years**	831.8	4,140.2	29,073.2	200,466.7
Removals for transpant	336	1,101	5,056	39,093
Pediatric (<18) Candidates				
Count on waiting list at start*	1	29	152	1,461
Person Years**	1.3	44.8	321.1	3,018.3
Removals for transplant	0	39	223	1,727

* 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: 01/01/2017 - 12/31/2018

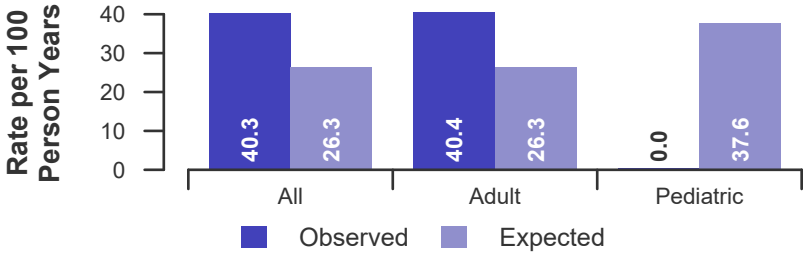


Figure B2. Transplant rate ratio estimate

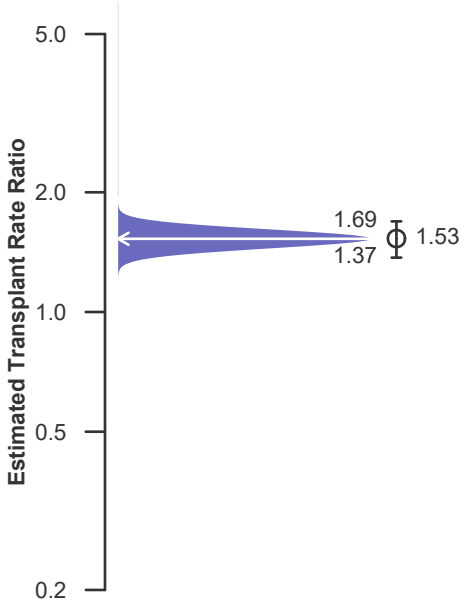
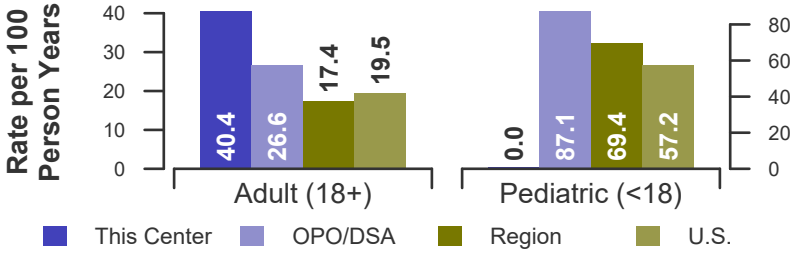


Figure B3. Observed adult (18+) and pediatric (<18) transplant rates: 01/01/2017 - 12/31/2018



B. Waiting List Information

Table B4D. Deceased donor transplant rates: 01/01/2017 - 12/31/2018

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	256	1,981	15,108	103,905
Person Years**	833.1	4,185.0	29,394.4	203,485.0
Removals for Transplant	282	936	3,987	28,702
Adult (18+) Candidates				
Count on waiting list at start*	255	1,952	14,956	102,444
Person Years**	831.8	4,140.2	29,073.2	200,466.7
Removals for transpant	282	908	3,817	27,523
Pediatric (<18) Candidates				
Count on waiting list at start*	1	29	152	1,461
Person Years**	1.3	44.8	321.1	3,018.3
Removals for transplant	0	28	170	1,179

* 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: 01/01/2017 - 12/31/2018

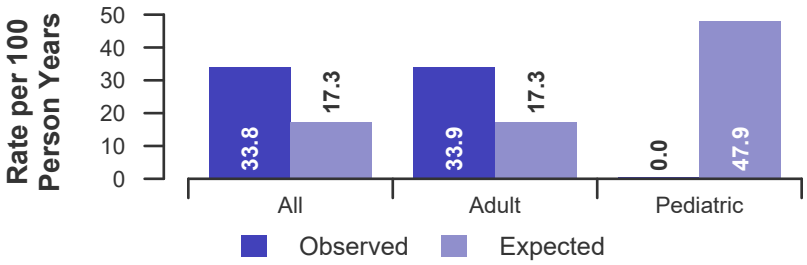


Figure B2D. Deceased donor transplant rate ratio estimate

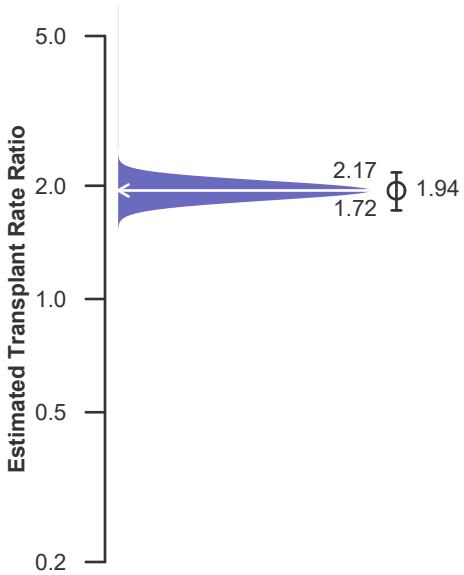
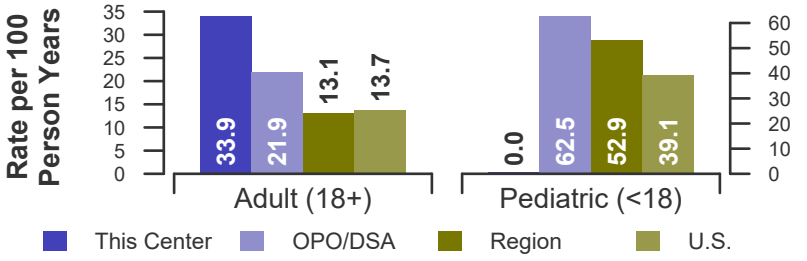


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 01/01/2017 - 12/31/2018



B. Waiting List Information

Table B5. Waiting list mortality rates: 01/01/2017 - 12/31/2018

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	256	1,981	15,108	103,905
Person Years**	860.6	4,474.7	32,461.0	222,470.8
Number of deaths	25	242	1,851	11,394
Adult (18+) Candidates				
Count on waiting list at start*	255	1,952	14,956	102,444
Person Years**	858.6	4,426.6	32,126.7	219,324.2
Number of deaths	25	241	1,847	11,357
Pediatric (<18) Candidates				
Count on waiting list at start*	1	29	152	1,461
Person Years**	2.0	48.1	334.3	3,146.6
Number of deaths	0	1	4	37

* 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: 01/01/2017 - 12/31/2018

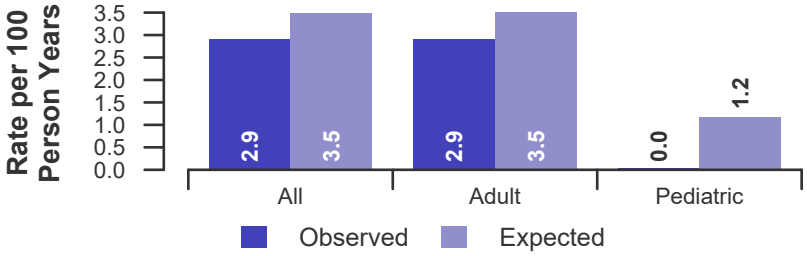


Figure B5. Waiting list mortality rate ratio estimate

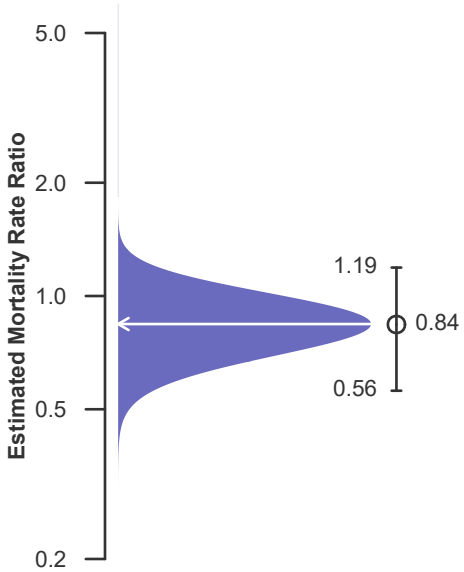
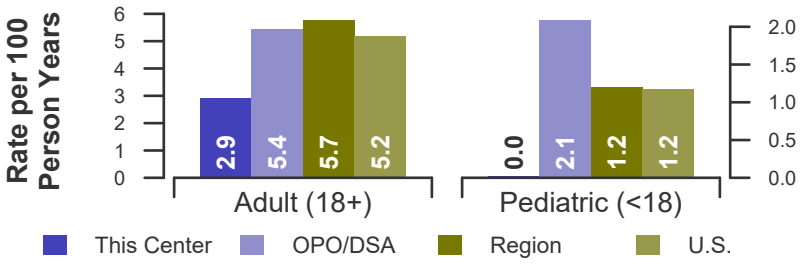


Figure B6. Observed adult (18+) and pediatric (<18) waiting list mortality rates: 01/01/2017 - 12/31/2018



B. Waiting List Information

Table B6. Waiting list candidate status after listing
Candidates registered on waiting list between 07/01/2016 and 06/30/2017

Waiting list status (survival status)	This Center (N=291) Months Since Listing			U.S. (N=36,849) Months Since Listing		
	6	12	18	6	12	18
Alive on waiting list (%)	68.7	56.4	43.6	78.4	65.9	56.2
Died on the waiting list without transplant (%)	0.7	0.7	1.7	1.2	2.2	3.2
Removed without transplant (%):						
Condition worsened (status unknown)	0.0	0.3	1.0	0.8	1.6	2.6
Condition improved (status unknown)	0.0	0.0	0.0	0.1	0.2	0.2
Refused transplant (status unknown)	0.3	0.3	0.3	0.1	0.1	0.2
Other	0.3	2.1	2.7	0.7	1.6	2.7
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	3.1	3.8	3.4	6.1	9.3	7.7
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.0	0.0	0.0	0.0	0.1	0.1
Status Yet Unknown**	0.0	0.0	1.7	0.0	0.4	3.8
Transplant (deceased donor) (%):						
Functioning (alive)	22.3	29.2	29.6	10.6	14.2	12.2
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.3	0.7	0.3	0.1	0.1	0.0
Died	1.0	1.0	1.7	0.2	0.4	0.6
Status Yet Unknown*	3.1	5.5	13.7	1.4	3.2	9.3
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.3	0.7	1.1
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	1.7	1.7	3.4	1.5	2.7	3.9
Total % known died or removed as unstable	1.7	2.1	4.5	2.2	4.3	6.5
Total % removed for transplant	29.9	40.2	50.5	18.5	27.7	33.8
Total % with known functioning transplant (alive)	25.4	33.0	33.0	16.7	23.5	19.9

* 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 01/01/2013 and 12/31/2015

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	306	7.5	43.8	55.2	57.8	94,603	2.4	12.2	19.0	24.2
Ethnicity/Race*										
White	132	6.1	39.4	50.8	53.8	37,828	3.0	13.9	20.7	25.8
African-American	104	7.7	45.2	58.7	60.6	30,449	2.0	11.3	18.1	23.4
Hispanic/Latino	56	10.7	50.0	57.1	60.7	17,198	2.6	11.6	18.3	23.8
Asian	12	8.3	50.0	66.7	66.7	7,613	1.4	9.2	15.6	20.6
Other	2	0.0	50.0	50.0	50.0	1,515	2.1	13.2	20.2	25.5
Unknown	0	--	--	--	--	0	--	--	--	--
Age										
<2 years	0	--	--	--	--	149	4.7	33.6	50.3	63.1
2-11 years	0	--	--	--	--	831	6.9	47.7	62.3	70.3
12-17 years	2	0.0	50.0	50.0	50.0	1,395	8.2	49.2	61.5	67.7
18-34 years	20	5.0	50.0	65.0	65.0	9,642	2.0	11.5	20.5	28.2
35-49 years	66	9.1	51.5	62.1	63.6	24,133	2.0	10.8	17.8	23.5
50-64 years	130	7.7	36.9	46.9	50.0	40,952	2.6	11.4	17.5	22.2
65+ years	88	6.8	46.6	60.2	63.6	17,501	2.3	11.8	17.7	21.8
Other (includes prenatal)	0	--	--	--	--	0	--	--	--	--
Gender										
Male	212	9.0	45.3	55.2	57.5	58,459	2.6	12.0	18.4	23.5
Female	94	4.3	40.4	55.3	58.5	36,144	2.2	12.6	19.9	25.4

* 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 B8. Percent of candidates with deceased donor transplants: medical characteristics
Candidates registered on the waiting list between 01/01/2013 and 12/31/2015

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	306	7.5	43.8	55.2	57.8	94,603	2.4	12.2	19.0	24.2
Blood Type										
O	149	5.4	36.9	50.3	52.3	46,654	2.2	10.4	16.0	20.6
A	95	13.7	58.9	68.4	70.5	29,930	2.9	14.9	23.3	29.8
B	53	0.0	28.3	39.6	45.3	14,461	1.7	9.6	15.4	19.6
AB	9	22.2	88.9	88.9	88.9	3,558	4.3	24.8	36.8	44.0
Previous Transplant										
Yes	43	9.3	44.2	55.8	60.5	13,408	2.1	12.3	20.4	26.2
No	263	7.2	43.7	55.1	57.4	81,195	2.5	12.2	18.7	23.9
Peak PRA/CPRA										
0-9%	260	8.1	43.1	54.2	56.5	77,427	2.6	11.9	18.2	23.4
10-79%	26	3.8	57.7	69.2	73.1	10,211	1.7	12.4	20.0	26.0
80+%	20	5.0	35.0	50.0	55.0	6,933	2.0	15.8	25.7	31.4
Unknown	0	--	--	--	--	7	100.0	100.0	100.0	100.0
Primary Disease*										
Glomerular Diseases	53	5.7	30.2	49.1	54.7	16,931	1.9	13.1	21.5	28.2
Tubular & Interstitial Diseases	11	18.2	63.6	72.7	72.7	3,413	3.8	16.4	24.2	29.2
Polycystic Kidneys	30	0.0	40.0	46.7	46.7	6,142	1.6	11.1	18.5	25.1
Congenital, Familial, Metabolic	5	0.0	20.0	20.0	20.0	1,842	3.8	26.5	37.2	44.7
Diabetes	84	6.0	35.7	51.2	53.6	33,139	1.5	8.6	13.6	17.6
Renovascular & Vascular Diseases	0	--	--	--	--	145	1.4	11.7	18.6	22.8
Neoplasms	1	0.0	0.0	0.0	0.0	293	1.7	18.1	26.6	31.7
Hypertensive Nephrosclerosis	93	9.7	57.0	62.4	65.6	21,362	1.8	11.2	18.2	23.7
Other	26	11.5	50.0	65.4	65.4	10,922	7.4	21.1	28.5	33.7
Missing*	3	33.3	66.7	66.7	66.7	414	1.0	8.7	14.7	19.6

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

B. Waiting List Information

Table B9. Time to transplant for waiting list candidates*
Candidates registered on the waiting list between 01/01/2013 and 06/30/2018

	Months to Transplant**			
Percentile	**Center**	**OPO/DSA**	**Region**	**U.S.**
5th	0.7	0.5	1.3	1.2
10th	1.2	1.7	3.2	3.1
25th	4.8	8.6	13.0	11.9
50th (median time to transplant)	15.0	36.9	Not Observed	55.7
75th	Not Observed	Not Observed	Not Observed	Not Observed

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

** Censored on 12/31/2018. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had received a transplant.

B. Waiting List Information

Table B10. Offer Acceptance Practices: 01/01/2018 - 12/31/2018

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
Overall				
Number of Offers	12,187	24,767	186,601	1,562,014
Number of Acceptances	166	522	1,990	13,752
Expected Acceptances	128.6	239.2	1,924.7	13,740.4
Offer Acceptance Ratio*	1.29	2.17	1.03	1.00
95% Credible Interval**	[1.10, 1.49]	--	--	--
Low-KDRI Donors (KDRI < 1.05)				
Number of Offers	886	3,630	28,273	198,491
Number of Acceptances	39	119	720	4,948
Expected Acceptances	28.5	74.1	707.8	4,948.3
Offer Acceptance Ratio*	1.35	1.59	1.02	1.00
95% Credible Interval**	[0.97, 1.79]	--	--	--
Medium-KDRI Donors (1.05 < KDRI < 1.75)				
Number of Offers	4,825	12,918	116,375	1,012,325
Number of Acceptances	91	253	1,021	7,405
Expected Acceptances	77.5	132.8	984.8	7,394.1
Offer Acceptance Ratio*	1.17	1.89	1.04	1.00
95% Credible Interval**	[0.94, 1.42]	--	--	--
High-KDRI Donors (KDRI > 1.75)				
Number of Offers	6,476	8,219	41,953	351,198
Number of Acceptances	36	150	249	1,399
Expected Acceptances	22.6	32.3	232.1	1,398.0
Offer Acceptance Ratio*	1.54	4.43	1.07	1.00
95% Credible Interval**	[1.09, 2.07]	--	--	--
Hard-to-Place Kidneys (Over 100 Offers)				
Number of Offers	10,238	21,170	151,952	1,322,565
Number of Acceptances	18	202	309	1,888
Expected Acceptances	17.7	33.1	244.5	1,890.1
Offer Acceptance Ratio*	1.01	5.82	1.26	1.00
95% Credible Interval**	[0.62, 1.50]	--	--	--

* The offer acceptance ratio estimates the relative offer acceptance practice of Cleveland Clinic Florida Weston (FLCC) compared to the national offer acceptance practice. A ratio above one indicates the program is more likely to accept an offer compared to national offer acceptance practices (e.g., an offer acceptance ratio of 1.25 indicates a 25% more likely to accept an offer), while a ratio below one indicates the program is less likely to accept an offer compared to national offer acceptance practices (e.g., an offer acceptance ratio of 0.75 indicates a 25% less likely to accept an offer).
** As an example, the 95% Credible Interval for the overall offer acceptance ratio, [1.10, 1.49], indicates the location of FLCC's true offer acceptance ratio with 95% probability. The best estimate is 29% more likely to accept an offer compared to national acceptance behavior, but FLCC's performance could plausibly range from 10% higher acceptance up to 49% higher acceptance.

B. Waiting List Information

Figure B7. Offer acceptance: Overall

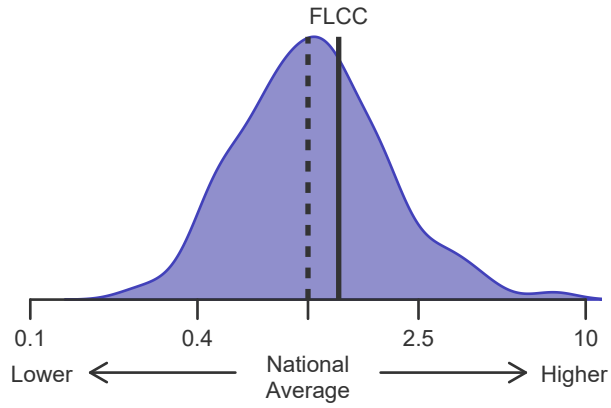


Figure B8. Offer acceptance: Low-KDRI

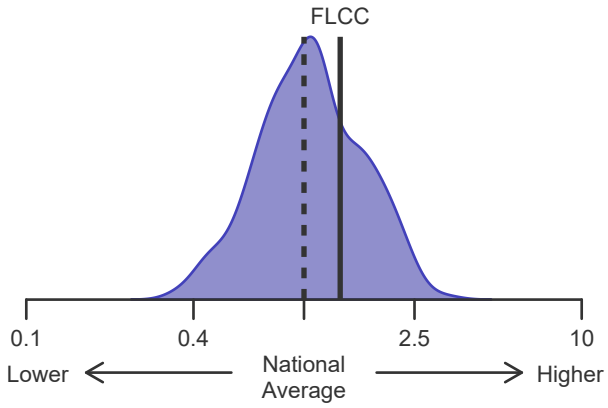


Figure B9. Offer acceptance: Medium-KDRI

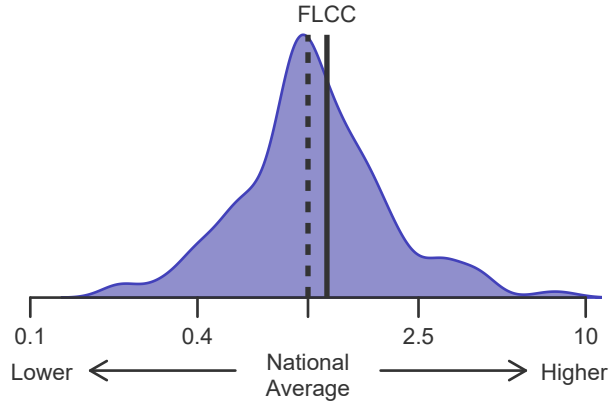


Figure B10. Offer acceptance: High-KDRI

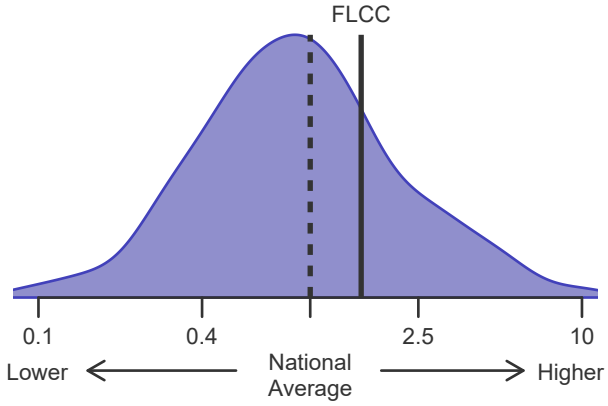
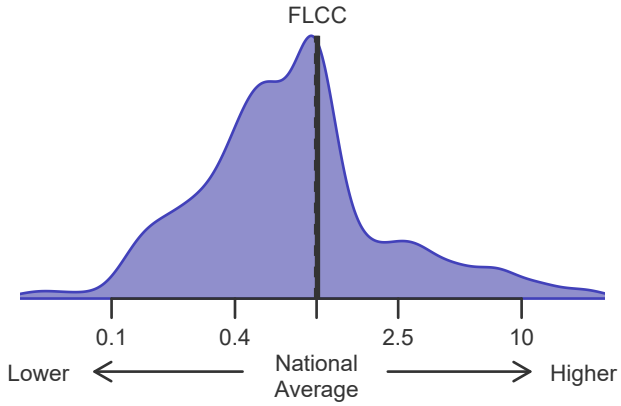


Figure B11. Offer acceptance: Offer number > 100



C. Transplant Information

Table C1D. Deceased donor transplant recipient demographic characteristics
Patients transplanted between 01/01/2018 and 12/31/2018

Characteristic	Percentage in each category		
	Center (N=176)	Region (N=2,133)	U.S. (N=14,726)
Ethnicity/Race (%)*			
White	38.1	31.6	37.5
African-American	39.2	47.4	32.5
Hispanic/Latino	19.3	17.3	19.9
Asian	2.3	2.8	8.1
Other	1.1	0.8	2.1
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	0.0	0.1	0.1
2-11 years	0.0	1.7	1.4
12-17	0.0	2.1	1.8
18-34	4.5	9.2	10.1
35-49 years	15.3	25.7	23.9
50-64 years	35.8	37.6	40.4
65+ years	44.3	23.6	22.4
Unknown	0.0	0.0	0.0
Gender (%)			
Male	56.8	59.4	59.3
Female	43.2	40.6	40.7

* 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 01/01/2018 and 12/31/2018

Characteristic	Percentage in each category		
	Center (N=38)	Region (N=688)	U.S. (N=6,442)
Ethnicity/Race (%)*			
White	44.7	60.6	64.9
African-American	18.4	22.5	12.4
Hispanic/Latino	34.2	13.5	15.4
Asian	2.6	2.5	6.2
Other	0.0	0.9	1.1
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	0.0	0.1	0.2
2-11 years	0.0	1.7	2.1
12-17	0.0	2.8	1.9
18-34	10.5	15.3	16.0
35-49 years	15.8	26.2	26.5
50-64 years	44.7	37.1	35.9
65+ years	28.9	16.9	17.3
Unknown	0.0	0.0	0.0
Gender (%)			
Male	68.4	66.3	62.6
Female	31.6	33.7	37.4

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

C. Transplant Information

Table C2D. Deceased donor transplant recipient medical characteristics
Patients transplanted between 01/01/2018 and 12/31/2018

Characteristic	Percentage in each category		
	Center (N=176)	Region (N=2,133)	U.S. (N=14,726)
Blood Type (%)			
O	44.3	44.4	45.4
A	39.2	35.1	34.6
B	14.2	15.0	14.7
AB	2.3	5.5	5.2
Previous Transplant (%)			
Yes	9.1	10.5	13.0
No	90.9	89.5	87.0
Peak PRA/CPRA Prior to Transplant (%)			
0-9%	69.3	62.1	58.9
10-79%	10.8	20.7	22.6
80+ %	19.9	17.2	18.5
Unknown	0.0	0.0	0.0
Body Mass Index (%)			
0-20	6.8	9.8	10.2
21-25	30.7	27.8	28.0
26-30	31.2	31.6	30.3
31+	31.2	30.6	30.1
Unknown	0.0	0.1	1.3
Primary Disease (%)*			
Glomerular Diseases	13.6	20.6	21.5
Tubular and Interstitial Disease	2.8	4.0	4.3
Polycystic Kidneys	8.0	8.3	7.6
Congenital, Familial, Metabolic	1.1	2.2	2.7
Diabetes	35.8	24.8	28.2
Renovascular & Vascular Diseases	1.1	0.1	0.2
Neoplasms	0.6	0.5	0.4
Hypertensive Nephrosclerosis	30.1	31.5	23.7
Other Kidney	6.2	8.0	11.0
Missing*	0.6	0.1	0.2

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

C. Transplant Information

Table C2L. Living donor transplant recipient medical characteristics
Patients transplanted between 01/01/2018 and 12/31/2018

Characteristic	Percentage in each category		
	Center (N=38)	Region (N=688)	U.S. (N=6,442)
Blood Type (%)			
O	55.3	45.9	44.0
A	34.2	37.9	38.2
B	2.6	12.8	13.8
AB	7.9	3.3	4.0
Previous Transplant (%)			
Yes	7.9	9.9	11.3
No	92.1	90.1	88.7
Peak PRA/CPRA Prior to Transplant (%)			
0-9%	65.8	70.8	74.0
10-79%	34.2	23.5	20.7
80+ %	0.0	5.7	5.2
Unknown	0.0	0.0	0.1
Body Mass Index (%)			
0-20	10.5	11.0	12.7
21-25	34.2	32.6	30.0
26-30	26.3	34.3	30.9
31+	26.3	21.9	25.9
Unknown	2.6	0.1	0.4
Primary Disease (%)*			
Glomerular Diseases	15.8	30.1	30.0
Tubular and Interstitial Disease	10.5	5.5	6.0
Polycystic Kidneys	10.5	10.8	12.3
Congenital, Familial, Metabolic	2.6	3.8	3.7
Diabetes	23.7	19.3	22.1
Renovascular & Vascular Diseases	0.0	0.1	0.4
Neoplasms	0.0	0.4	0.7
Hypertensive Nephrosclerosis	26.3	21.5	15.5
Other Kidney	7.9	8.1	9.0
Missing*	2.6	0.3	0.3

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

C. Transplant Information

Table C3D. Deceased donor characteristics
Transplants performed between 01/01/2018 and 12/31/2018

Donor Characteristic	Percentage in each category		
	Center (N=176)	Region (N=2,133)	U.S. (N=14,726)
Cause of Death (%)			
Deceased: Stroke	24.4	25.9	24.0
Deceased: MVA	14.2	17.3	14.9
Deceased: Other	61.4	56.7	61.1
Ethnicity/Race (%)*			
White	65.3	61.8	67.4
African-American	18.2	23.1	14.2
Hispanic/Latino	16.5	13.4	14.5
Asian	0.0	1.4	2.5
Other	0.0	0.4	1.3
Not Reported	0.0	0.0	0.0
Age (%)			
<2 years	1.1	0.7	0.8
2-11 years	3.4	3.3	3.2
12-17	2.3	4.8	4.3
18-34	39.2	36.5	34.6
35-49 years	26.1	28.3	30.8
50-64 years	22.7	23.4	23.6
65+ years	5.1	3.0	2.7
Unknown	0.0	0.0	0.0
Gender (%)			
Male	65.9	61.9	61.6
Female	34.1	38.1	38.4
Blood Type (%)			
O	46.0	46.0	47.5
A	39.8	37.6	36.9
B	13.1	12.7	12.2
AB	1.1	3.7	3.4
Unknown	0.0	0.0	0.0
No	83.0	85.9	86.6

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

C. Transplant Information

Table C3L. Living donor characteristics
Transplants performed between 01/01/2018 and 12/31/2018

Donor Characteristic	Percentage in each category		
	Center (N=38)	Region (N=688)	U.S. (N=6,442)
Ethnicity/Race (%)*			
White	52.6	65.1	69.9
African-American	15.8	16.4	8.8
Hispanic/Latino	31.6	15.3	15.1
Asian	0.0	2.2	4.7
Other	0.0	1.0	1.6
Not Reported	0.0	0.0	0.0
Age (%)			
0-11 years	0.0	0.0	0.0
12-17	0.0	0.0	0.0
18-34	23.7	29.1	25.7
35-49 years	36.8	42.4	39.7
50-64 years	34.2	24.4	29.5
65+ years	5.3	4.1	5.1
Unknown	0.0	0.0	0.0
Gender (%)			
Male	36.8	34.4	36.6
Female	63.2	65.6	63.4
Blood Type (%)			
O	76.3	66.7	62.2
A	15.8	25.7	28.0
B	5.3	6.5	8.7
AB	2.6	1.0	1.1
Unknown	0.0	0.0	0.0

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

C. Transplant Information

Table C4D. Deceased donor transplant characteristics
Transplants performed between 01/01/2018 and 12/31/2018

Transplant Characteristic	Percentage in each category		
	Center (N=176)	Region (N=2,133)	U.S. (N=14,726)
Cold Ischemic Time (Hours): Local (%)			
Deceased: 0-11 hr	4.3	34.7	36.6
Deceased: 12-21 hr	21.3	42.2	46.6
Deceased: 22-31 hr	29.8	17.4	13.8
Deceased: 32-41 hr	25.5	3.7	1.7
Deceased: 42+ hr	19.1	1.5	0.7
Not Reported	0.0	0.6	0.6
Cold Ischemic Time (Hours): Shared (%)			
Deceased: 0-11 hr	10.9	6.7	8.5
Deceased: 12-21 hr	42.6	31.4	40.2
Deceased: 22-31 hr	38.0	33.2	36.1
Deceased: 32-41 hr	8.5	20.3	10.9
Deceased: 42+ hr	0.0	7.8	3.4
Not Reported	0.0	0.6	0.8
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	8.0	9.9	11.9
1	43.2	37.6	39.1
2	48.9	51.6	48.6
Not Reported	0.0	0.8	0.4
B Locus Mismatches (%)			
0	6.8	6.5	7.4
1	30.1	24.9	25.0
2	63.1	67.7	67.1
Not Reported	0.0	0.9	0.5
DR Locus Mismatches (%)			
0	10.8	14.9	16.6
1	47.2	47.9	47.8
2	42.0	36.3	35.1
Not Reported	0.0	0.9	0.5
Total Mismatches (%)			
0	3.4	4.0	4.7
1	1.1	0.8	1.3
2	4.0	4.3	4.9
3	10.2	12.8	14.0
4	33.5	28.1	27.4
5	31.8	32.9	32.4
6	15.9	16.2	14.8
Not Reported	0.0	0.9	0.5
Procedure Type (%)			
Kidney alone	94.9	93.7	93.9
Kidney and another organ	5.1	6.3	6.1
Dialysis in First Week After Transplant (%)			
Yes	18.8	26.2	28.1
No	81.2	73.8	71.7
Not Reported	0.0	0.0	0.3
Sharing (%)			
Local	26.7	63.4	68.6
Shared	73.3	36.6	31.4
Median Time in Hospital After Transplant*	3.0 Days	5.0 Days	5.0 Days

* Multiple organ transplants are excluded from this statistic.

C. Transplant Information

Table C4L. Living donor transplant characteristics
Transplants performed between 01/01/2018 and 12/31/2018

Transplant Characteristic	Percentage in each category		
	Center (N=38)	Region (N=688)	U.S. (N=6,442)
Relation with Donor (%)			
Related	44.7	44.9	42.2
Unrelated	55.3	54.9	57.7
Not Reported	0.0	0.1	0.1
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	15.8	16.9	17.7
1	47.4	52.0	50.0
2	36.8	30.4	29.6
Not Reported	0.0	0.7	2.7
B Locus Mismatches (%)			
0	10.5	11.5	10.9
1	44.7	43.8	43.6
2	44.7	44.0	42.9
Not Reported	0.0	0.7	2.7
DR Locus Mismatches (%)			
0	15.8	14.5	16.4
1	52.6	51.5	48.8
2	31.6	33.3	32.2
Not Reported	0.0	0.7	2.7
Total Mismatches (%)			
0	2.6	4.8	5.3
1	5.3	4.7	3.9
2	13.2	13.7	13.6
3	23.7	23.1	22.5
4	21.1	16.4	18.5
5	21.1	24.1	21.8
6	13.2	12.5	11.8
Not Reported	0.0	0.7	2.7
Procedure Type (%)			
Kidney alone	100.0	100.0	100.0
Kidney and another organ	0.0	0.0	0.0
Dialysis in First Week After Transplant (%)			
Yes	2.6	3.1	2.7
No	97.4	96.9	97.0
Not Reported	0.0	0.0	0.3
Median Time in Hospital After Transplant*	3.0 Days	4.0 Days	4.0 Days

* Multiple organ transplants are excluded from this statistic.

C. Transplant Information

Table C5. Adult (18+) 1-month survival with a functioning graft
Single organ transplants performed between 01/01/2016 and 06/30/2018
Deaths and retransplants are considered graft failures

	FLCC	U.S.
Number of transplants evaluated	312	44,895
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	99.04%	98.56%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.82%	--
Number of observed graft failures (including deaths) during the first month after transplant	3	646
Number of expected graft failures (including deaths) during the first month after transplant	6.87	--
Estimated hazard ratio*	0.56	--
95% credible interval for the hazard ratio**	[0.18, 1.15]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.18, 1.15], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 44% lower risk of graft failure compared to an average program, but FLCC's performance could plausibly range from 82% reduced risk up to 15% increased risk.

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

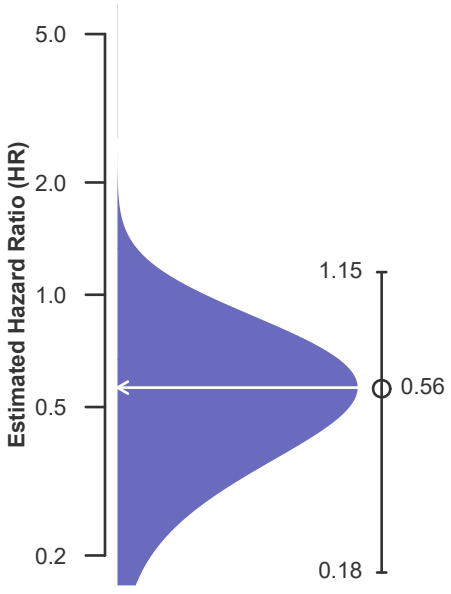
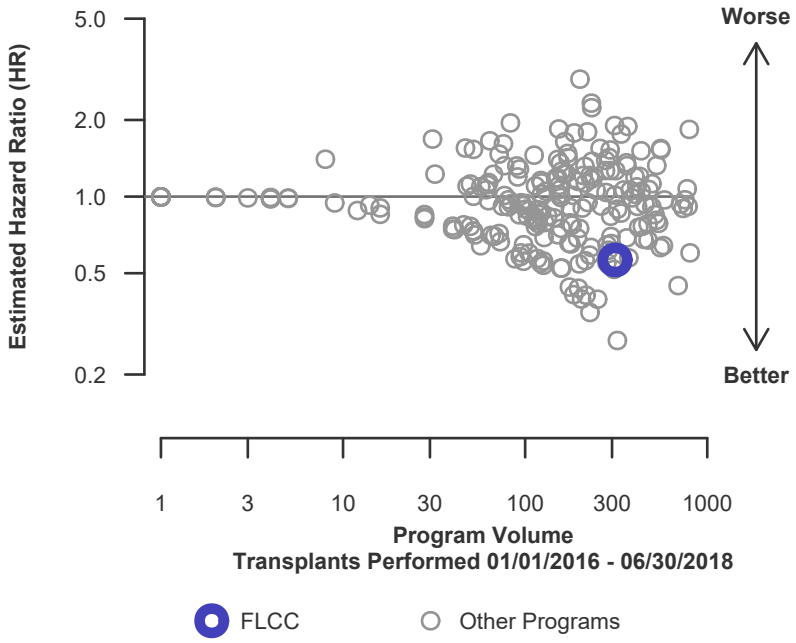


Figure C2. Adult (18+) 1-month graft failure HR program comparison



C. Transplant Information

Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft
Single organ transplants performed between 01/01/2016 and 06/30/2018
Deaths and retransplants are considered graft failures

	FLCC	U.S.
Number of transplants evaluated	266	30,985
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.87%	98.25%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.58%	--
Number of observed graft failures (including deaths) during the first month after transplant	3	542
Number of expected graft failures (including deaths) during the first month after transplant	6.53	--
Estimated hazard ratio*	0.59	--
95% credible interval for the hazard ratio**	[0.19, 1.20]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.19, 1.20], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 41% lower risk of graft failure compared to an average program, but FLCC's performance could plausibly range from 81% reduced risk up to 20% increased risk.

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

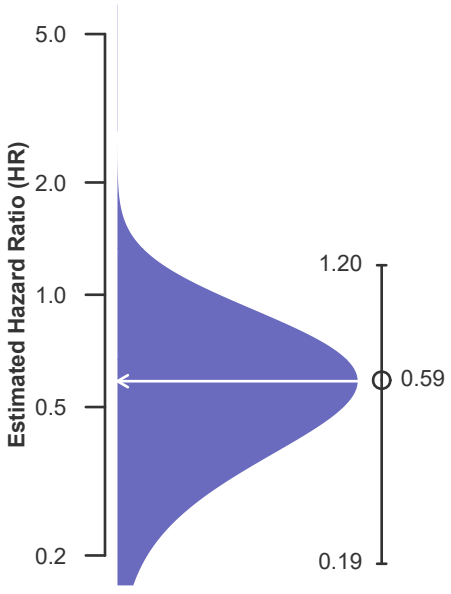
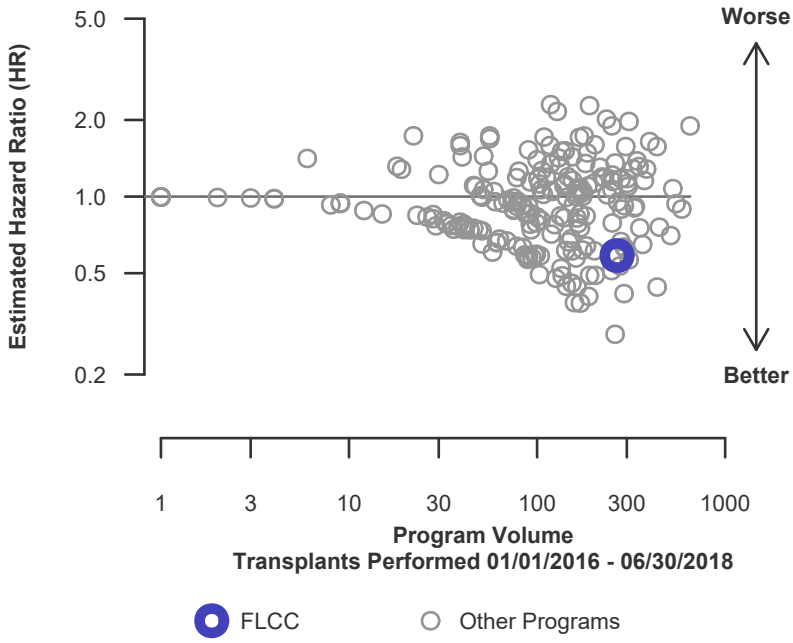


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison



C. Transplant Information

Table C5L. Adult (18+) 1-month survival with a functioning living donor graft
Single organ transplants performed between 01/01/2016 and 06/30/2018
Deaths and retransplants are considered graft failures

	FLCC	U.S.
Number of transplants evaluated	46	13,910
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.25%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.25%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	104
Number of expected graft failures (including deaths) during the first month after transplant	0.35	--
Estimated hazard ratio*	0.85	--
95% credible interval for the hazard ratio**	[0.10, 2.38]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.10, 2.38], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 15% lower risk of graft failure compared to an average program, but FLCC's performance could plausibly range from 90% reduced risk up to 138% increased risk.

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

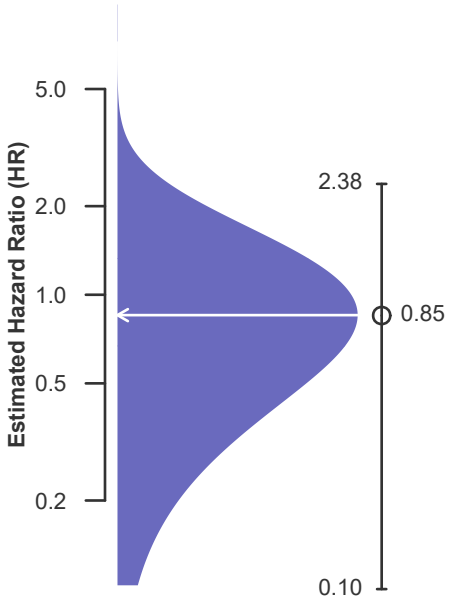
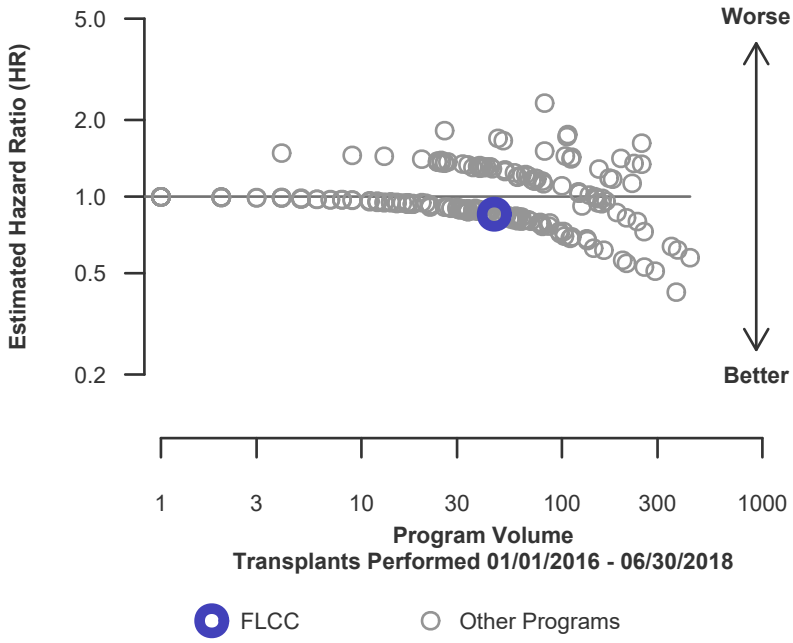


Figure C2L. Adult (18+) 1-month living donor graft failure HR program comparison



C. Transplant Information

Table C6. Adult (18+) 1-year survival with a functioning graft
Single organ transplants performed between 01/01/2016 and 06/30/2018
Deaths and retransplants are considered graft failures

	FLCC	U.S.
Number of transplants evaluated	312	44,895
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	95.45%	95.81%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	93.62%	--
Number of observed graft failures (including deaths) during the first year after transplant	12	1,763
Number of expected graft failures (including deaths) during the first year after transplant	18.30	--
Estimated hazard ratio*	0.69	--
95% credible interval for the hazard ratio**	[0.38, 1.10]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.38, 1.10], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 31% lower risk of graft failure compared to an average program, but FLCC's performance could plausibly range from 62% reduced risk up to 10% increased risk.

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

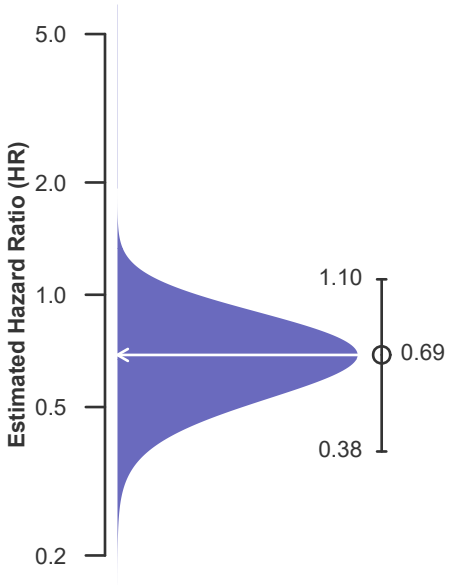
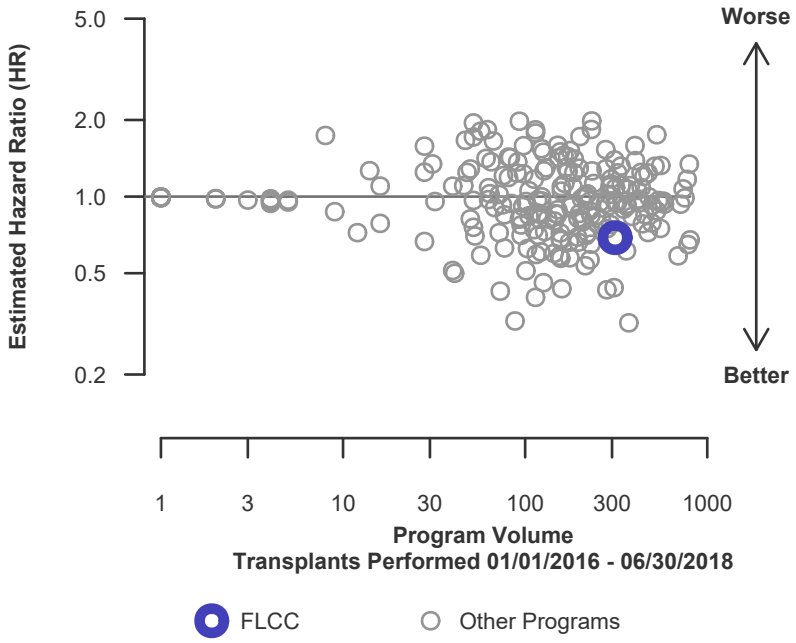


Figure C4. Adult (18+) 1-year graft failure HR program comparison



C. Transplant Information

Table C6D. Adult (18+) 1-year survival with a functioning deceased donor graft
Single organ transplants performed between 01/01/2016 and 06/30/2018
Deaths and retransplants are considered graft failures

	FLCC	U.S.
Number of transplants evaluated	266	30,985
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	94.70%	94.83%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.87%	--
Number of observed graft failures (including deaths) during the first year after transplant	12	1,505
Number of expected graft failures (including deaths) during the first year after transplant	17.50	--
Estimated hazard ratio*	0.72	--
95% credible interval for the hazard ratio**	[0.39, 1.14]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.39, 1.14], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 28% lower risk of graft failure compared to an average program, but FLCC's performance could plausibly range from 61% reduced risk up to 14% increased risk.

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

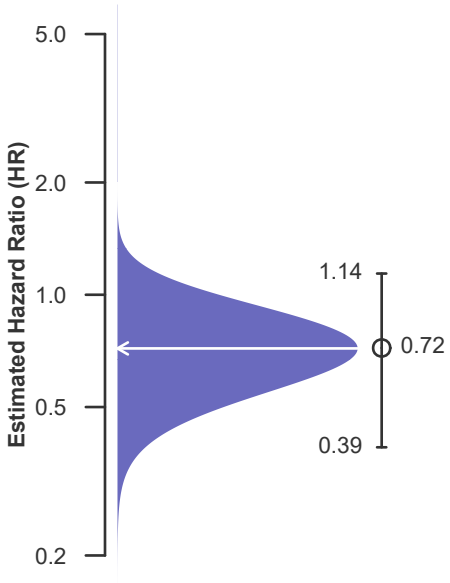
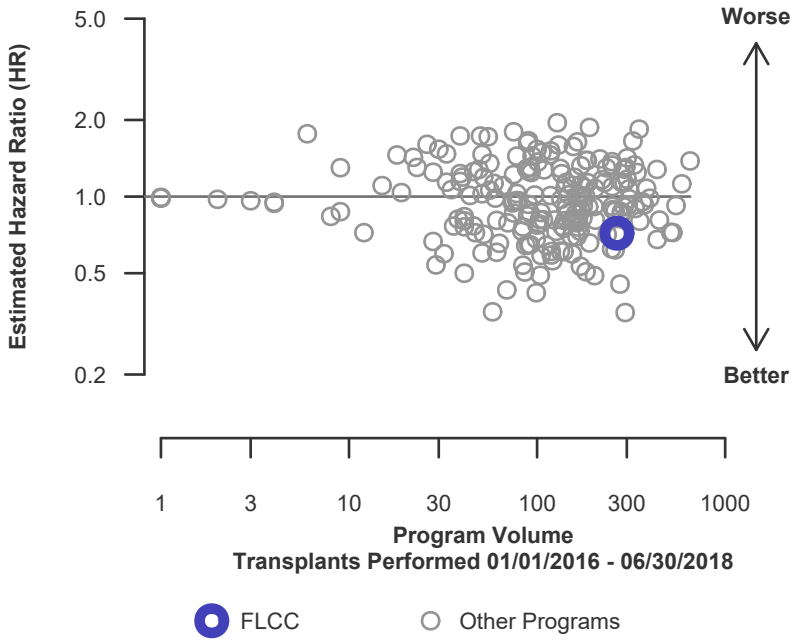


Figure C4D. Adult (18+) 1-year deceased donor graft failure HR program comparison



C. Transplant Information

Table C6L. Adult (18+) 1-year survival with a functioning living donor graft
Single organ transplants performed between 01/01/2016 and 06/30/2018
Deaths and retransplants are considered graft failures

	FLCC	U.S.
Number of transplants evaluated	46	13,910
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	98.00%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.99%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	258
Number of expected graft failures (including deaths) during the first year after transplant	0.80	--
Estimated hazard ratio*	0.71	--
95% credible interval for the hazard ratio**	[0.09, 1.99]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.09, 1.99], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 29% lower risk of graft failure compared to an average program, but FLCC's performance could plausibly range from 91% reduced risk up to 99% increased risk.

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

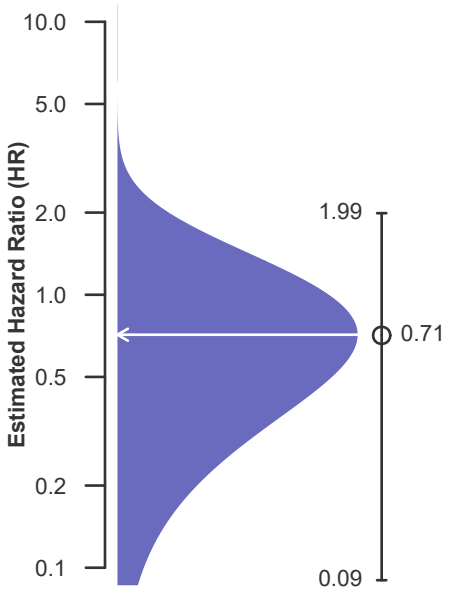
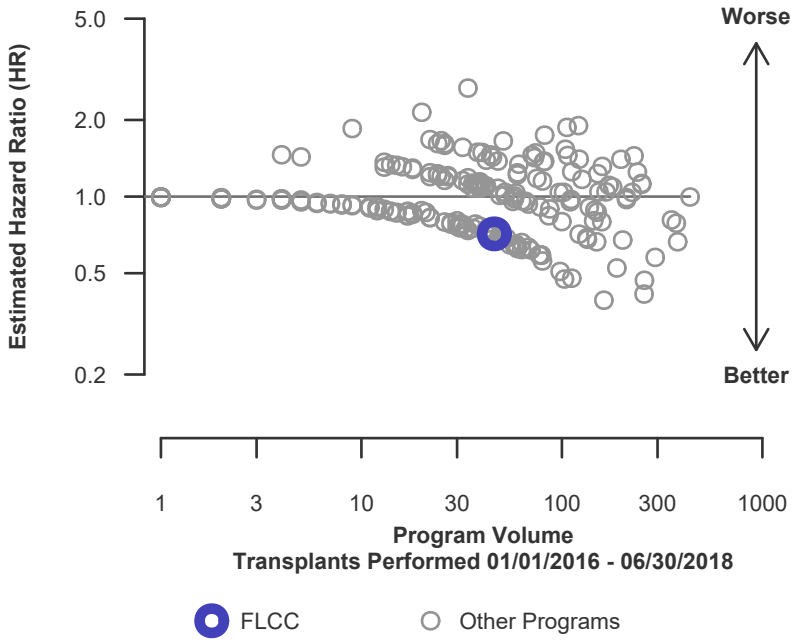


Figure C4L. Adult (18+) 1-year living donor graft failure HR program comparison



C. Transplant Information

Table C7. Adult (18+) 3-year survival with a functioning graft
Single organ transplants performed between 07/01/2013 and 12/31/2015
Deaths and retransplants are considered graft failures

	FLCC	U.S.
Number of transplants evaluated	118	39,870
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	92.37%	88.91%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	86.58%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	9	4,420
Number of expected graft failures (including deaths) during the first 3 years after transplant	16.49	--
Estimated hazard ratio*	0.59	--
95% credible interval for the hazard ratio**	[0.30, 0.99]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.30, 0.99], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 41% lower risk of graft failure compared to an average program, but FLCC's performance could plausibly range from 70% reduced risk up to 1% reduced risk.

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

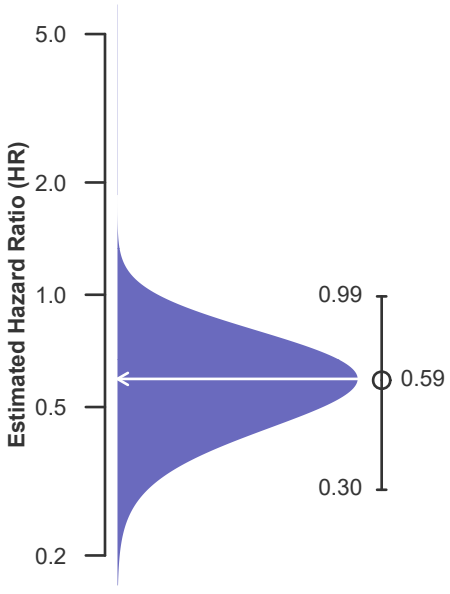
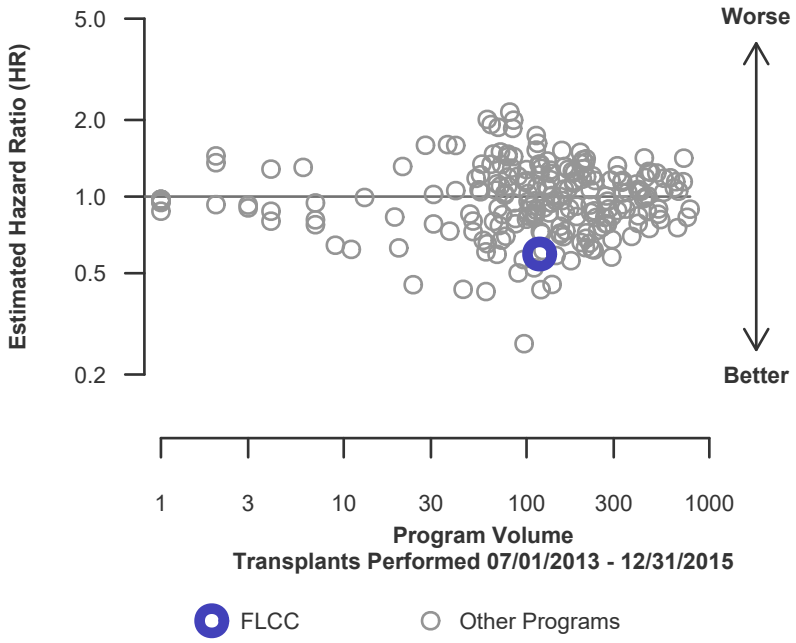


Figure C6. Adult (18+) 3-year graft failure HR program comparison



C. Transplant Information

Table C7D. Adult (18+) 3-year survival with a functioning deceased donor graft
Single organ transplants performed between 07/01/2013 and 12/31/2015
Deaths and retransplants are considered graft failures

	FLCC	U.S.
Number of transplants evaluated	111	26,428
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	91.89%	86.47%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	86.21%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	9	3,577
Number of expected graft failures (including deaths) during the first 3 years after transplant	15.94	--
Estimated hazard ratio*	0.61	--
95% credible interval for the hazard ratio**	[0.31, 1.03]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.31, 1.03], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 39% lower risk of graft failure compared to an average program, but FLCC's performance could plausibly range from 69% reduced risk up to 3% increased risk.

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

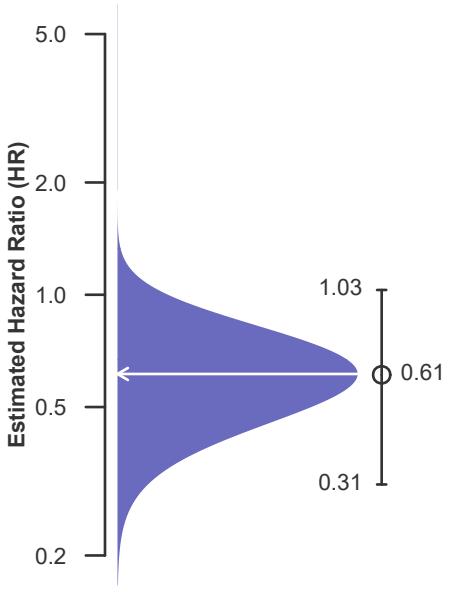
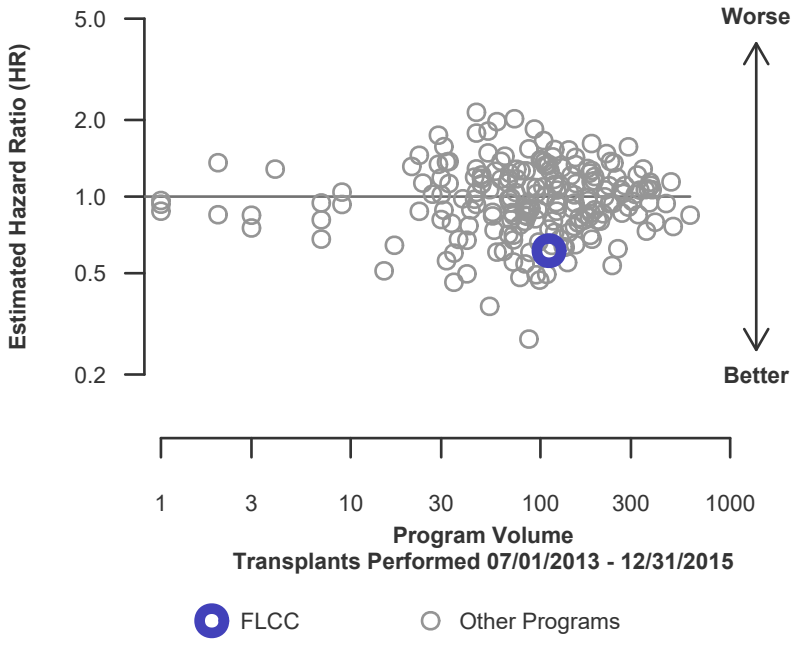


Figure C6D. Adult (18+) 3-year deceased donor graft failure HR program comparison



C. Transplant Information

Table C7L. Adult (18+) 3-year survival with a functioning living donor graft
Single organ transplants performed between 07/01/2013 and 12/31/2015
Deaths and retransplants are considered graft failures

	FLCC	U.S.
Number of transplants evaluated	7	13,442
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	100.00%	93.73%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	92.45%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	843
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.55	--
Estimated hazard ratio*	0.78	--
95% credible interval for the hazard ratio**	[0.09, 2.18]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.09, 2.18], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 22% lower risk of graft failure compared to an average program, but FLCC's performance could plausibly range from 91% reduced risk up to 118% increased risk.

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

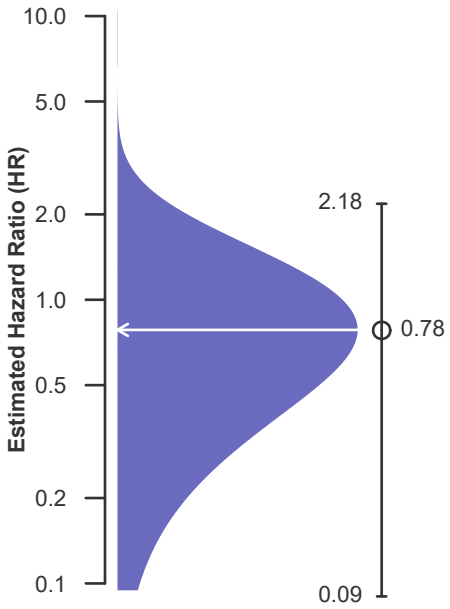
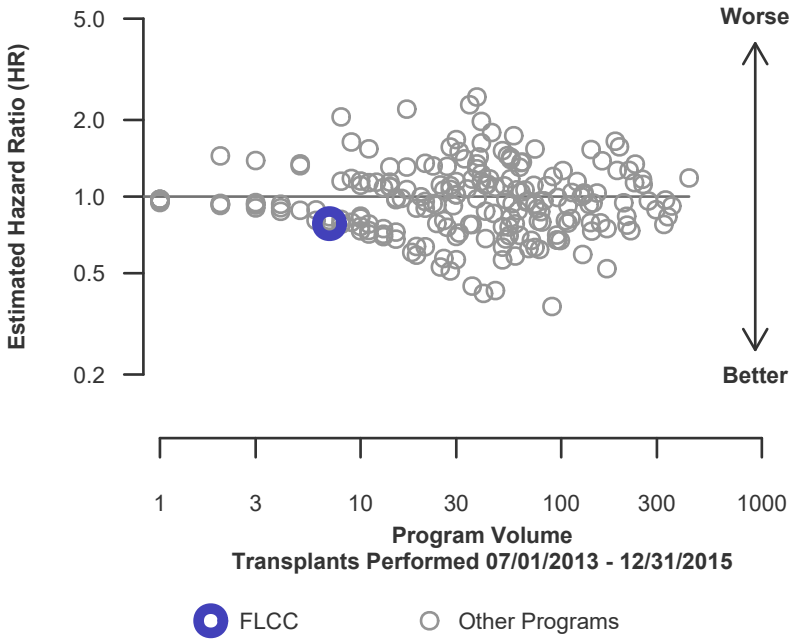


Figure C6L. Adult (18+) 3-year living donor graft failure HR program comparison



C. Transplant Information

Table C8. Pediatric (<18) 1-month survival with a functioning graft
Single organ transplants performed between 01/01/2016 and 06/30/2018
Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2016-06/30/2018

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

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

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

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

C. Transplant Information

Table C8D. Pediatric (<18) 1-month survival with a functioning deceased donor graft
Single organ transplants performed between 01/01/2016 and 06/30/2018
Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2016-06/30/2018

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

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

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

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

C. Transplant Information

Table C8L. Pediatric (<18) 1-month survival with a functioning living donor graft
Single organ transplants performed between 01/01/2016 and 06/30/2018
Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2016-06/30/2018

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

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

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 01/01/2016-06/30/2018

C. Transplant Information

Table C9. Pediatric (<18) 1-year survival with a functioning graft
Single organ transplants performed between 01/01/2016 and 06/30/2018
Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2016-06/30/2018

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

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

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

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

C. Transplant Information

Table C9D. Pediatric (<18) 1-year survival with a functioning deceased donor graft
Single organ transplants performed between 01/01/2016 and 06/30/2018
Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2016-06/30/2018

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

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

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

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

C. Transplant Information

Table C9L. Pediatric (<18) 1-year survival with a functioning living donor graft
Single organ transplants performed between 01/01/2016 and 06/30/2018
Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2016-06/30/2018

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

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

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 01/01/2016-06/30/2018

C. Transplant Information

Table C10. Pediatric (<18) 3-year survival with a functioning graft
Single organ transplants performed between 07/01/2013 and 12/31/2015
Deaths and retransplants are considered graft failures

	FLCC	U.S.
Number of transplants evaluated	1	2,060
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	100.00%	91.60%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	89.35%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	173
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.11	--
Estimated hazard ratio*	0.95	--
95% credible interval for the hazard ratio**	[0.11, 2.64]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.64], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 5% lower risk of graft failure compared to an average program, but FLCC's performance could plausibly range from 89% reduced risk up to 164% increased risk.

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

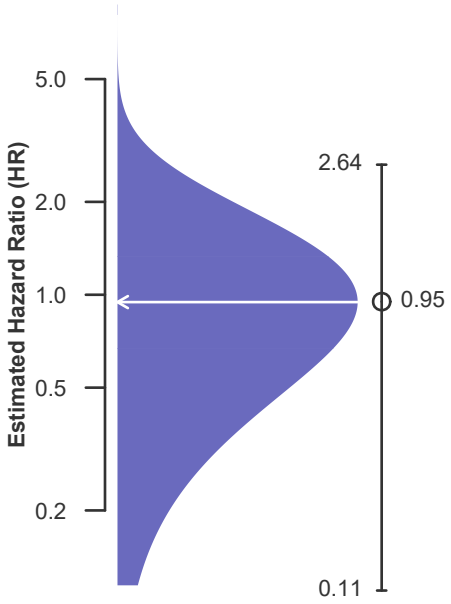
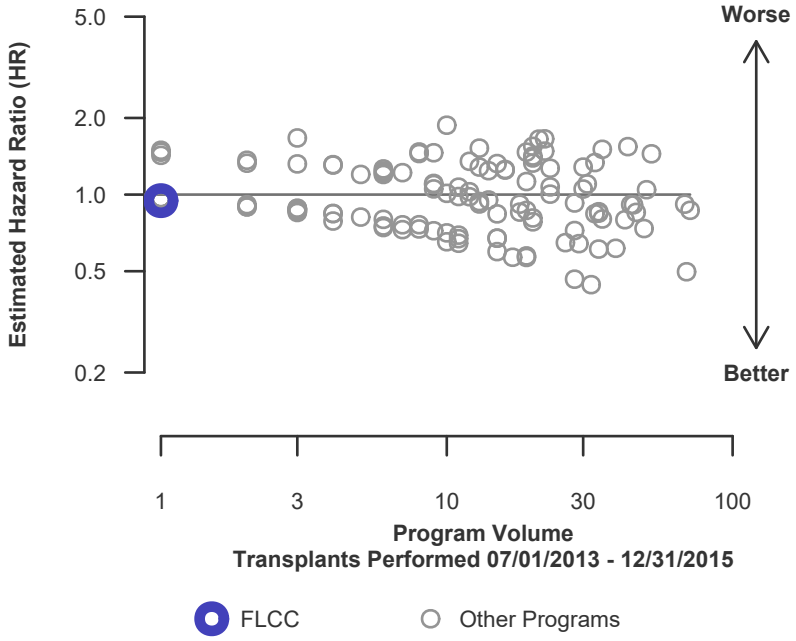


Figure C12. Pediatric (<18) 3-year graft failure HR program comparison



C. Transplant Information

Table C10D. Pediatric (<18) 3-year survival with a functioning deceased donor graft
Single organ transplants performed between 07/01/2013 and 12/31/2015
Deaths and retransplants are considered graft failures

	FLCC	U.S.
Number of transplants evaluated	1	1,363
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	100.00%	90.24%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	89.35%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	133
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.11	--
Estimated hazard ratio*	0.95	--
95% credible interval for the hazard ratio**	[0.11, 2.64]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.64], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 5% lower risk of graft failure compared to an average program, but FLCC's performance could plausibly range from 89% reduced risk up to 164% increased risk.

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

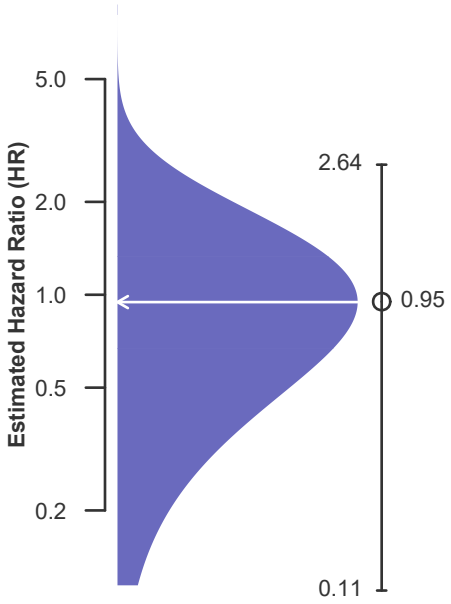
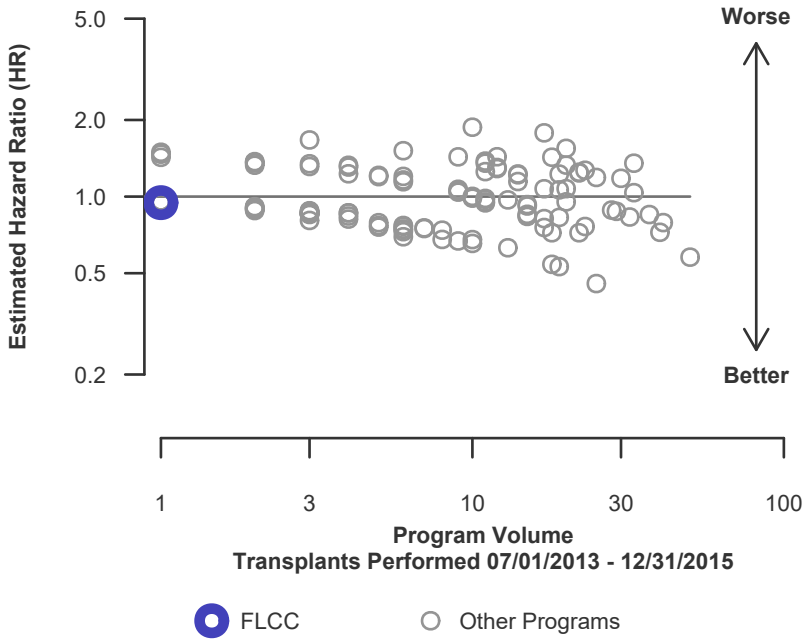


Figure C12D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison



C. Transplant Information

Table C10L. Pediatric (<18) 3-year survival with a functioning living donor graft
Single organ transplants performed between 07/01/2013 and 12/31/2015
Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2013-12/31/2015

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

This center did not perform any transplants relevant to this figure during 07/01/2013-12/31/2015

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 07/01/2013-12/31/2015

C. Transplant Information

Table C11. Adult (18+) 1-month patient survival
Single organ transplants performed between 01/01/2016 and 06/30/2018
Retransplants excluded

	FLCC	U.S.
Number of transplants evaluated	282	39,278
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	99.65%	99.54%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.33%	--
Number of observed deaths during the first month after transplant	1	181
Number of expected deaths during the first month after transplant	1.89	--
Estimated hazard ratio*	0.77	--
95% credible interval for the hazard ratio**	[0.16, 1.86]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.16, 1.86], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 23% lower risk of patient death compared to an average program, but FLCC's performance could plausibly range from 84% reduced risk up to 86% increased risk.

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

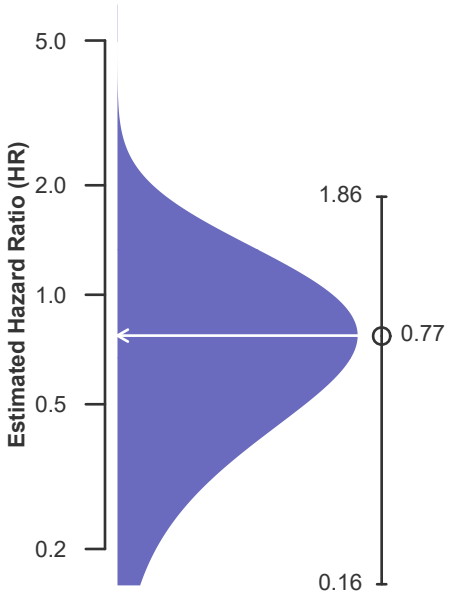
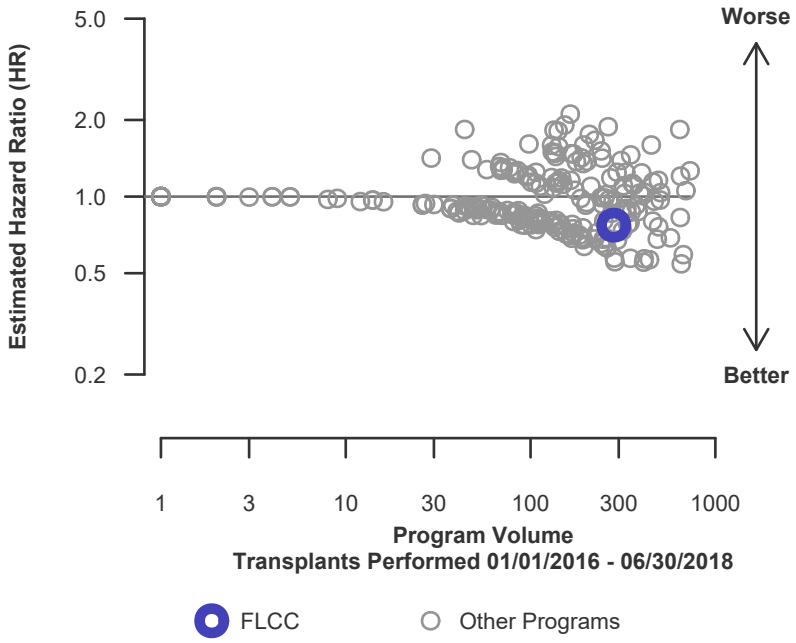


Figure C14. Adult (18+) 1-month patient death HR program comparison



C. Transplant Information

Table C11D. Adult (18+) 1-month patient survival (deceased donor graft recipients)
Single organ transplants performed between 01/01/2016 and 06/30/2018
Retransplants excluded

	FLCC	U.S.
Number of transplants evaluated	240	26,758
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	99.58%	99.41%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.26%	--
Number of observed deaths during the first month after transplant	1	158
Number of expected deaths during the first month after transplant	1.79	--
Estimated hazard ratio*	0.79	--
95% credible interval for the hazard ratio**	[0.16, 1.91]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.16, 1.91], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 21% lower risk of patient death compared to an average program, but FLCC's performance could plausibly range from 84% reduced risk up to 91% increased risk.

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

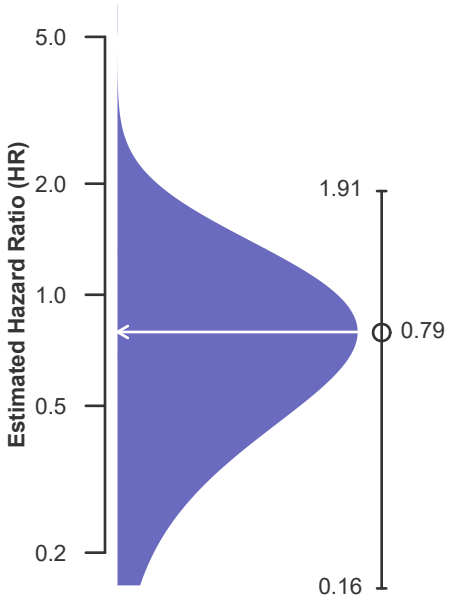
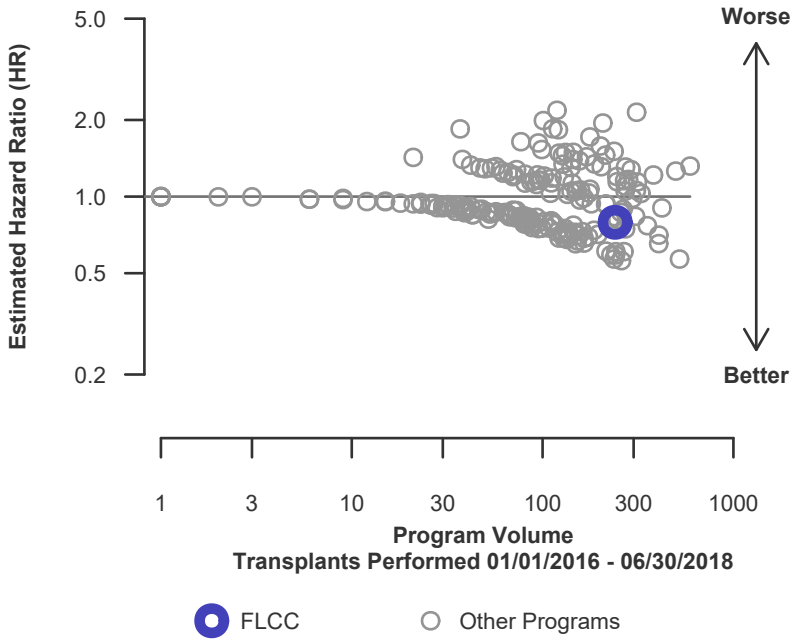


Figure C14D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table C11L. Adult (18+) 1-month patient survival (living donor graft recipients)
Single organ transplants performed between 01/01/2016 and 06/30/2018
Retransplants excluded

	FLCC	U.S.
Number of transplants evaluated	42	12,520
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.82%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.76%	--
Number of observed deaths during the first month after transplant	0	23
Number of expected deaths during the first month after transplant	0.10	--
Estimated hazard ratio*	0.95	--
95% credible interval for the hazard ratio**	[0.12, 2.65]	--

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

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

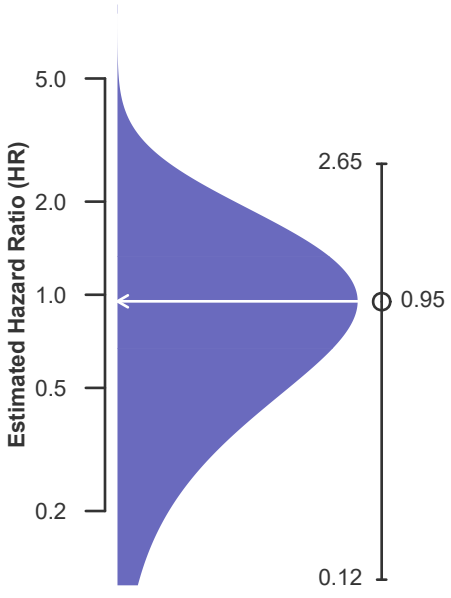
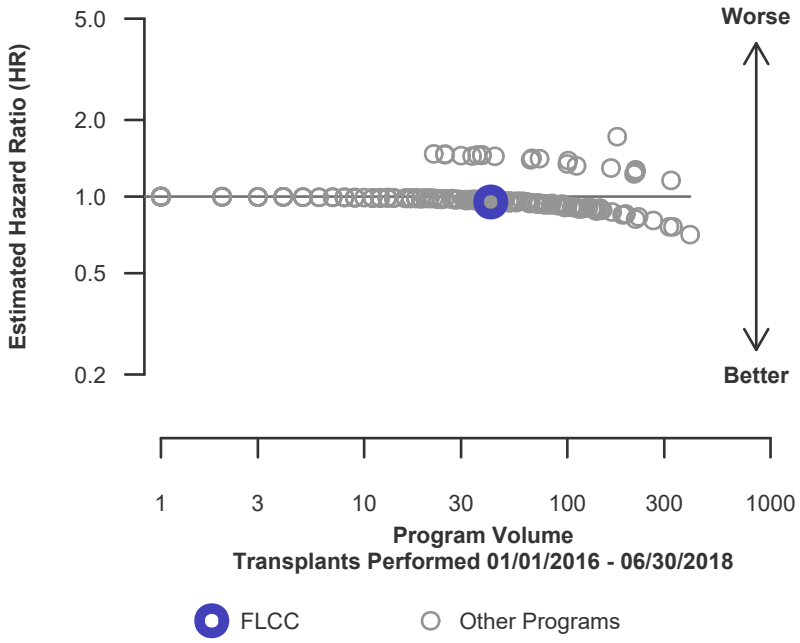


Figure C14L. Adult (18+) 1-month patient death HR program comparison (living donor grafts)



C. Transplant Information

Table C12. Adult (18+) 1-year patient survival
Single organ transplants performed between 01/01/2016 and 06/30/2018
Retransplants excluded

	FLCC	U.S.
Number of transplants evaluated	282	39,278
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	98.39%	97.68%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	96.64%	--
Number of observed deaths during the first year after transplant	4	832
Number of expected deaths during the first year after transplant	8.01	--
Estimated hazard ratio*	0.60	--
95% credible interval for the hazard ratio**	[0.22, 1.17]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.22, 1.17], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 40% lower risk of patient death compared to an average program, but FLCC's performance could plausibly range from 78% reduced risk up to 17% increased risk.

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

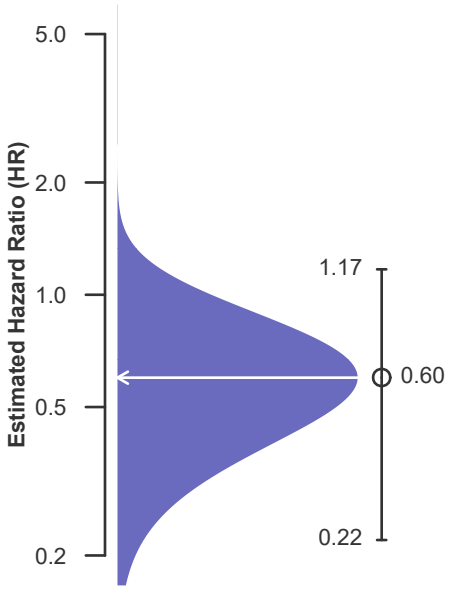
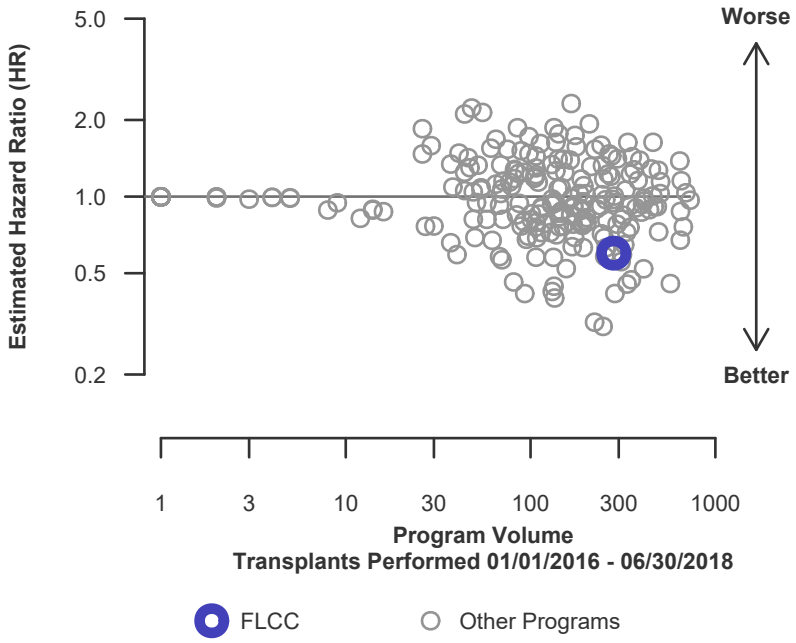


Figure C16. Adult (18+) 1-year patient death HR program comparison



C. Transplant Information

Table C12D. Adult (18+) 1-year patient survival (deceased donor graft recipients)
Single organ transplants performed between 01/01/2016 and 06/30/2018
Retransplants excluded

	FLCC	U.S.
Number of transplants evaluated	240	26,758
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	98.12%	97.03%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	96.26%	--
Number of observed deaths during the first year after transplant	4	728
Number of expected deaths during the first year after transplant	7.60	--
Estimated hazard ratio*	0.62	--
95% credible interval for the hazard ratio**	[0.23, 1.22]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.23, 1.22], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 38% lower risk of patient death compared to an average program, but FLCC's performance could plausibly range from 77% reduced risk up to 22% increased risk.

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

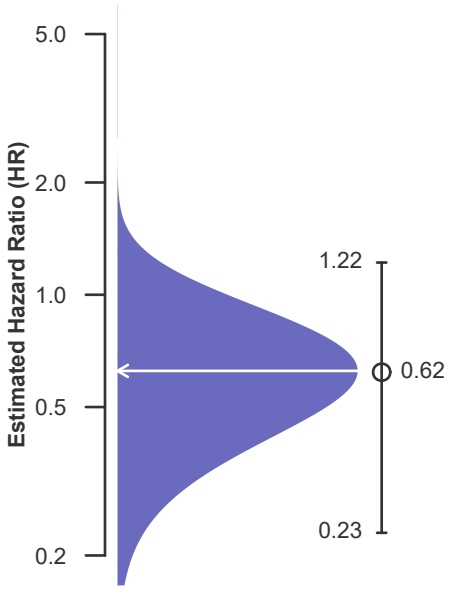
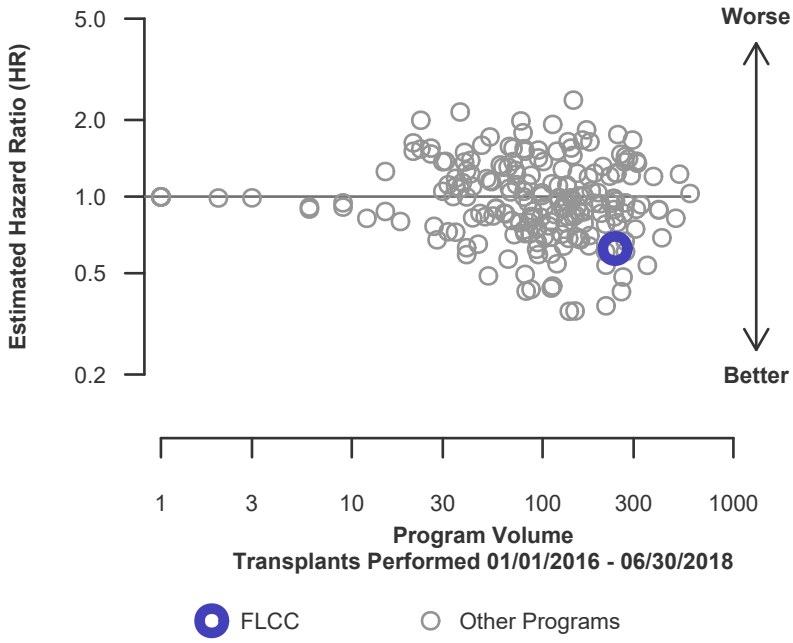


Figure C16D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table C12L. Adult (18+) 1-year patient survival (living donor graft recipients)
Single organ transplants performed between 01/01/2016 and 06/30/2018
Retransplants excluded

	FLCC	U.S.
Number of transplants evaluated	42	12,520
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.08%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	98.81%	--
Number of observed deaths during the first year after transplant	0	104
Number of expected deaths during the first year after transplant	0.41	--
Estimated hazard ratio*	0.83	--
95% credible interval for the hazard ratio**	[0.10, 2.31]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.10, 2.31], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 17% lower risk of patient death compared to an average program, but FLCC's performance could plausibly range from 90% reduced risk up to 131% increased risk.

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

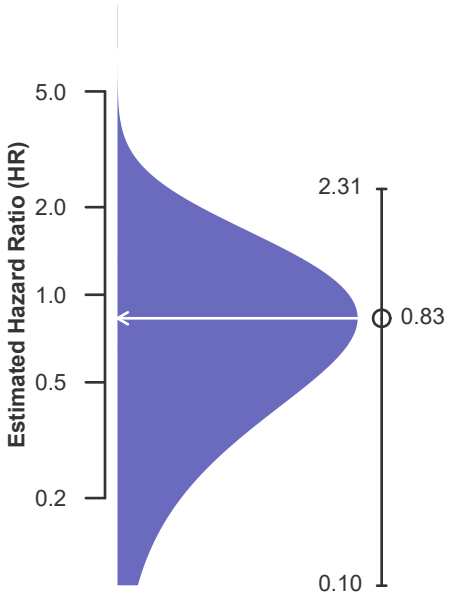
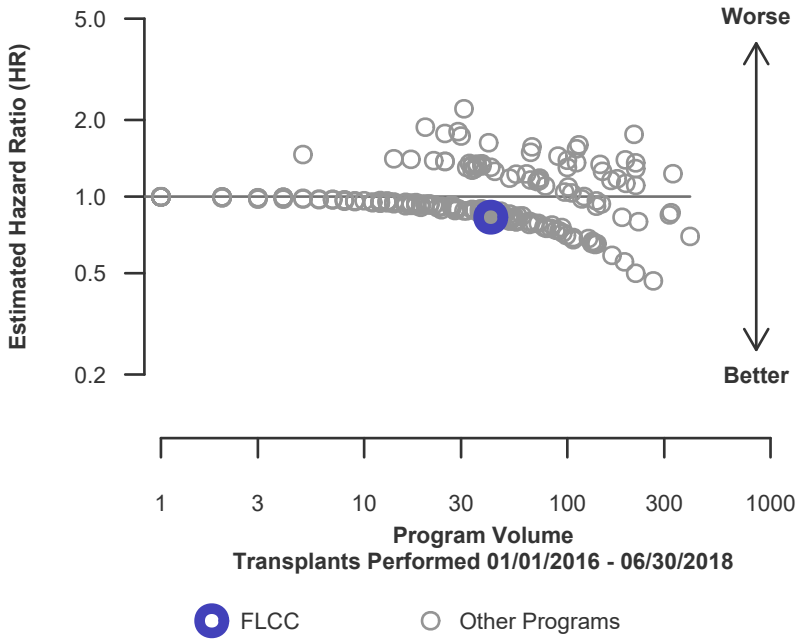


Figure C16L. Adult (18+) 1-year patient death HR program comparison (living donor grafts)



C. Transplant Information

Table C13. Adult (18+) 3-year patient survival
Single organ transplants performed between 07/01/2013 and 12/31/2015
Retransplants excluded

	FLCC	U.S.
Number of transplants evaluated	105	34,662
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	95.24%	93.55%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.64%	--
Number of observed deaths during the first 3 years after transplant	5	2,236
Number of expected deaths during the first 3 years after transplant	7.94	--
Estimated hazard ratio*	0.70	--
95% credible interval for the hazard ratio**	[0.28, 1.31]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.28, 1.31], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 30% lower risk of patient death compared to an average program, but FLCC's performance could plausibly range from 72% reduced risk up to 31% increased risk.

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

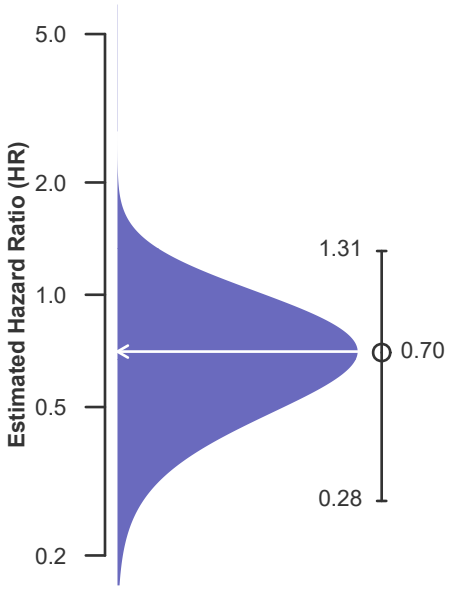
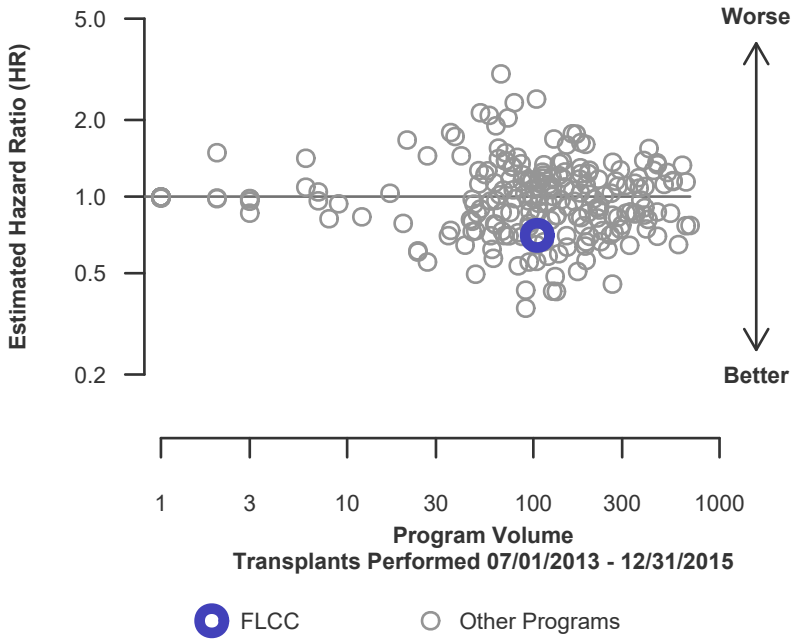


Figure C18. Adult (18+) 3-year patient death HR program comparison



C. Transplant Information

Table C13D. Adult (18+) 3-year patient survival (deceased donor graft recipients)
Single organ transplants performed between 07/01/2013 and 12/31/2015
Retransplants excluded

	FLCC	U.S.
Number of transplants evaluated	99	22,646
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	94.95%	91.96%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.52%	--
Number of observed deaths during the first 3 years after transplant	5	1,820
Number of expected deaths during the first 3 years after transplant	7.61	--
Estimated hazard ratio*	0.73	--
95% credible interval for the hazard ratio**	[0.29, 1.36]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.29, 1.36], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 27% lower risk of patient death compared to an average program, but FLCC's performance could plausibly range from 71% reduced risk up to 36% increased risk.

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

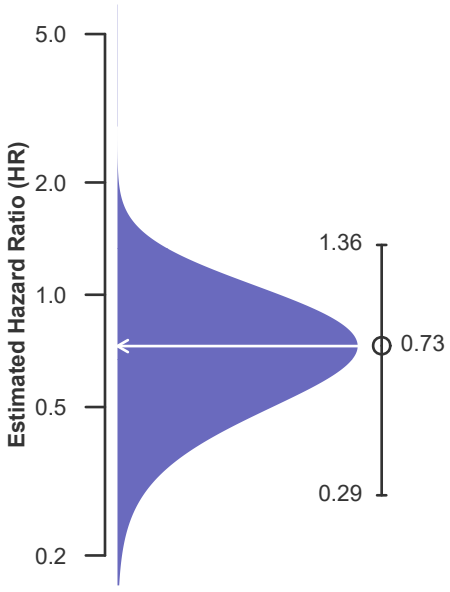
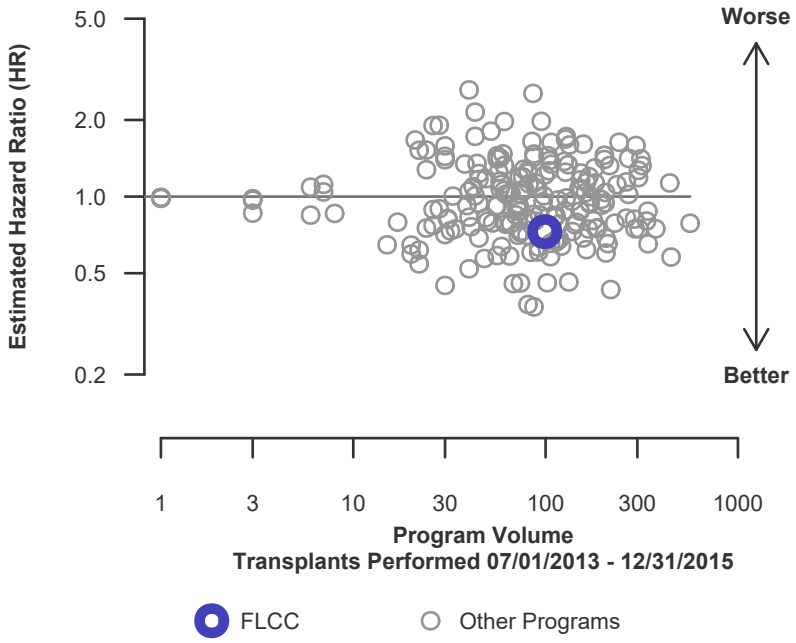


Figure C18D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table C13L. Adult (18+) 3-year patient survival (living donor graft recipients)
Single organ transplants performed between 07/01/2013 and 12/31/2015
Retransplants excluded

	FLCC	U.S.
Number of transplants evaluated	6	12,016
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	96.54%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	94.71%	--
Number of observed deaths during the first 3 years after transplant	0	416
Number of expected deaths during the first 3 years after transplant	0.33	--
Estimated hazard ratio*	0.86	--
95% credible interval for the hazard ratio**	[0.10, 2.39]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.10, 2.39], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 14% lower risk of patient death compared to an average program, but FLCC's performance could plausibly range from 90% reduced risk up to 139% increased risk.

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

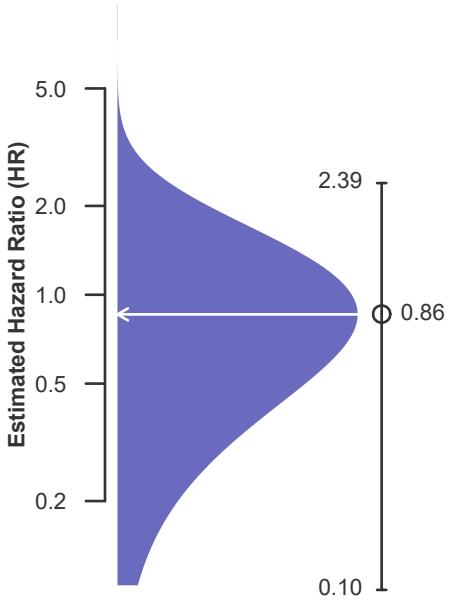
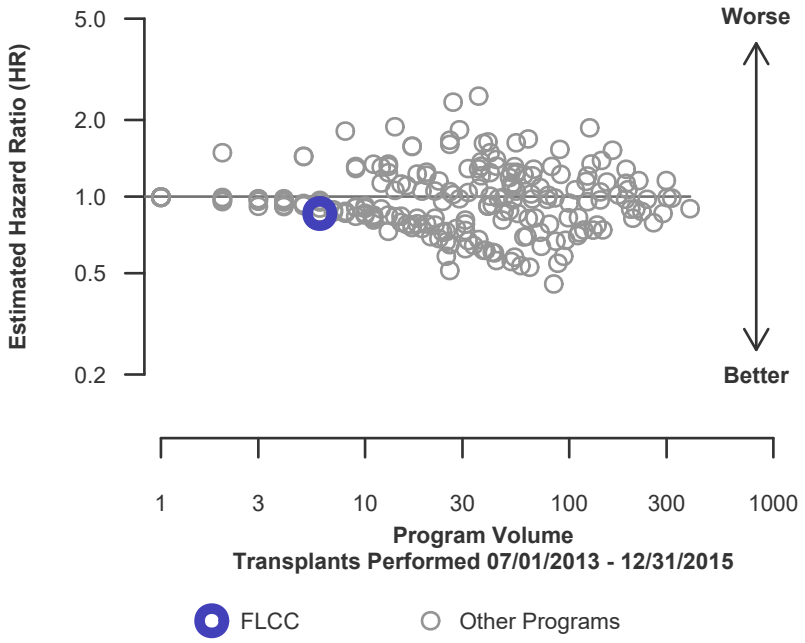


Figure C18L. Adult (18+) 3-year patient death HR program comparison (living donor grafts)



C. Transplant Information

Table C14. Pediatric (<18) 1-month patient survival
Single organ transplants performed between 01/01/2016 and 06/30/2018
Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2016-06/30/2018

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

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

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

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

C. Transplant Information

Table C14D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients)
Single organ transplants performed between 01/01/2016 and 06/30/2018
Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2016-06/30/2018

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

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

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

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

C. Transplant Information

Table C14L. Pediatric (<18) 1-month patient survival (living donor graft recipients)
Single organ transplants performed between 01/01/2016 and 06/30/2018
Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2016-06/30/2018

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 01/01/2016-06/30/2018

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 01/01/2016-06/30/2018

C. Transplant Information

Table C15. Pediatric (<18) 1-year patient survival
Single organ transplants performed between 01/01/2016 and 06/30/2018
Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2016-06/30/2018

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

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

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

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

C. Transplant Information

Table C15D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients)
Single organ transplants performed between 01/01/2016 and 06/30/2018
Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2016-06/30/2018

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

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

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

This center did not perform any transplants relevant to this figure during 01/01/2016-06/30/2018

C. Transplant Information

Table C15L. Pediatric (<18) 1-year patient survival (living donor graft recipients)
Single organ transplants performed between 01/01/2016 and 06/30/2018
Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2016-06/30/2018

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 01/01/2016-06/30/2018

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 01/01/2016-06/30/2018

C. Transplant Information

Table C16. Pediatric (<18) 3-year patient survival
Single organ transplants performed between 07/01/2013 and 12/31/2015
Retransplants excluded

	FLCC	U.S.
Number of transplants evaluated	1	1,862
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	98.82%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	99.02%	--
Number of observed deaths during the first 3 years after transplant	0	22
Number of expected deaths during the first 3 years after transplant	0.01	--
Estimated hazard ratio*	1.00	--
95% credible interval for the hazard ratio**	[0.12, 2.77]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.77], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but FLCC's performance could plausibly range from 88% reduced risk up to 177% increased risk.

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

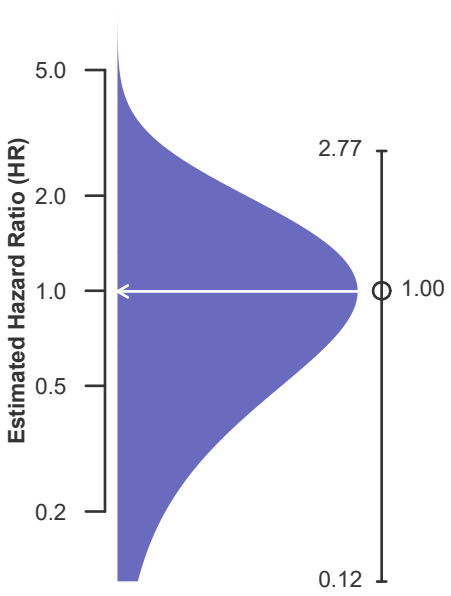
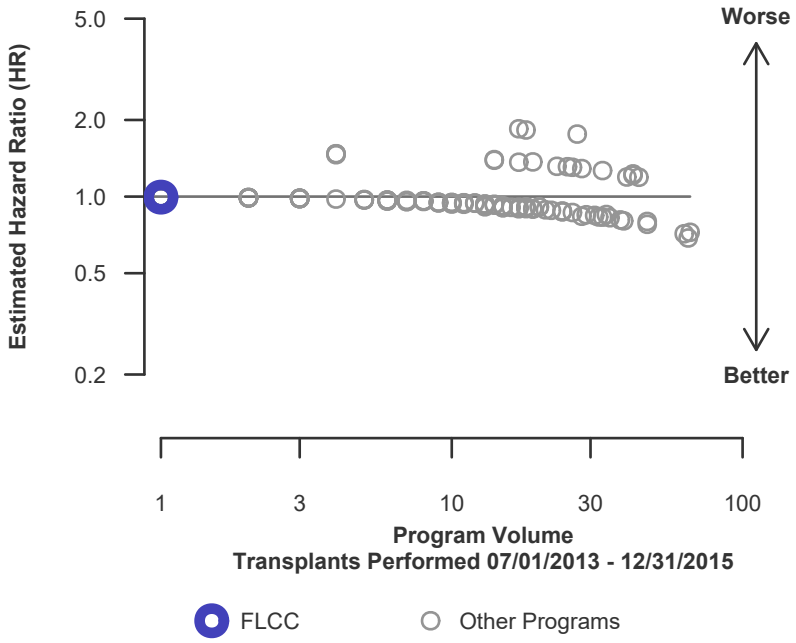


Figure C24. Pediatric (<18) 3-year patient death HR program comparison



C. Transplant Information

Table C16D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients)
Single organ transplants performed between 07/01/2013 and 12/31/2015
Retransplants excluded

	FLCC	U.S.
Number of transplants evaluated	1	1,225
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	99.02%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	99.02%	--
Number of observed deaths during the first 3 years after transplant	0	12
Number of expected deaths during the first 3 years after transplant	0.01	--
Estimated hazard ratio*	1.00	--
95% credible interval for the hazard ratio**	[0.12, 2.77]	--

* The hazard ratio provides an estimate of how Cleveland Clinic Florida Weston (FLCC)'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 FLCC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.77], indicates the location of FLCC's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but FLCC's performance could plausibly range from 88% reduced risk up to 177% increased risk.

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

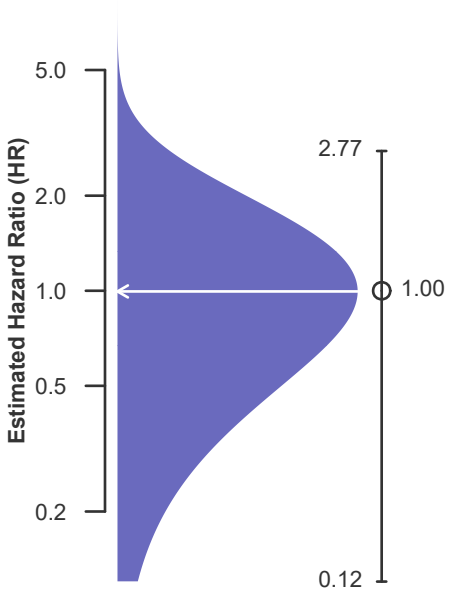
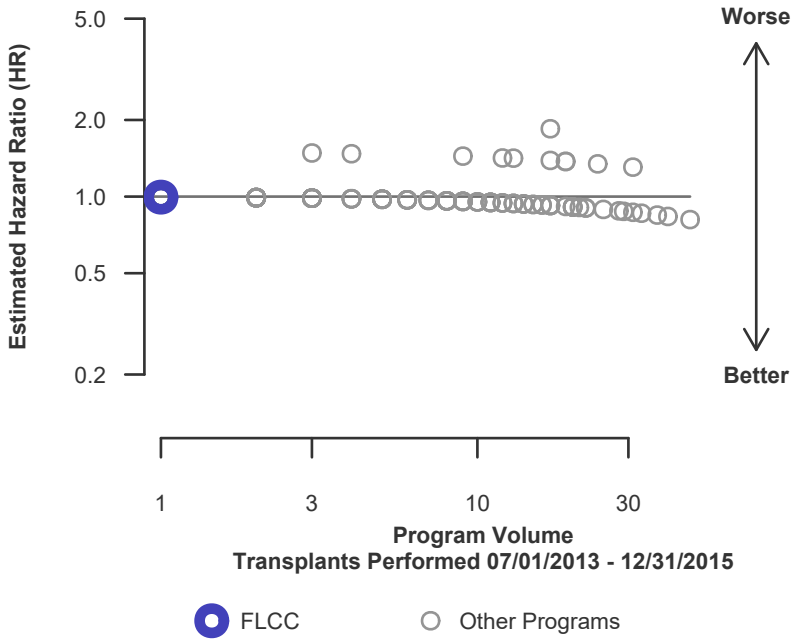


Figure C24D. Pediatric (<18) 3-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table C16L. Pediatric (<18) 3-year patient survival (living donor graft recipients)
Single organ transplants performed between 07/01/2013 and 12/31/2015
Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2013-12/31/2015

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 07/01/2013-12/31/2015

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 07/01/2013-12/31/2015

C. Transplant Information

Table C17. Multi-organ transplant graft survival: 01/01/2016 - 06/30/2018

Adult (18+) Transplants

Transplant Type	Transplants Performed		First-Year Outcomes: Kidney Graft Failures		First-Year Outcomes: Estimated Kidney Graft Survival	
	FLCC-TX1	USA	FLCC-TX1	USA	FLCC-TX1	USA
Kidney-Heart	2	414	0	51	100.0%	87.0%
Kidney-Liver	17	1,759	4	201	76.0%	88.2%

Pediatric (<18) Transplants

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

Table C18. Multi-organ transplant patient survival: 01/01/2016 - 06/30/2018

Adult (18+) Transplants

Transplant Type	Transplants Performed		First-Year Outcomes: Patient Deaths		First-Year Outcomes: Estimated Patient Survival	
	FLCC-TX1	USA	FLCC-TX1	USA	FLCC-TX1	USA
Kidney-Heart	2	414	0	36	100.0%	90.8%
Kidney-Liver	17	1,759	4	158	76.0%	90.6%

Pediatric (<18) Transplants

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

D. Living Donor Information

Table D1. Living donor summary: 01/01/2016 - 12/31/2018

Living Donor Follow-Up	This Center			United States		
	01/2016-12/2016	01/2017-12/2017	01/2018-06/2018	01/2016-12/2016	01/2017-12/2017	01/2018-06/2018
Number of Living Donors	10	15	18	5,629	5,811	3,140
6-Month Follow-Up						
Donors due for follow-up	10	15	18	5,627	5,808	3,127
Timely clinical data	10 100.0%	15 100.0%	18 100.0%	4,978 88.5%	5,133 88.4%	2,731 87.3%
Timely lab data	10 100.0%	15 100.0%	16 88.9%	4,755 84.5%	4,947 85.2%	2,623 83.9%
12-Month Follow-Up						
Donors due for follow-up	10	15		5,627	5,796	
Timely clinical data	10 100.0%	15 100.0%		4,736 84.2%	4,810 83.0%	
Timely lab data	10 100.0%	15 100.0%		4,474 79.5%	4,548 78.5%	
24-Month Follow-Up						
Donors due for follow-up	10			5,601		
Timely clinical data	10 100.0%			4,298 76.7%		
Timely lab data	10 100.0%			3,919 70.0%		

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