

SCIENTIFIC UF Health Shands Hospital REGISTRY OF Center Code: FLUF

TRANSPLANT

RECIPIENTS

Center Code: FLUF Transplant Program (Organ): Lung Release Date: UPDATED: July 18, 2024 Based on Data Available: April 30, 2024 SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

COVID-19 Guide

Adjustments to Transplant Program and OPO Evaluation Metrics

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

In response to the current global pandemic, SRTR modified the evaluation metrics for transplant programs and OPOs for the reports released in January 2021, July 2021, January 2022, July 2022, January 2023, July 2023 and January 2024. These reports made adjustments to transplant program and OPO performance metrics so that data during the time around the declaration of a national public health emergency on March 13, 2020, were not included in the metrics.

Modifications for the July 2024 reporting cycle were considered at the Analytic Methods Subcommittee of the SRTR Review Committee (SRC) at its meeting on March 24, 2021, and the full SRC meetings April 27, 2021 and on January 11, 2022. Both the Analytic Methods Subcommittee and the full SRC recommended an ongoing carve out of the first quarter of the pandemic (March 13, 2020 through June 12, 2020) from adjusted performance metrics, as detailed below. These recommendations were reviewed by HRSA's Division of Transplantation, which oversees SRTR. HRSA approved these recommendations, which SRTR will implement for the July 2024 reporting cycle. These changes will remain in force beyond the July 2024 reporting cycle, unless otherwise amended:

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

1-month, 90-day, 1-year & 1-year conditional on 90-day Patient and Graft Survival Evaluations: Transplants 1/1/2021-6/30/2023, follow-up through 12/31/2023.

3-year Patient and Graft Survival Evaluations: Transplants 7/1/2018-3/12/2020, follow-up through 3/12/2020. Transplants 6/13/2020-12/31/2020; follow-up through 12/31/2023.

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

Days after listing (and before transplant) between 1/1/2022 and 12/31/2023.

The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA). See COVID-19 Guide for pandemic-related follow-up limits.



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

Candidates on the waitlist 1/1/2022-12/31/2023.

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

Evaluation period: 1/1/2022-12/31/2023.

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

Offers received 1/1/2023-12/31/2023.

These decisions will apply to the evaluations released in the SRTR's semi-annual program-specific reports scheduled for release on July 9, 2024. These changes have been communicated to the leadership of the Organ Procurement and Transplantation Network's (OPTN) Membership and Professional Standards Committee (MSPC). These decisions will then be re-evaluated as more information becomes available in preparation for the release scheduled for January 2025.

As with the January 2024 reports, SRTR will continue to report descriptive data beyond March 12, 2020, e.g., waitlist counts, transplant counts, recipient characteristics, donor counts, donor characteristics, etc., but will alter data for performance evaluation metrics as described above.



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This report contains a wide range of useful information about the lung transplant program at UF Health Shands Hospital. The report has three main sections:

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

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

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

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

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



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confidence interval includes (crosses) 1.0, then we cannot say that this program's observed transplant rate is different from what would be expected. The observed deceased donor transplant rate at this program was 313.6 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. Please refer to the PSR Technical Methods documentation available at http://www.srtr.org for more detail regarding how expected rates are calculated.

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

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

Table B7 presents information on what happens to candidates on the waiting list by three different time points after listing: 6 months, 12 months, and 18 months. The table displays percentages of candidates who have died, been removed from the waiting list, been transplanted, or been transferred or lost-to-follow-up. Tables B8 and B9 provide more detail regarding how many candidates have received a deceased donor transplant by certain time points during the first 3 years after being put on the transplant waiting list. Each row of Tables B8 and B9 presents the percent of candidates who received a deceased donor transplant by each time point. Table B10 presents data on the time it took for different percentages of patients to be transplanted for candidates added to the list between 01/01/2018 and 06/30/2023. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this program was 0.1 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 12/31/2023 to calculate a particular percentile of transplant times.

Table B11 contains a summary of the offer acceptance practices of the program. The offer acceptance ratio indicates whether the program is more or less likely to accept offers than the average program. If the offer acceptance ratio is greater than 1.0, then the program tends to accept more offers than average; if the offer acceptance ratio is less than 1.0, then the program tends to accept fewer offers than average. Figure B10 shows the distribution of program offer acceptance rates as well as the offer acceptance rate for this program. Figures B11 - B15 similarly show offer acceptance rates for subsets of offers.

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

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

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

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

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



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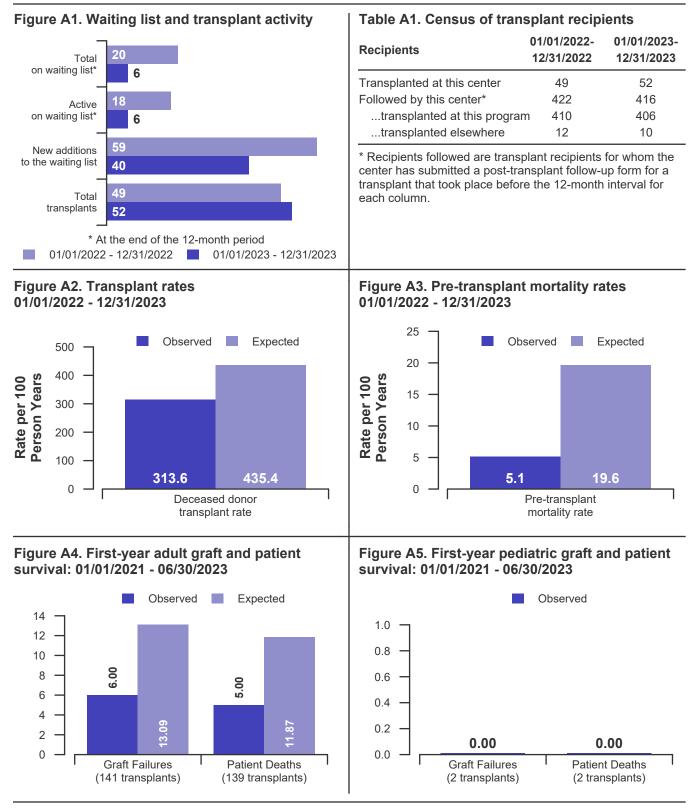


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A. Program Summary





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B. Waiting List Information

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Table B1. Waiting list activity summary: 01/01/2022 - 12/31/2023

		ts for enter	as percent of	ty for 01/01/2023 to 12/31/202 ent of registrants on waiting on 01/01/2023			
Waiting List Registrations	01/01/2022- 12/31/2022	01/01/2023- 12/31/2023	This Center (%)	OPTN Region (%)	U.S. (%)		
On waiting list at start Additions	20	20	100.0	100.0	100.0		
New listings at this center	59	40	200.0	331.9	343.9		
Removals							
Transferred to another center	0	0	0.0	1.1	0.8		
Received living donor transplant*	0	0	0.0	0.0	0.0		
Received deceased donor transplant*	49	52	260.0	307.4	310.4		
Died	0	1	5.0	10.6	8.9		
Transplanted at another center	2	0	0.0	0.0	2.2		
Deteriorated	3	1	5.0	17.0	9.3		
Recovered	1	0	0.0	2.1	4.5		
Other reasons	4	0	0.0	12.8	13.6		
On waiting list at end of period	20	6	30.0	80.9	94.2		

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



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B. Waiting List Information

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Table B2. Demographic characteristics of waiting list candidatesCandidates registered on the waiting list between 01/01/2023 and 12/31/2023

Demographic Characteristic	01/01/2	ting List Reg 023 to 12/31/2	2023 (%)	on	ng List Regis 12/31/2023 ('	%)
Domographic entractoriette	This Center (N=40)	OPTN Region (N=312)	u U.S. (N=3,353)	This Center (N=6)	OPTN Region (N=76)	U.S. (N=918)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	77.5	66.3	70.7	50.0	60.5	66.0
African-American	5.0	12.8	10.1	0.0	21.1	14.9
Hispanic/Latino	12.5	19.2	14.2	33.3	14.5	13.8
Asian	2.5	0.6	3.2	16.7	1.3	3.2
Other	2.5	0.3	1.1	0.0	0.0	1.0
Unknown	0.0	0.6	0.7	0.0	2.6	1.1
Age (%)						
<2 years	0.0	0.0	0.1	0.0	0.0	0.1
2-11 years	0.0	0.0	0.4	0.0	0.0	1.1
12-17 years	2.5	0.3	0.7	16.7	1.3	0.7
18-34 years	7.5	6.1	4.9	0.0	5.3	5.7
35-49 years	5.0	11.9	11.3	0.0	9.2	9.6
50-64 years	62.5	42.9	43.4	33.3	46.1	44.9
65-69 years	10.0	23.7	26.0	33.3	22.4	23.7
70+ years	12.5	15.1	13.3	16.7	15.8	14.3
Gender (%)						
Male	72.5	58.3	57.4	33.3	38.2	46.0
Female	27.5	41.7	42.6	66.7	61.8	54.0

* 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%.



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B. Waiting List Information

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Table B3. Medical characteristics of waiting list candidatesCandidates registered on the waiting list between 01/01/2023 and 12/31/2023

Medical Characteristic		ting List Regi 023 to 12/31/2			ng List Regis 12/31/2023 ('	
	This Center (N=40)	This Center OPTN Region U.S. (N=40) (N=312) (N=3,353)			OPTN Region (N=76)	U.S. (N=918)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Blood Type (%)						
0	40.0	49.7	47.3	66.7	60.5	64.7
A	42.5	39.4	37.4	33.3	34.2	27.2
В	12.5	8.0	11.9	0.0	5.3	7.4
AB	5.0	2.9	3.4	0.0	0.0	0.7
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Previous Transplant (%)						
Yes	5.0	2.2	3.8	0.0	0.0	4.4
No	95.0	97.8	96.2	100.0	100.0	95.6
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Primary Disease (%)						
Idiopathic Pulmonary Arterial Hypertension	0.0	4.2	6.7	0.0	6.6	8.3
Cystic Fibrosis	0.0	2.9	1.8	0.0	2.6	2.1
Idiopathic Pulmonary Fibrosis	72.5	70.2	67.8	50.0	50.0	58.3
Emphysema/COPD	20.0	16.7	18.8	33.3	30.3	24.7
Other	7.5	6.1	4.9	16.7	10.5	6.6
Missing	0.0	0.0	0.0	0.0	0.0	0.0



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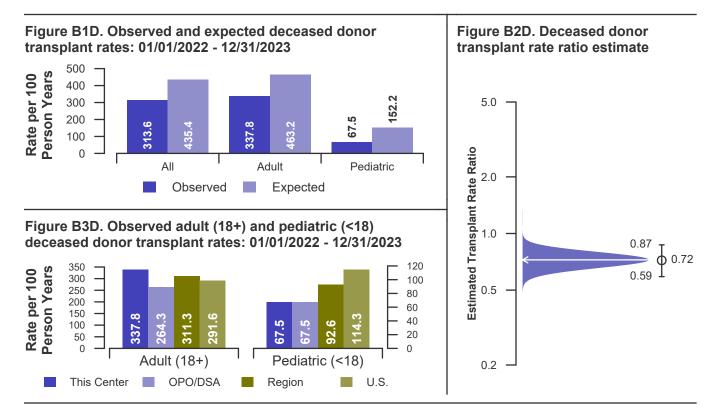
B. Waiting List Information

Table B4D. Deceased donor transplant rates: 01/01/2022 - 12/31/2023

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	20	50	98	1,051
Person Years**	33.2	76.4	187.3	2,025.7
Removals for Transplant	104	196	576	5,823
Adult (18+) Candidates				
Count on waiting list at start*	20	50	97	1,030
Person Years**	30.2	73.4	184.1	1,978.5
Removals for transpant	102	194	573	5,769
Pediatric (<18) Candidates				
Count on waiting list at start*	0	0	1	21
Person Years**	3.0	3.0	3.2	47.2
Removals for transplant	2	2	3	54

* 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.





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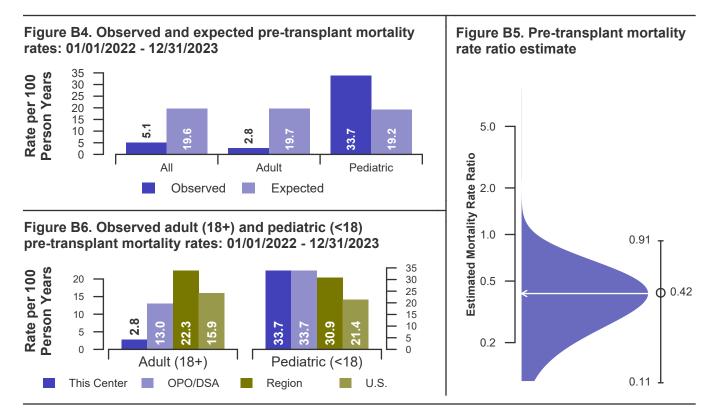
B. Waiting List Information

Table B5. Pre-transplant mortality rates: 01/01/2022 - 12/31/2023

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	20	50	98	1,051
Person Years**	38.9	95.4	222.8	2,310.7
Number of deaths	2	13	50	371
Adult (18+) Candidates				
Count on waiting list at start*	20	50	97	1,030
Person Years**	36.0	92.5	219.6	2,254.7
Number of deaths	1	12	49	359
Pediatric (<18) Candidates				
Count on waiting list at start*	0	0	1	21
Person Years**	3.0	3.0	3.2	56.0
Number of deaths	1	1	1	12

* 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.





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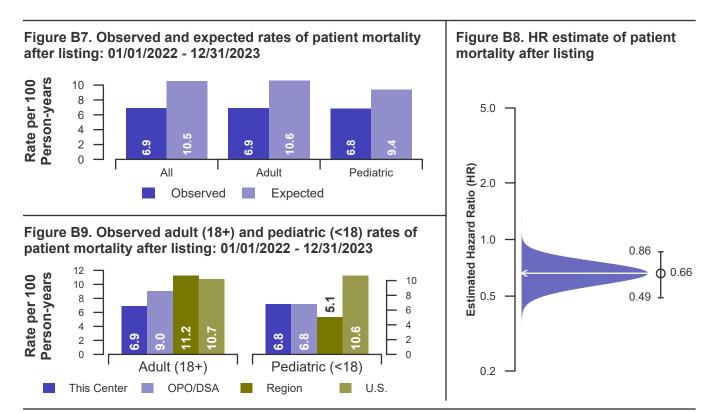
B. Waiting List Information

Table B6. Rates of patient mortality after listing: 01/01/2022 - 12/31/2023

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Patients				
Count at risk during the evaluation period	451	748	1,779	17,437
Person-years*	669.1	1,042.9	2,301.4	22,465.4
Number of Deaths	46	94	257	2,411
Adult (18+) Patients				
Count at risk during the evaluation period	439	736	1,764	17,187
Person-years*	654.4	1,028.3	2,281.7	22,127.0
Number of Deaths	45	93	256	2,375
Pediatric (<18) Patients				
Count at risk during the evaluation period	12	12	15	250
Person-years*	14.6	14.6	19.7	338.4
Number of Deaths	1	1	1	36

* Person-years are calculated as days (converted to fractional years). The number of days from 01/01/2022, or from the date of first wait listing until death, reaching 5 years after listing or December 31, 2023.

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





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B. Waiting List Information

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Table B7. Waiting list candidate status after listing Candidates registered on waiting list between 07/01/2021 and 06/30/2022

Waiting list status (survival status)		Center (N ns Since L	,	U.S. (N=3,083) Months Since Listing			
	6	12	18	6	12	18	
Alive on waiting list (%)	17.5	7.0	1.8	18.4	7.8	3.8	
Died on the waiting list without transplant (%)	0.0	0.0	1.8	3.4	3.8	3.9	
Removed without transplant (%):							
Condition worsened (status unknown)	7.0	7.0	7.0	3.6	4.2	4.4	
Condition improved (status unknown)	1.8	1.8	1.8	0.5	0.8	1.0	
Refused transplant (status unknown)	0.0	0.0	0.0	0.3	0.3	0.4	
Other	5.3	5.3	5.3	2.1	2.9	3.1	
Transplant (living or deceased donor) (%):							
Functioning (alive)	66.7	75.4	50.9	66.3	69.3	42.6	
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.2	0.2	0.3	
Failed-alive not retransplanted	0.0	0.0	0.0	0.1	0.1	0.1	
Died	1.8	3.5	5.3	4.5	8.0	11.6	
Status Yet Unknown*	0.0	0.0	26.3	0.6	2.5	28.6	
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.1	0.1	0.2	
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Total % known died on waiting list or after transplant	1.8	3.5	7.0	7.9	11.8	15.5	
Total % known died or removed as unstable	8.8	10.5	14.0	11.5	16.0	19.9	
Total % removed for transplant	68.4	78.9	82.5	71.7	80.1	83.2	
Total % with known functioning transplant (alive)	66.7	75.4	50.9	66.3	69.3	42.6	

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



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B. Waiting List Information

TRANSPLANT

RECIPIENTS

Table B8. Percent of candidates with deceased donor transplants: demographic characteristics Candidates registered on the waiting list between 01/01/2018 and 12/31/2020

Characteristic	Percent transplanted at time periods since listing This Center United States									
	Ν				3 years	Ν				3 years
All	274	52.9	93.1	93.1	93.4	9,169	35.7	76.4	80.8	82.0
Ethnicity/Race*										
White	210	53.3	93.8	93.8	94.3	6,837	37.0	78.7	82.7	83.7
African-American	24	41.7	87.5	87.5	87.5	951	30.5	69.8	75.4	77.2
Hispanic/Latino	32	59.4	96.9	96.9	96.9	1,035	33.3	70.5	75.8	77.4
Asian	8	50.0	75.0	75.0	75.0	274	30.7	66.8	71.5	72.3
Other	0					72	29.2	75.0	80.6	83.3
Unknown	0					0				
Age										
<2 years	0					29	13.8	58.6	62.1	62.1
2-11 years	2	0.0	50.0	50.0	50.0	39	12.8	43.6	48.7	51.3
12-17 years	6	50.0	50.0	50.0	50.0	106	41.5	67.0	69.8	69.8
18-34 years	21	52.4	85.7	85.7	90.5	718	31.6	70.9	75.2	76.3
35-49 years	34	29.4	82.4	82.4	82.4	1,069	35.2	73.2	77.0	78.5
50-64 years	101	51.5	97.0	97.0	97.0	4,070	34.2	75.7	80.8	82.3
65-69 years	62	56.5	98.4	98.4	98.4	2,094	36.8	79.3	83.5	84.1
70+ years	48	70.8	95.8	95.8	95.8	1,044	43.2	83.7	86.4	86.9
Gender										
Male	141	61.7	95.7	95.7	96.5	5,295	42.2	81.9	85.2	85.8
Female	133	43.6	90.2	90.2	90.2	3,874	26.7	68.9	74.9	76.8

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



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B. Waiting List Information

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RECIPIENTS

 Table B9. Percent of candidates with deceased donor transplants: medical characteristics

 Candidates registered on the waiting list between 01/01/2018 and 12/31/2020

Characteristic	Percent transplanted at time periods since listing This Center United States									
	Ν				3 years	Ν				3 years
All	274	52.9	93.1	93.1	93.4	9,169	35.7	76.4	80.8	82.0
Blood Type										
0	129	55.0	93.0	93.0	93.8	4,337	33.9	73.2	78.3	79.8
A	105	57.1	94.3	94.3	94.3	3,430	39.3	80.7	84.4	85.3
В	20	35.0	95.0	95.0	95.0	1,041	31.0	74.7	78.9	79.9
AB	20	35.0	85.0	85.0	85.0	361	35.5	80.1	83.1	83.1
Previous Transplant										
Yes	20	40.0	90.0	90.0	90.0	370	35.7	73.5	76.5	77.0
No	254	53.9	93.3	93.3	93.7	8,799	35.7	76.6	81.0	82.2
Primary Disease										
Congenital Disease	0					0				
Retransplant/Graft Failure	0					0				
Idiopathic Pulmonary Arterial Hypertension	8	37.5	62.5	62.5	62.5	645	29.3	60.5	64.2	66.5
Cystic Fibrosis	16	37.5	75.0	75.0	75.0	638	33.7	75.1	79.0	80.1
Idiopathic Pulmonary Fibrosis	172	64.0	95.9	95.9	95.9	5,683	40.7	80.1	83.3	84.1
Alpha-1-Antitrypsin Deficiency	0					0				
Emphysema/COPD	70	32.9	94.3	94.3	95.7	1,958	24.5	72.4	80.4	82.4
Other	8	37.5	87.5	87.5	87.5	245	29.0	69.8	75.1	76.3
Missing	0					0				



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B. Waiting List Information

TRANSPLANT

Table B10. Time to transplant for waiting list candidates* Candidates registered on the waiting list between 01/01/2018 and 06/30/2023

		Months to T	ransplant**	
Percentile	Center	OPO/DSA	Region	U.S.
5th	0.1	0.2	0.1	0.1
10th	0.2	0.2	0.2	0.2
25th	0.4	0.5	0.6	0.5
50th (median time to transplant)	1.1	1.5	1.6	1.7
75th	3.3	5.3	7.0	7.8

* 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 12/31/2023. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had received a transplant.



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B. Waiting List Information

Table B11. Offer Acceptance Practices: 01/01/2023 - 12/31/2023

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
Overall				
Number of Offers	2,045	2,989	9,521	71,293
Number of Acceptances	50	102	273	2,963
Expected Acceptances	67.0	115.1	386.3	2,962.0
Offer Acceptance Ratio*	0.75	0.89	0.71	1.00
95% Credible Interval**	[0.56, 0.97]			
PHS increased infectious risk				
Number of Offers	298	465	1,597	11,740
Number of Acceptances	2	17	45	490
Expected Acceptances	10.0	19.1	66.2	487.0
Offer Acceptance Ratio*	0.33	0.90	0.69	1.01
95% Credible Interval**	[0.09, 0.73]			
Donor was current smoker				
Number of Offers	205	297	998	7,024
Number of Acceptances	3	6	21	210
Expected Acceptances	4.8	8.1	29.7	214.1
Offer Acceptance Ratio*	0.73	0.79	0.72	0.98
95% Credible Interval**	[0.24, 1.49]			
Donor age >= 55				
Number of Offers	329	468	1,264	8,879
Number of Acceptances	3	7	33	348
Expected Acceptances	9.0	14.0	43.2	344.7
Offer Acceptance Ratio*	0.45	0.56	0.77	1.01
95% Credible Interval**	[0.15, 0.93]			
Hard-to-Place Lungs (Over 50 Offers)				
Number of Offers	482	783	2,795	22,758
Number of Acceptances	1	9	29	420
Expected Acceptances	6.3	12.7	50.6	416.5
Offer Acceptance Ratio*	0.36	0.75	0.59	1.01
95% Credible Interval**	[0.07, 0.87]			
Donor more than 500 miles away				
Number of Offers	1,295	1,943	5,910	38,151
Number of Acceptances	24	52	128	1,184
Expected Acceptances	33.0	60.2	186.8	1,225.7
Offer Acceptance Ratio*	0.74	0.87	0.69	0.97
95% Credible Interval**	[0.48, 1.05]			

* The offer acceptance ratio estimates the relative offer acceptance practice of UF Health Shands Hospital compared to the national offer acceptance practice. A ratio above one indicates the program accepts more offers compared to national offer acceptance practices (e.g., an offer acceptance ratio of 1.25 indicates a center accepts 25% more offers than is expected based on national offer acceptance practices), while a ratio below one indicates the program accepts fewer offers compared to national offer acceptance practices (e.g., an offer acceptance ratio of 0.75 indicates a center accepts 25% fewer offers than is expected based on national offer acceptance practices).

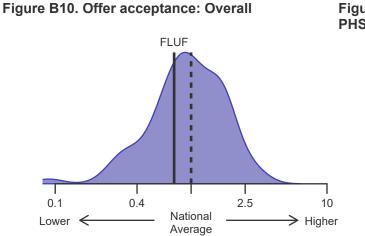
** As an example, the 95% Credible Interval for the overall offer acceptance ratio, [0.56, 0.97], indicates the location of FLUF's true offer acceptance ratio with 95% probability. The best estimate is 25% less likely to accept an offer compared to nationalacceptance behavior, but FLUF's performance could plausibly range from 44% reduced acceptance up to 3% reduced acceptance.

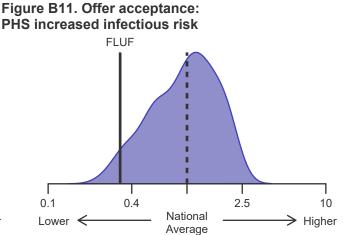


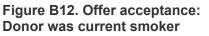
REGISTRY OFCenter Code: FLUFTRANSPLANTTransplant Program (Organ): Lung
Release Date: UPDATED: July 18, 2024RECIPIENTSBased on Data Available: April 30, 2024

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B. Waiting List Information







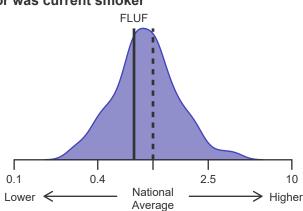


Figure B14. Offer acceptance: Offer number > 50 Figure B15. Offer acceptance:

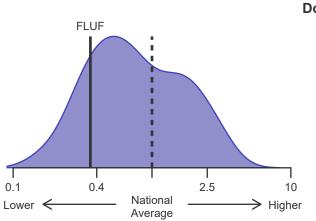
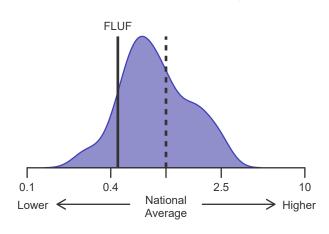
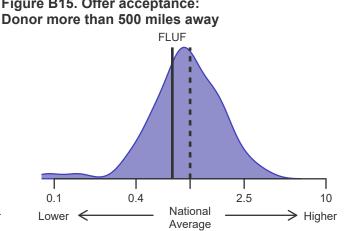


Figure B13. Offer acceptance: Donor age >= 55







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C. Transplant Information

TRANSPLANT

RECIPIENTS

Table C1D. Deceased donor transplant recipient demographic characteristics Patients transplanted between 01/01/2023 and 12/31/2023

	Percei	Percentage in each category		
Characteristic	Center (N=52)	Region (N=289)	U.S. (N=3,026)	
Ethnicity/Race (%)*				
White	82.7	68.2	71.4	
African-American	9.6	11.1	9.6	
Hispanic/Latino	5.8	19.4	14.3	
Asian	0.0	0.7	3.2	
Other	1.9	0.7	1.1	
Unknown	0.0	0.0	0.5	
Age (%)				
<2 years	0.0	0.0	0.1	
2-11 years	0.0	0.0	0.3	
12-17	1.9	0.3	0.6	
18-34	9.6	4.8	4.6	
35-49 years	3.8	11.8	12.2	
50-64 years	55.8	42.2	43.5	
65-69 years	11.5	24.9	26.2	
70+ years	17.3	15.9	12.6	
Gender (%)				
Male	73.1	62.6	56.7	
Female	26.9	37.4	43.3	

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



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C. Transplant Information

TRANSPLANT

RECIPIENTS

Table C2D. Deceased donor transplant recipient medical characteristicsPatients transplanted between 01/01/2023 and 12/31/2023

	Percentage in each category		
Characteristic	Center (N=52)	Region (N=289)	U.S. (N=3,026)
Blood Type (%)			
0	40.4	45.7	42.9
A	40.4	40.8	40.4
В	13.5	9.3	12.7
AB	5.8	4.2	4.0
Previous Transplant (%)			
Yes	3.8	2.8	3.4
No	96.2	97.2	96.6
Body Mass Index (%)			
0-20	17.3	15.2	15.0
21-25	30.8	31.1	33.6
26-30	42.3	44.3	37.0
31-35	7.7	8.0	13.0
36-40	1.9	1.0	0.9
41+	0.0	0.3	0.2
Unknown	0.0	0.0	0.4
Primary Disease (%)			
Idiopathic Pulmonary Arterial Hypertension	1.9	2.4	6.2
Cystic Fibrosis	5.8	3.8	2.9
Idiopathic Pulmonary Fibrosis	67.3	72.7	65.7
Emphysema/COPD	19.2	15.9	20.3
Other	5.8	5.2	4.9
Missing	0.0	0.0	0.0
Recipient Medical Condition at Transplant (%)			
Not Hospitalized	21.2	48.4	67.0
Hospitalized	0.0	6.9	14.6
ICU	78.8	44.6	18.3
Unknown	0.0	0.0	0.1



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C. Transplant Information

TRANSPLANT

RECIPIENTS

Table C3D. Deceased donor characteristicsTransplants performed between 01/01/2023 and 12/31/2023

	Percentage in each category		
Donor Characteristic	Center (N=52)	Region (N=289)	U.S. (N=3,026)
Cause of Death (%)			
Deceased: Stroke	15.4	21.8	24.9
Deceased: MVA	15.4	12.8	12.4
Deceased: Other	69.2	65.4	62.7
Ethnicity/Race (%)*			
White	65.4	64.4	58.9
African-American	21.2	19.4	17.8
Hispanic/Latino	9.6	13.1	18.6
Asian	3.8	2.4	3.4
Other	0.0	0.0	1.0
Not Reported	0.0	0.7	0.3
Age (%)			
<2 years	0.0	0.0	0.1
2-11 years	0.0	0.3	0.5
12-17	11.5	5.9	5.3
18-34	55.8	44.3	40.8
35-49 years	26.9	31.8	34.9
50-64 years	1.9	14.9	16.8
65-69 years	3.8	2.8	1.4
70+ years	0.0	0.0	0.3
Gender (%)			
Male	73.1	59.2	59.6
Female	26.9	40.8	40.4
Blood Type (%)			
0	55.8	58.1	54.2
A	32.7	33.2	33.7
В	9.6	7.6	10.5
AB	1.9	1.0	1.5
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%.



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C. Transplant Information

Table C4D. Deceased donor transplant characteristicsTransplants performed between 01/01/2023 and 12/31/2023

	Percentage in each category		
Transplant Characteristic	Center (N=52)	Region (N=289)	U.S. (N=3,026)
Total Ischemic Time (Minutes): Local (%)			
Deceased: 0-90 min	0.0	0.0	0.5
Deceased: 91-180 min	0.0	0.0	5.3
Deceased: 181-270 min	0.0	19.6	27.8
Deceased: 271-360 min	33.3	28.3	29.5
Deceased: 361+ min	66.7	52.2	36.8
Not Reported	0.0	0.0	0.2
Total Ischemic Time (Minutes): Shared (%)			
Deceased: 0-90 min	0.0	17.3	2.1
Deceased: 91-180 min	0.0	0.4	0.7
Deceased: 181-270 min	0.0	1.6	5.5
Deceased: 271-360 min	6.5	9.9	24.5
Deceased: 361+ min	93.5	70.8	67.0
Not Reported	0.0	0.0	0.1
Procedure Type (%)			
Single organ	96.2	94.8	98.6
Multi organ	3.8	5.2	1.4
Donor Location (%)			
Local Donation Service Area (DSA)	11.5	15.9	21.4
Another Donation Service Area (DSA)	88.5	84.1	78.6
Median Time in Hospital After Transplant	34.0 Days	26.0 Days	20.0 Days



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C. Transplant Information

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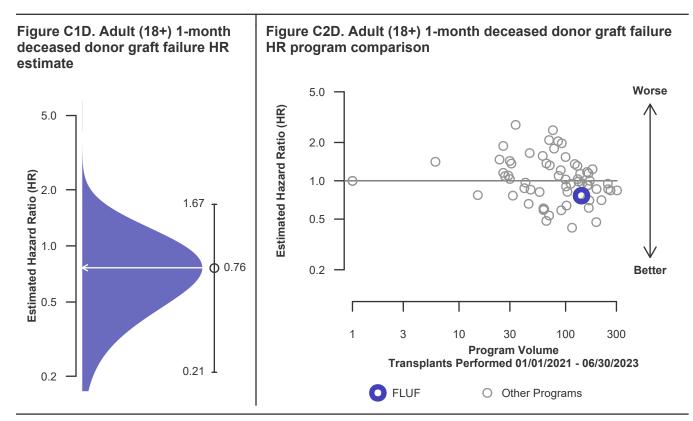
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Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2021 and 06/30/2023 Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	141	6,584
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	98.58% [96.65%-100.00%]	97.27% [96.87%-97.66%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.73%	
Number of observed graft failures (including deaths) during the first month after transplant	2	180
Number of expected graft failures (including deaths) during the first month after transplant	3.24	
Estimated hazard ratio*	0.76	
95% credible interval for the hazard ratio**	[0.21, 1.67]	

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

** The 95% credible interval, [0.21, 1.67], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 24% lower risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 79% reduced risk up to 67% increased risk.





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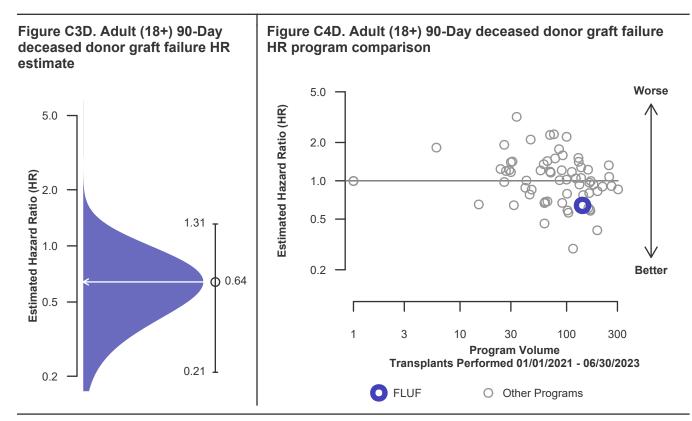
C. Transplant Information

Table C6D. Adult (18+) 90-Day survival with a functioning deceased donor graftSingle organ transplants performed between 01/01/2021 and 06/30/2023Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	141	6,584
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	97.87% [95.52%-100.00%]	95.15% [94.64%-95.67%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	95.95%	
Number of observed graft failures (including deaths) during the first 90 days after transplant	3	319
Number of expected graft failures (including deaths) during the first 90 days after transplant	5.80	
Estimated hazard ratio*	0.64	
95% credible interval for the hazard ratio**	[0.21, 1.31]	

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

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





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C. Transplant Information

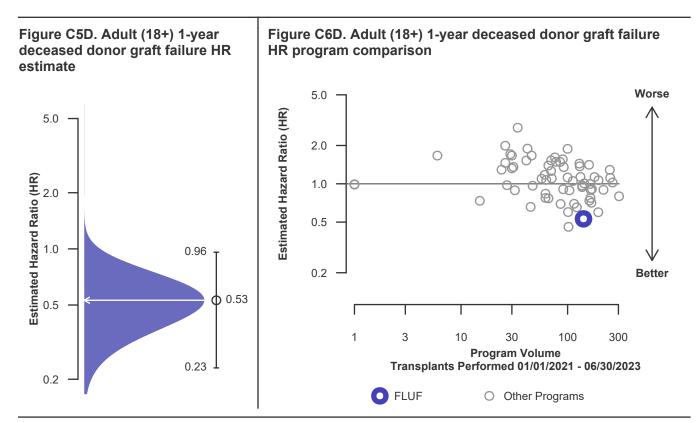
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Table C7D. Adult (18+) 1-year survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2021 and 06/30/2023 Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	141	6,584
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	95.40% [91.84%-99.09%]	88.21% [87.39%-89.04%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	90.05%	
Number of observed graft failures (including deaths) during the first year after transplant	6	708
Number of expected graft failures (including deaths) during the first year after transplant	13.09	
Estimated hazard ratio*	0.53	
95% credible interval for the hazard ratio**	[0.23, 0.96]	

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

** The 95% credible interval, [0.23, 0.96], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 47% lower risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 77% reduced risk up to 4% reduced risk.





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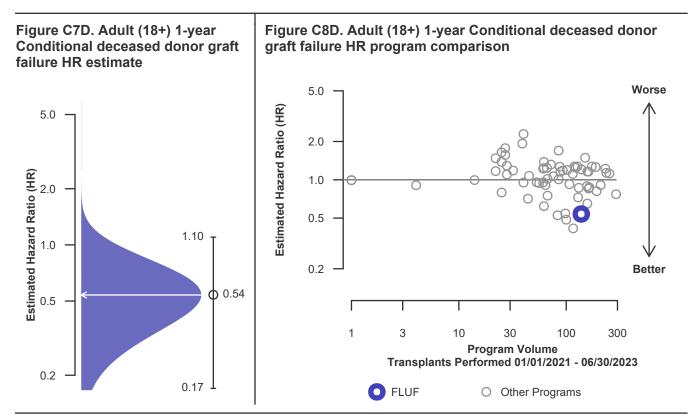
C. Transplant Information

Table C8D. Adult (18+) 1-year Conditional survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2021 and 06/30/2023 Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	138	6,261
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] [9 [9 (unadjusted for patient and donor characteristics)]	s 97.47% 96.15%-99.09%]	92.70% [92.34%-93.06%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	93.84%	
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	3	389
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	7.28	
Estimated hazard ratio*	0.54	
95% credible interval for the hazard ratio**	[0.17, 1.10]	

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

** The 95% credible interval, [0.17, 1.10], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 46% lower risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 83% reduced risk up to 10% increased risk.





REGISTRY OFCenter Code: FLUFTRANSPLANTTransplant Program (Organ): Lung
Release Date: UPDATED: July 18, 2024RECIPIENTSBased on Data Available: April 30, 2024

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

C. Transplant Information

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

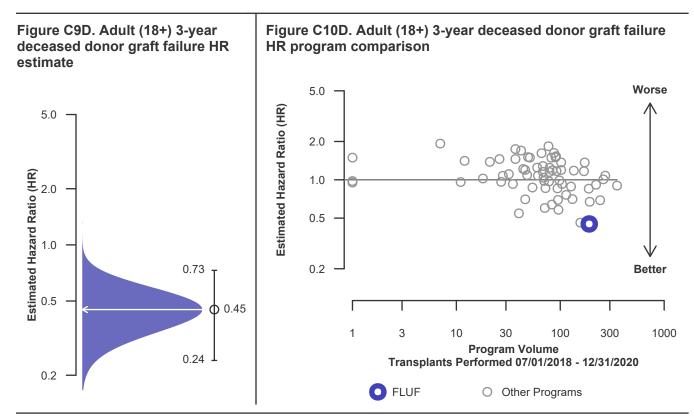
Single organ transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Deaths and retransplants are considered graft failures

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

	FLUF	U.S.
Number of transplants evaluated	190	5,852
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	84.61% [75.40%-94.94%]	70.74% [68.73%-72.81%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	71.63%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	11	851
Number of expected graft failures (including deaths) during the first 3 years after transplant	26.90	
Estimated hazard ratio*	0.45	
95% credible interval for the hazard ratio**	[0.24, 0.73]	

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

** The 95% credible interval, [0.24, 0.73], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 55% lower risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 76% reduced risk up to 27% reduced risk.





REGISTRY OFCenter Code: FLUFTRANSPLANTTransplant Program (Organ): LungRECIPIENTSBased on Data Available: April 30, 2024

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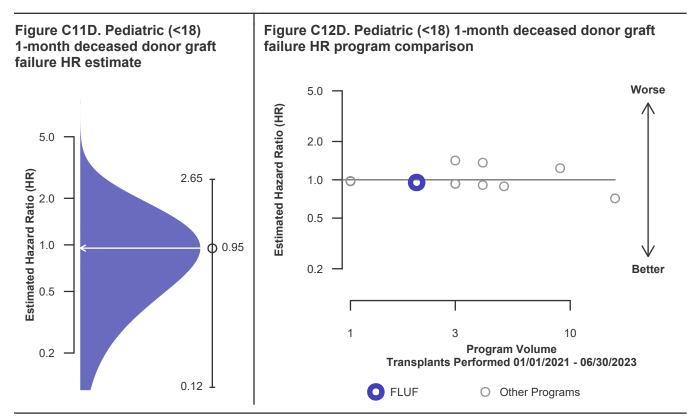
C. Transplant Information

Table C10D. Pediatric (<18) 1-month survival with a functioning deceased donor graft</th> Single organ transplants performed between 01/01/2021 and 06/30/2023 Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	2	61
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	95.08% [89.81%-100.00%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	95.12%	
Number of observed graft failures (including deaths) during the first month after transplant	0	3
Number of expected graft failures (including deaths) during the first month after transplant	0.10	
Estimated hazard ratio*	0.95	
95% credible interval for the hazard ratio**	[0.12, 2.65]	

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

** The 95% credible interval, [0.12, 2.65], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 5% lower risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 88% reduced risk up to 165% increased risk.





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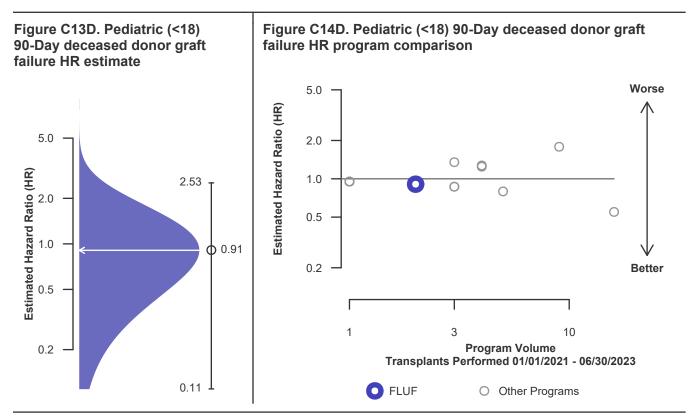
C. Transplant Information

Table C11D. Pediatric (<18) 90-Day survival with a functioning deceased donor graft</th>Single organ transplants performed between 01/01/2021 and 06/30/2023Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	2	61
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	90.16% [82.99%-97.96%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	90.24%	
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	6
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.21	
Estimated hazard ratio*	0.91	
95% credible interval for the hazard ratio**	[0.11, 2.53]	

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

** The 95% credible interval, [0.11, 2.53], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 9% lower risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 89% reduced risk up to 153% increased risk.





REGISTRY OFCenter Code: FLUFTRANSPLANTTransplant Program (Organ): Lung
Release Date: UPDATED: July 18, 2024RECIPIENTSBased on Data Available: April 30, 2024

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

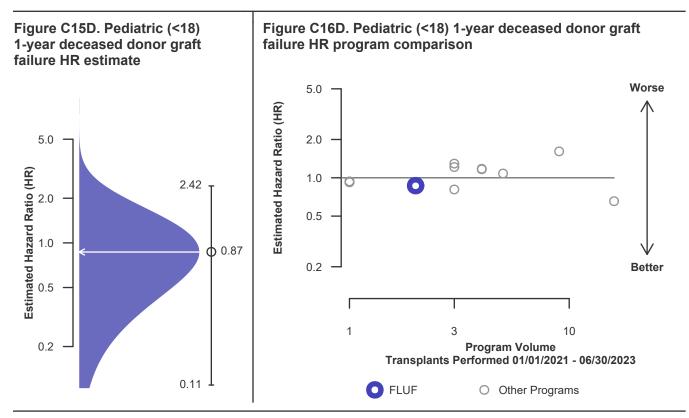
C. Transplant Information

Table C12D. Pediatric (<18) 1-year survival with a functioning deceased donor graft</th>Single organ transplants performed between 01/01/2021 and 06/30/2023Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	2	61
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	84.60% [75.74%-94.49%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	84.73%	
Number of observed graft failures (including deaths) during the first year after transplant	0	9
Number of expected graft failures (including deaths) during the first year after transplant	0.31	
Estimated hazard ratio*	0.87	
95% credible interval for the hazard ratio**	[0.11, 2.42]	

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

** The 95% credible interval, [0.11, 2.42], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 13% lower risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 89% reduced risk up to 142% increased risk.





REGISTRY OFCenter Code: FLUFTRANSPLANTTransplant Program (Organ): Lung
Release Date: UPDATED: July 18, 2024RECIPIENTSBased on Data Available: April 30, 2024

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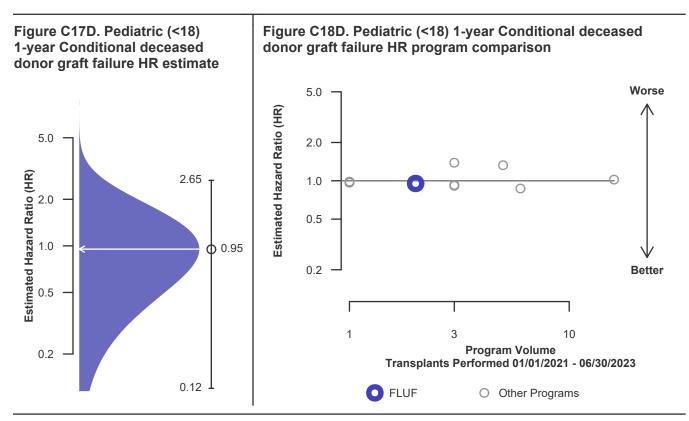
C. Transplant Information

Table C13D. Pediatric (<18) 1-year Conditional survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2021 and 06/30/2023 Deaths and retransplants are considered graft failures

	FLUF	U.S.
Number of transplants evaluated	2	55
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] [10 (unadjusted for patient and donor characteristics)	100.00% 0.00%-100.00%]	93.83% [91.26%-96.47%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	93.89%	
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	3
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.10	
Estimated hazard ratio*	0.95	
95% credible interval for the hazard ratio**	[0.12, 2.65]	

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

** The 95% credible interval, [0.12, 2.65], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 5% lower risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 88% reduced risk up to 165% increased risk.





REGISTRY OFCenter Code: FLUFTRANSPLANTTransplant Program (Organ): Lung
Release Date: UPDATED: July 18, 2024RECIPIENTSBased on Data Available: April 30, 2024

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

C. Transplant Information

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

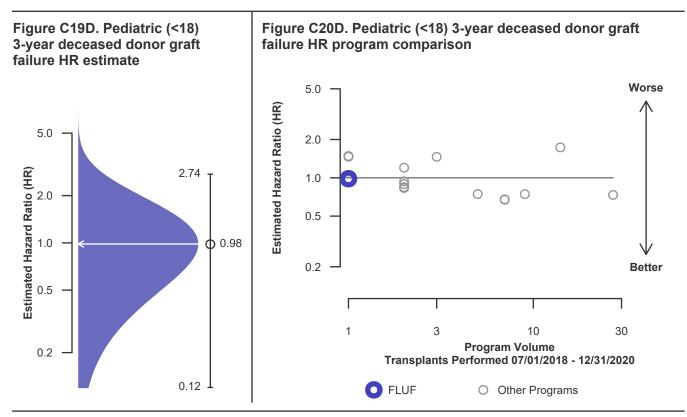
Single organ transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Deaths and retransplants are considered graft failures

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

	FLUF	U.S.
Number of transplants evaluated	1	90
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	71.18% [56.25%-90.07%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	71.69%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	11
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.03	
Estimated hazard ratio*	0.98	
95% credible interval for the hazard ratio**	[0.12, 2.74]	

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

** The 95% credible interval, [0.12, 2.74], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 2% lower risk of graft failure compared to an average program, but FLUF's performance could plausibly range from 88% reduced risk up to 174% increased risk.





REGISTRY OFCenter Code: FLUFTRANSPLANTTransplant Program (Organ): LungRECIPIENTSBased on Data Available: April 30, 2024

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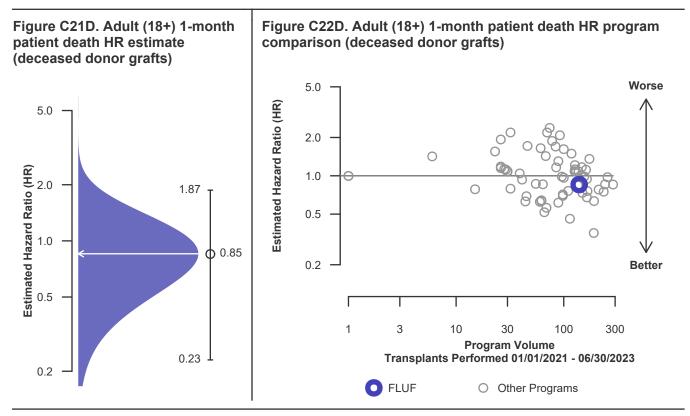
C. Transplant Information

Table C15D. Adult (18+) 1-month patient survival (deceased donor graft recipients)Single organ transplants performed between 01/01/2021 and 06/30/2023Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	139	6,393
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	98.56% [96.60%-100.00%]	97.62% [97.25%-98.00%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.08%	
Number of observed deaths during the first month after transplant	2	152
Number of expected deaths during the first month after transplant	2.69	
Estimated hazard ratio*	0.85	
95% credible interval for the hazard ratio**	[0.23, 1.87]	

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

** The 95% credible interval, [0.23, 1.87], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 15% lower risk of patient death compared to an average program, but FLUF's performance could plausibly range from 77% reduced risk up to 87% increased risk.





UF Health Shands Hospital SCIENTIFIC

REGISTRY <u>야</u> Center Code: FLUF Transplant Program (Organ): Lung Release Date: UPDATED: July 18, 2024 Based on Data Available: April 30, 2024 RECIPIENTS

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

C. Transplant Information

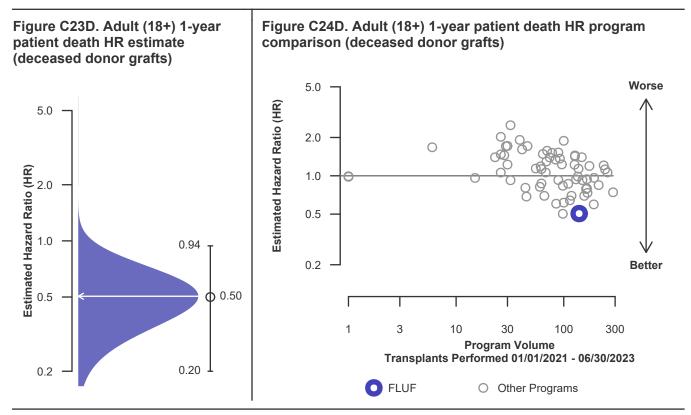
TRANSPLANT

Table C16D. Adult (18+) 1-year patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2021 and 06/30/2023 **Retransplants excluded**

	FLUF	U.S.
Number of transplants evaluated	139	6,393
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	96.23% [93.03%-99.54%]	88.85% [88.03%-89.66%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	90.83%	
Number of observed deaths during the first year after transplant	5	653
Number of expected deaths during the first year after transplant	11.87	
Estimated hazard ratio*	0.50	
95% credible interval for the hazard ratio**	[0.20, 0.94]	

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

** The 95% credible interval, [0.20, 0.94], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 50% lower risk of patient death compared to an average program, but FLUF's performance could plausibly range from 80% reduced risk up to 6% reduced risk.





REGISTRY OFCenter Code: FLUFTRANSPLANTTransplant Program (Organ): Lung
Release Date: UPDATED: July 18, 2024RECIPIENTSBased on Data Available: April 30, 2024

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

C. Transplant Information

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

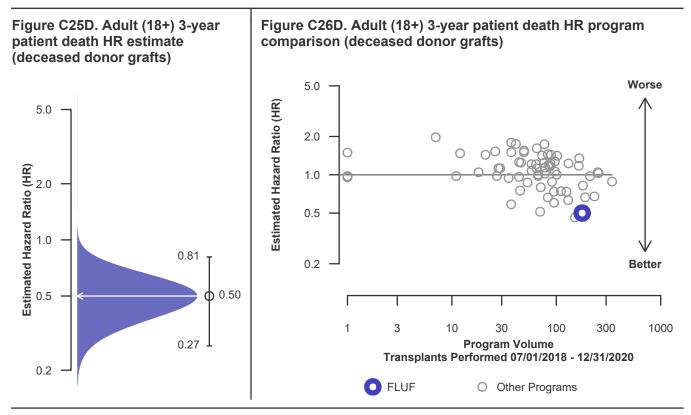
Single organ transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Retransplants excluded

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

· · · · ·	FLUF	U.S.
Number of transplants evaluated	177	5,670
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	83.67% [74.22%-94.31%]	72.36% [70.39%-74.38%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	72.99%	
Number of observed deaths during the first 3 years after transplant	11	786
Number of expected deaths during the first 3 years after transplant	24.00	
Estimated hazard ratio*	0.50	
95% credible interval for the hazard ratio**	[0.27, 0.81]	

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

** The 95% credible interval, [0.27, 0.81], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 50% lower risk of patient death compared to an average program, but FLUF's performance could plausibly range from 73% reduced risk up to 19% reduced risk.





REGISTRY OFCenter Code: FLUFTRANSPLANTTransplant Program (Organ): Lung
Release Date: UPDATED: July 18, 2024RECIPIENTSBased on Data Available: April 30, 2024

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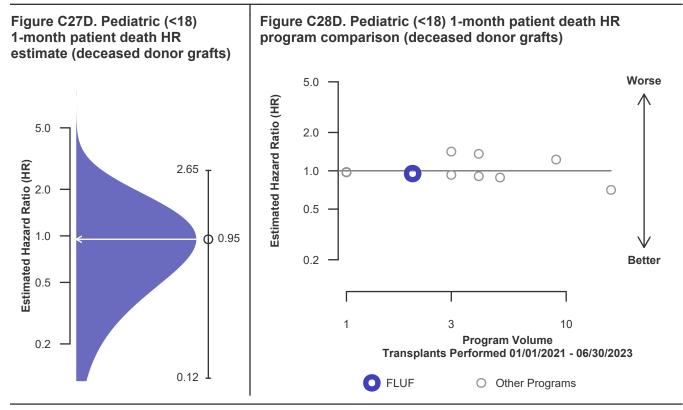
C. Transplant Information

Table C18D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients)</th> Single organ transplants performed between 01/01/2021 and 06/30/2023 Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	2	59
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	94.92% [89.47%-100.00%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	94.96%	
Number of observed deaths during the first month after transplant	0	3
Number of expected deaths during the first month after transplant	0.10	
Estimated hazard ratio*	0.95	
95% credible interval for the hazard ratio**	[0.12, 2.65]	

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

** The 95% credible interval, [0.12, 2.65], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 5% lower risk of patient death compared to an average program, but FLUF's performance could plausibly range from 88% reduced risk up to 165% increased risk.





REGISTRY OFCenter Code: FLUFTRANSPLANTTransplant Program (Organ): LungRECIPIENTSBased on Data Available: April 30, 2024

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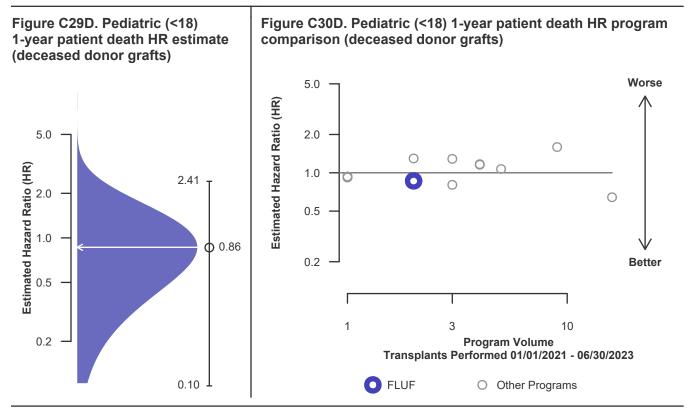
C. Transplant Information

Table C19D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients)</th>Single organ transplants performed between 01/01/2021 and 06/30/2023Retransplants excluded

	FLUF	U.S.
Number of transplants evaluated	2	59
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	84.10% [75.01%-94.30%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	84.25%	
Number of observed deaths during the first year after transplant	0	9
Number of expected deaths during the first year after transplant	0.32	
Estimated hazard ratio*	0.86	
95% credible interval for the hazard ratio**	[0.10, 2.41]	

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

** The 95% credible interval, [0.10, 2.41], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 14% lower risk of patient death compared to an average program, but FLUF's performance could plausibly range from 90% reduced risk up to 141% increased risk.





REGISTRY OFCenter Code: FLUFTRANSPLANTTransplant Program (Organ): LungRelease Date: UPDATED: July 18, 2024Based on Data Available: April 30, 2024

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C. Transplant Information

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

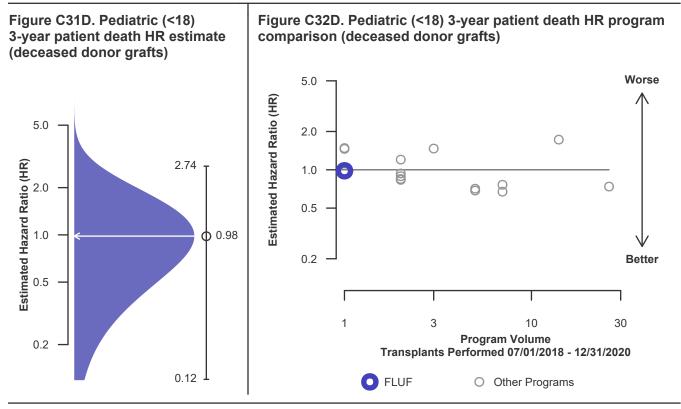
Single organ transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Retransplants excluded

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

· · · · ·	FLUF	U.S.
Number of transplants evaluated	1	85
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	71.86% [57.51%-89.80%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	72.32%	
Number of observed deaths during the first 3 years after transplant	0	11
Number of expected deaths during the first 3 years after transplant	0.04	
Estimated hazard ratio*	0.98	
95% credible interval for the hazard ratio**	[0.12, 2.74]	

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

** The 95% credible interval, [0.12, 2.74], indicates the location of FLUF's true hazard ratio with 95% probability. The best estimate is 2% lower risk of patient death compared to an average program, but FLUF's performance could plausibly range from 88% reduced risk up to 174% increased risk.





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C. Transplant Information

RECIPIENTS

Table C21. Multi-organ transplant graft survival: 01/01/2021 - 06/30/2023

Adult (18+) Transplants	First-Year Outcomes					
ansplant Type Transplants Performed					Estimated Lung Graft Survival	
	FLUF-TX1	USA	FLUF-TX1	USA	FLUF-TX1	USA
Heart-Lung	2	119	0	20	100.0%	83.2%
Kidney-Heart-Lung	1	3	0	1	100.0%	66.7%
Kidney Lung	2	49	0	8	100.0%	82.6%
Liver-Lung	1	37	0	7	100.0%	79.6%

Pediatric (<18) Transplants

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

Table C22. Multi-organ transplant patient survival: 01/01/2021 - 06/30/2023

Adult (18+) Transplants	First-Year Outcomes					
		lants med			Estimated Patient Survival	
	FLUF-TX1	USA	FLUF-TX1	USA	FLUF-TX1	USA
Heart-Lung	2	119	0	20	100.0%	83.2%
Kidney-Heart-Lung	1	3	0	1	100.0%	66.7%
Kidney Lung	2	49	0	8	100.0%	83.7%
Liver-Lung	1	37	0	7	100.0%	81.1%

Pediatric (<18) Transplants

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

The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA). See COVID-19 Guide for pandemic-related follow-up limits.