

### SCIENTIFIC California Pacific Medical Center

Center Code: CAPM

Transplant Program (Organ): Liver Release Date: October 9, 2018 Based on Data Available: July 31, 2018 SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

### **User Guide**

This report contains a wide range of useful information about the liver transplant program at California Pacific Medical Center (CAPM). 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 transplant rate at this program was 26.2 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 01/01/2012 and 06/30/2017. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this program was 0.2 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 12/31/2017 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.



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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.



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## **A. Program Summary**

Figure A1. Waiting list and transplant activity

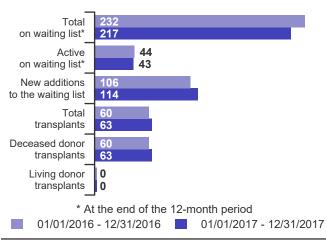


Table A1. Census of transplant recipients

Recipients	01/01/2016- 12/31/2016	01/01/2017- 12/31/2017
Transplanted at this center	60	63
Followed by this center*	653	716
transplanted at this program	n 626	688
transplanted elsewhere	27	28

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

Figure A2. Transplant rates 01/01/2016 - 12/31/2017

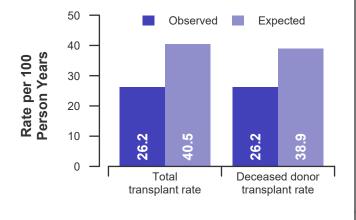


Figure A3. Waiting list mortality rates 01/01/2016 - 12/31/2017

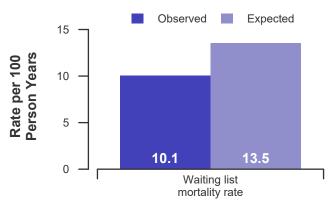


Figure A4. First-year adult graft and patient survival: 01/01/2015 - 06/30/2017

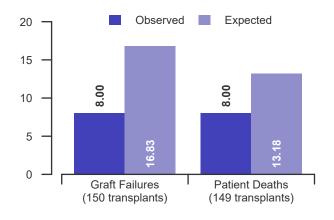


Figure A5. First-year pediatric graft and patient survival: 01/01/2015 - 06/30/2017

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



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Table B1. Waiting list activity summary: 01/01/2016 - 12/31/2017

		its for center	Activity for 01/01/2017 to 12/31/2017 as percent of registrants on waiting list on 01/01/2017			
Waiting List Registrations	01/01/2016- 12/31/2016	01/01/2017- 12/31/2017	This Center (%)	OPTN Region (%)	U.S. (%)	
On waiting list at start Additions	269	232	100.0	100.0	100.0	
New listings at this center	106	114	49.1	62.8	88.0	
Removals						
Transferred to another center	5	4	1.7	1.4	1.3	
Received living donor transplant*	0	0	0.0	1.8	2.5	
Received deceased donor transplant*	60	63	27.2	37.2	52.5	
Died	10	11	4.7	7.9	8.3	
Transplanted at another center	5	1	0.4	1.9	2.8	
Deteriorated	23	16	6.9	7.3	9.0	
Recovered	8	6	2.6	4.5	6.4	
Other reasons	32	28	12.1	8.8	8.7	
On waiting list at end of period	232	217	93.5	92.1	96.6	

<sup>\*</sup> 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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Table B2. Demographic characteristics of waiting list candidates
Candidates registered on the waiting list between 01/01/2017 and 12/31/2017

Domographic Characteristic		ting List Regi 017 to 12/31/2		All Waiting List Registrations on 12/31/2017 (%)			
Demographic Characteristic	This Center (N=114)	OPTN Region (N=1,986)	U.S. (N=12,947)	This Center (N=217)	OPTN Region (N=2,911)	U.S. (N=14,205)	
AII (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Ethnicity/Race (%)*							
White	59.6	46.1	69.1	66.4	47.1	67.7	
African-American	2.6	3.3	8.9	1.4	3.5	7.7	
Hispanic/Latino	26.3	37.0	15.9	21.2	35.6	17.8	
Asian	9.6	10.5	4.4	9.7	11.7	5.5	
Other	1.8	3.2	1.7	1.4	2.0	1.4	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Age (%)							
<2 years	0.0	3.9	2.6	0.0	1.5	1.4	
2-11 years	0.0	2.5	2.0	0.0	1.5	1.3	
12-17 years	0.0	1.5	1.2	0.0	1.3	1.1	
18-34 years	5.3	5.7	6.0	4.1	5.9	6.0	
35-49 years	13.2	15.9	16.6	20.7	18.6	19.0	
50-64 years	58.8	50.5	51.7	59.4	55.7	55.6	
65+ years	22.8	20.0	19.8	15.7	15.6	15.6	
Other (includes prenatal)	0.0	0.0	0.0	0.0	0.0	0.0	
Gender (%)							
Male	52.6	59.1	62.2	55.3	59.4	61.5	
Female	47.4	40.9	37.8	44.7	40.6	38.5	

<sup>\*</sup> 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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Table B3. Medical characteristics of waiting list candidates
Candidates registered on the waiting list between 01/01/2017 and 12/31/2017

Medical Characteristic	01/01/2	iting List Regi 017 to 12/31/2	017 (%)	or	12/31/2017 (9				
medical offaracteristic	This Center (N=114)	OPTN Region (N=1,986)	U.S. (N=12,947)	This Center (N=217)	OPTN Region (N=2,911)	U.S. (N=14,205)			
All (%)	100.0	100.0	100.0	100.0	100.0	100.0			
Blood Type (%)									
0	44.7	48.7	46.3	51.2	50.8	48.1			
A	41.2	35.2	37.6	35.9	34.0	38.4			
В	7.0	12.2	12.0	7.8	12.0	11.1			
AB	7.0	3.9	4.0	5.1	3.2	2.4			
Unknown	0.0	0.0	0.0	0.0	0.0	0.0			
Previous Transplant (%)									
Yes	3.5	5.9	4.9	2.8	3.3	3.4			
No	96.5	94.1	95.1	97.2	96.7	96.6			
Unknown	0.0	0.0	0.0	0.0	0.0	0.0			
Primary Disease (%)									
Acute Hepatic Necrosis	5.3	6.3	4.3	2.3	2.5	2.1			
Non-Cholestatic Cirrhosis	55.3	65.1	66.5	68.7	73.3	72.1			
Cholestatic Liver Disease/Cirrhosis	8.8	6.3	7.7	6.0	5.8	7.9			
Biliary Atresia	0.0	3.4	2.2	0.0	2.1	1.8			
Metabolic Diseases	0.0	1.5	2.4	0.5	1.0	1.7			
Malignant Neoplasms	29.8	11.4	11.7	19.8	8.6	8.9			
Other	0.9	6.0	5.3	2.8	6.6	5.4			
Missing	0.0	0.0	0.0	0.0	0.1	0.0			
Medical Urgency Status/MELD/PEL	.D at Listing	(%)*							
Status 1A	5.3	3.9	3.0	0.0	0.4	0.4			
Status 1B	0.0	0.7	0.4	0.0	0.1	0.0			
Status 2A	0.0	0.0	0.0	0.0	0.0	0.0			
Status 2B	0.0	0.0	0.0	0.0	0.1	0.1			
Status 3	0.0	0.0	0.0	0.9	1.6	1.0			
MELD 6-10	18.4	19.2	19.8	15.7	28.2	29.7			
MELD 11-14	4.4	17.0	19.5	3.7	27.1	29.8			
MELD 15-20	0.9	18.7	23.1	2.3	22.0	24.6			
MELD 21-30	5.3	16.3	17.5	1.4	8.1	7.8			
MELD 31-40	11.4	15.1	10.2	0.5	1.1	0.7			
PELD less than or equal to 10	0.0	2.4	1.9	0.0	2.0	1.9			
PELD 11-14	0.0	0.4	0.3	0.0	0.2	0.2			
PELD 15-20	0.0	0.7	0.5	0.0	0.2	0.2			
PELD 21-30	0.0	1.0	0.5	0.0	0.2	0.1			
PELD 31 or greater	0.0	0.2	0.2	0.0	0.0	0.0			
Temporarily Inactive	54.4	4.4	3.1	75.6	8.7	3.6			

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



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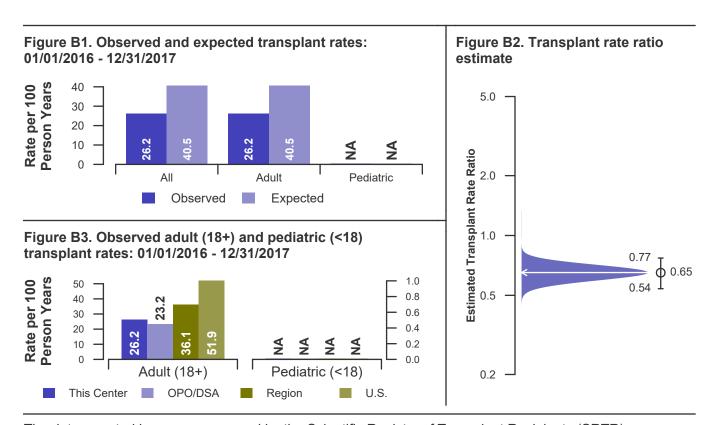
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Table B4. Transplant rates: 01/01/2016 - 12/31/2017

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	269	1,499	3,324	15,108
Person Years**	469.2	2,814.0	6,275.4	29,498.6
Removals for Transplant	123	728	2,401	15,923
Adult (18+) Candidates				
Count on waiting list at start*	269	1,468	3,216	14,550
Person Years**	469.2	2,732.8	6,045.8	28,375.4
Removals for transpant	123	634	2,185	14,729
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Removals for transplant				

<sup>\*</sup> 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.

<sup>\*\*</sup> 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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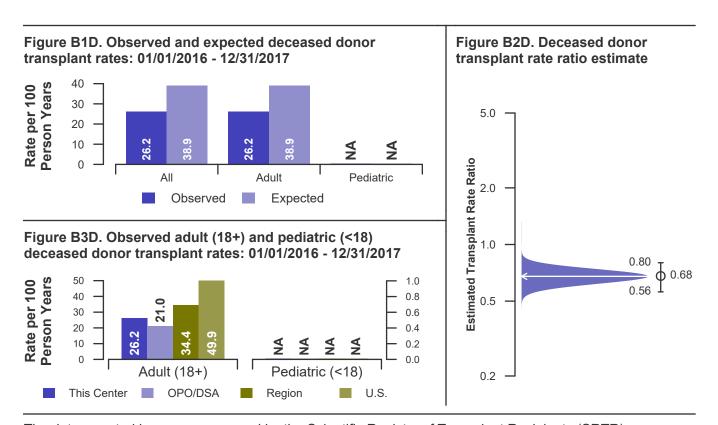
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Table B4D. Deceased donor transplant rates: 01/01/2016 - 12/31/2017

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	269	1,499	3,324	15,108
Person Years**	469.2	2,814.0	6,275.4	29,498.6
Removals for Transplant	123	654	2,272	15,211
Adult (18+) Candidates				
Count on waiting list at start*	269	1,468	3,216	14,550
Person Years**	469.2	2,732.8	6,045.8	28,375.4
Removals for transpant	123	573	2,081	14,152
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Removals for transplant				

<sup>\*</sup> 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.

<sup>\*\*</sup> 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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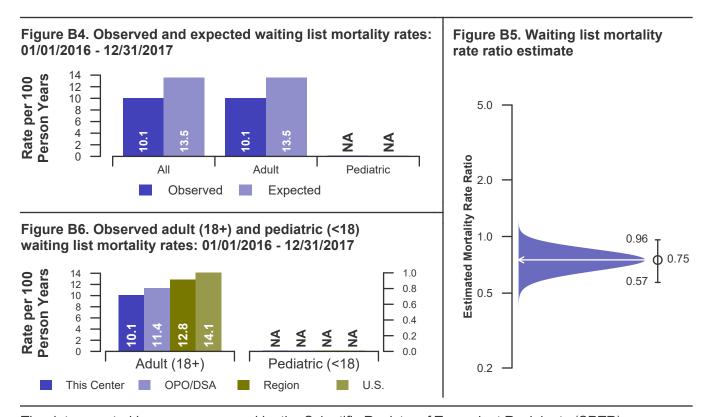
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Table B5. Waiting list mortality rates: 01/01/2016 - 12/31/2017

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	269	1,499	3,324	15,108
Person Years**	546.2	3,133.7	7,012.7	32,906.9
Number of deaths	55	354	889	4,544
Adult (18+) Candidates				
Count on waiting list at start*	269	1,468	3,216	14,550
Person Years**	546.2	3,045.9	6,771.2	31,692.8
Number of deaths	55	346	870	4,461
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Number of deaths				

<sup>\*</sup> 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.

<sup>\*\*</sup> 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. Waiting list candidate status after listing Candidates registered on waiting list between 07/01/2015 and 06/30/2016

Waiting list status (survival status)		Center (Na ns Since L 12	,		•	(N=12,364) s Since Listing 12 18		
Alive on waiting list (%)	56.1	45.6	29.8	47.6	28.7	 19.1		
Died on the waiting list without transplant (%)	6.1	6.1	7.0	5.4	6.7	7.5		
Removed without transplant (%):								
Condition worsened (status unknown)	5.3	7.9	11.4	5.2	7.4	8.5		
Condition improved (status unknown)	0.9	0.9	0.9	1.0	1.7	2.3		
Refused transplant (status unknown)	0.0	0.0	0.0	0.2	0.4	0.5		
Other	2.6	3.5	6.1	1.7	3.2	4.2		
Transplant (living donor from waiting list only) (%):								
Functioning (alive)	0.0	0.0	0.0	1.8	2.1	1.8		
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.1	0.1		
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0		
Died	0.0	0.0	0.0	0.0	0.1	0.1		
Status Yet Unknown**	0.0	0.0	0.0	0.0	0.0	0.4		
Transplant (deceased donor) (%):								
Functioning (alive)	25.4	28.9	32.5	33.1	42.3	41.2		
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.3	0.6	0.7		
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0		
Died	1.8	3.5	3.5	1.7	2.9	3.8		
Status Yet Unknown*	0.9	2.6	7.9	1.4	3.0	8.7		
Lost or Transferred (status unknown) (%)	0.9	0.9	0.9	0.4	8.0	1.0		
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0		
Total % known died on waiting list or after transplant	7.9	9.6	10.5	7.0	9.8	11.5		
Total % known died or removed as unstable	13.2	17.5	21.9	12.3	17.2	20.0		
Total % removed for transplant	28.1	35.1	43.9	38.4	51.1	56.8		
Total % with known functioning transplant (alive)	25.4	28.9	32.5	34.9	44.4	43.0		

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



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Table B6S1. Medical urgency status 1 candidate status after listing Candidates registered on the waiting list between 07/01/2015 and 06/30/2016

Waiting list status (survival status)		S Center (I hs Since I 12	,		0) isting 18	
Alive on waiting list (%)	0.0	0.0	0.0	2.9	1.5	1.2
Died on the waiting list without transplant (%)	33.3	33.3	33.3	8.8	8.8	8.8
Removed without transplant (%):						
Condition worsened (status unknown)	0.0	0.0	0.0	6.1	6.1	6.1
Condition improved (status unknown)	0.0	0.0	0.0	15.6	17.1	17.3
Refused transplant (status unknown)	0.0	0.0	0.0	0.2	0.2	0.2
Other	0.0	0.0	0.0	1.5	1.5	1.5
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	0.0	0.0	0.0	1.7	1.5	1.2
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	0.2	0.2
Status Yet Unknown**	0.0	0.0	0.0	0.0	0.0	0.2
Transplant (deceased donor) (%):						
Functioning (alive)	66.7	50.0	16.7	55.9	52.7	47.8
Failed-Retransplanted (alive)	0.0	0.0	0.0	1.0	1.0	1.0
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.0	16.7	16.7	5.4	7.8	8.3
Status Yet Unknown*	0.0	0.0	33.3	1.0	1.7	6.1
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	33.3	50.0	50.0	14.1	16.8	17.3
Total % known died or removed as unstable	33.3	50.0	50.0	20.2	22.9	23.4
Total % removed for transplant	66.7	66.7	66.7	64.9	64.9	64.9
Total % with known functioning transplant (alive)	66.7	50.0	16.7	57.6	54.1	49.0

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



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Table B7. Percent of candidates with deceased donor transplants: demographic characteristics Candidates registered on the waiting list between 01/01/2012 and 12/31/2014

	Percent transplanted at time periods since listing									
Characteristic		TI	nis Cent	ter			United States			
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	410	10.7	22.9	36.8	38.8	34,809	16.3	42.6	50.1	52.0
Ethnicity/Race*										
White	266	10.2	23.3	37.6	38.7	24,048	15.9	42.9	50.0	51.9
African-American	17	0.0	11.8	17.6	17.6	3,392	21.4	49.3	56.1	58.0
Hispanic/Latino	64	14.1	23.4	32.8	37.5	5,298	15.4	38.1	46.5	48.5
Asian	56	12.5	23.2	44.6	48.2	1,642	14.7	39.3	50.1	52.5
Other	7	14.3	28.6	28.6	28.6	429	16.8	41.5	49.4	50.8
Unknown	0					0				
Age										
<2 years	0					867	26.1	71.4	75.8	77.0
2-11 years	0					690	29.0	67.2	73.3	74.5
12-17 years	0					414	22.2	55.1	63.5	65.9
18-34 years	13	30.8	46.2	46.2	53.8	1,789	24.1	43.4	48.8	51.7
35-49 years	64	20.3	34.4	42.2	43.8	5,418	21.2	43.7	49.6	51.4
50-64 years	272	7.7	19.9	35.7	37.5	20,480	14.4	40.8	48.9	51.0
65+ years	61	9.8	19.7	34.4	36.1	5,151	12.4	39.0	47.1	48.5
Other (includes prenatal)	0					0				
Gender										
Male	267	9.4	19.9	37.5	37.8	22,240	16.0	43.7	51.7	53.6
Female	143	13.3	28.7	35.7	40.6	12,569	17.0	40.7	47.2	49.2

<sup>\*</sup> 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

Table B8. Percent of candidates with deceased donor transplants: medical characteristics Candidates registered on the waiting list between 01/01/2012 and 12/31/2014

Characteristic	Percent transplanted at time periods since listing This Center United States									
	N			2 years	3 years	N			2 years	3 years
All	410	10.7	22.9	36.8	38.8	34,809	16.3	42.6	50.1	52.0
Blood Type										
0	202	14.9	25.2	36.1	39.6	16,126	16.0	40.1	47.8	49.8
A	144	5.6	18.1	36.8	37.5	13,009	14.8	41.1	49.0	50.9
В	45	6.7	24.4	35.6	35.6	4,345	19.0	49.9	56.2	58.2
AB	19	15.8	31.6	47.4	47.4	1,329	27.1	63.4	68.1	69.4
Previous Transplant										
Yes	8	25.0	25.0	25.0	25.0	2,035	27.1	49.4	53.2	54.8
No	402	10.4	22.9	37.1	39.1	32,774	15.7	42.2	49.9	51.8
Primary Disease										
Acute Hepatic Necrosis	23	69.6	69.6	69.6	69.6	1,463	46.5	55.4	57.0	57.6
Non-Cholestatic Cirrhosis	220	11.4	24.5	28.2	28.6	23,440	15.5	39.7	46.6	48.5
Cholestatic Liver	21	4.8	33.3	42.9	47.6	2,351	13.4	41.6	49.0	52.9
Disease/Cirrhosis	۷ ۱	4.0	33.3	42.9	47.0	2,331	13.4	41.0	49.0	32.9
Biliary Atresia	0					694	16.7	64.6	71.9	73.8
Metabolic Diseases	1	0.0	0.0	0.0	0.0	819	22.6	63.0	68.7	70.9
Malignant Neoplasms	140	0.7	10.7	44.3	47.9	4,092	9.3	45.9	59.7	61.0
Other	5	20.0	40.0	40.0	60.0	1,939	19.3	44.9	52.0	54.3
Missing	0					11	9.1	18.2	18.2	18.2
Medical Urgency Status/MELD/		at Listing	g*							
Status 1	0					0				
Status 1A	18	83.3	83.3	83.3	83.3	1,257	59.7	60.2	60.2	60.2
Status 1B	0					134	56.7	82.1	82.1	82.1
Status 2A	0					0				
Status 2B	0					0				
Status 3	0					0				
MELD 6-10	40	2.5	10.0	40.0	42.5	6,746	3.5	33.8	46.9	49.3
MELD 11-14	9	0.0	11.1	22.2	22.2	6,869	3.4	27.1	37.5	40.9
MELD 15-20	3	33.3	66.7	66.7	66.7	8,180	6.8	37.7	45.3	47.9
MELD 21-30	4	25.0	25.0	25.0	25.0	5,753	25.6	56.4	59.3	59.9
MELD 31-40	15	80.0	80.0	80.0	80.0	3,368	61.7	68.4	68.6	68.6
PELD less than or equal to 10	0					666	10.7	66.4	75.8	77.3
PELD 11-14	0					113	16.8	70.8	77.0	77.9
PELD 15-20	0					185	15.1	75.7	78.4	81.6
PELD 21-30	0					136	30.9	75.0	77.2	77.2
PELD 31 or greater	0					54	55.6	68.5	70.4	72.2
Temporarily Inactive	321	4.4	18.4	32.1	34.3	1,348	7.3	28.3	37.7	38.8

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



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### **B.** Waiting List Information

Table B9. Time to transplant for waiting list candidates\*

Candidates registered on the waiting list between 01/01/2012 and 06/30/2017

	Months to Transplant**			
Percentile	Center	OPO/DSA	Region	U.S.
5th	0.2	0.2	0.2	0.2
10th	0.6	0.7	0.3	0.3
25th	10.4	7.8	3.8	2.1
50th (median time to transplant)	Not Observed	49.7	23.6	12.7
75th	Not Observed	Not Observed	Not Observed	Not Observed

<sup>\*</sup> 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.

<sup>\*\*</sup> Censored on 12/31/2017. 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 B10. Offer Acceptance Practices: 01/01/2017 - 12/31/2017

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
Overall				
Number of Offers	1,235	14,387	41,762	154,020
Number of Acceptances	59	314	1,027	6,829
Expected Acceptances	44.1	258.9	1,066.9	6,821.3
Offer Acceptance Ratio*	1.32	1.21	0.96	1.00
95% Credible Interval**	[1.01, 1.68]			
PHS increased infectious risk				
Number of Offers	340	3,706	10,316	36,013
Number of Acceptances	7	72	236	1,852
Expected Acceptances	11.8	65.2	273.2	1,850.5
Offer Acceptance Ratio*	0.65	1.10	0.86	1.00
95% Credible Interval**	[0.30, 1.14]			
DCD donor				
Number of Offers	144	3,184	9,871	31,577
Number of Acceptances	2	30	100	478
Expected Acceptances	2.4	22.5	82.5	483.5
Offer Acceptance Ratio*	0.90	1.31	1.21	0.99
95% Credible Interval**	[0.25, 1.98]			
HCV+ donor				
Number of Offers	2	2,187	3,719	7,619
Number of Acceptances	1	14	37	318
Expected Acceptances	0.0	24.4	54.1	318.3
Offer Acceptance Ratio*	1.49	0.61	0.69	1.00
95% Credible Interval**	[0.31, 3.60]			
Hard-to-Place Livers (Over 50 Offers)				
Number of Offers	624	9,743	26,748	85,446
Number of Acceptances	7	33	146	566
Expected Acceptances	4.4	48.0	166.9	567.2
Offer Acceptance Ratio*	1.40	0.70	0.88	1.00
95% Credible Interval**	[0.64, 2.46]			
Donor more than 500 miles away				
Number of Offers	434	6,338	14,402	45,495
Number of Acceptances	4	70	198	668
Expected Acceptances	8.5	62.4	183.1	625.8
Offer Acceptance Ratio*	0.57	1.12	1.08	1.07
95% Credible Interval**	[0.21, 1.11]			

<sup>\*</sup> The offer acceptance ratio estimates the relative offer acceptance practice of California Pacific Medical Center (CAPM) 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).

<sup>\*\*</sup> As an example, the 95% Credible Interval for the overall offer acceptance ratio, [1.01, 1.68], indicates the location of CAPM's true offer acceptance ratio with 95% probability. The best estimate is 32% more likely to accept an offer compared to national acceptance behavior, but CAPM's performance could plausibly range from 1% higher acceptance up to 68% higher acceptance.



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Figure B7. Offer acceptance: Overall Figure B8. Offer acceptance: PHS increased infectious risk CAPM 0.1 0.4 2.5 10 0.1 0.4 2.5 10 National National Lower ← Higher Lower ← Higher Average Average

Figure B9. Offer acceptance: DCD Donor

Figure B10. Offer acceptance: HCV+ Donor

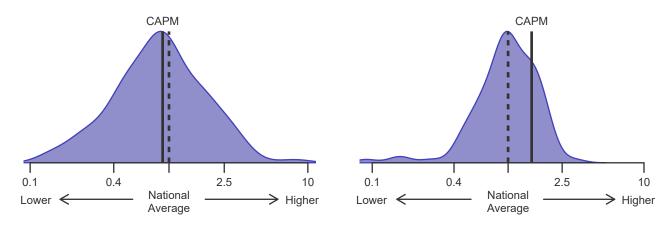
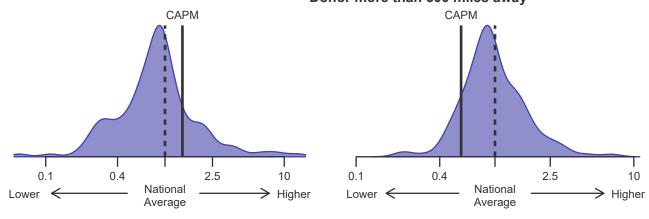


Figure B11. Offer acceptance: Offer number > 50 Figure B12. Offer acceptance: Donor more than 500 miles away





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### **C. Transplant Information**

# Table C1D. Deceased donor transplant recipient demographic characteristics Patients transplanted between 01/01/2017 and 12/31/2017

	Percentage in each of		ategory
Characteristic	Center (N=63)	Region (N=1,177)	U.S. (N=7,715)
Ethnicity/Race (%)*	(/	, , ,	, -,
White	61.9	48.8	69.9
African-American	3.2	3.9	9.6
Hispanic/Latino	17.5	33.5	14.8
Asian	12.7	10.4	4.2
Other	4.8	3.5	1.6
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	0.0	3.4	2.6
2-11 years	0.0	3.6	2.8
12-17	0.0	1.4	1.4
18-34	4.8	5.4	5.7
35-49 years	7.9	17.0	16.2
50-64 years	57.1	48.9	50.3
65+ years	30.2	20.3	20.9
Unknown	0.0	0.0	0.0
Gender (%)			
Male	58.7	62.3	64.5
Female	41.3	37.7	35.5

<sup>\*</sup> 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 C1L. Living donor transplant recipient demographic characteristics Patients transplanted between 01/01/2017 and 12/31/2017

This center did not perform any transplants relevant to this table during 01/01/2017-12/31/2017



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## C. Transplant Information

Table C2D. Deceased donor transplant recipient medical characteristics Patients transplanted between 01/01/2017 and 12/31/2017

	Percentage in each category		
Characteristic	Center	Region	U.S.
	(N=63)	(N=1,177)	(N=7,715)
Blood Type (%)			
0	42.9	47.2	45.3
A	36.5	34.8	36.4
В	15.9	13.3	13.2
AB	4.8	4.6	5.0
Previous Transplant (%)			
Yes	0.0	5.4	5.2
No	100.0	94.6	94.8
Body Mass Index (%)			
0-20	3.2	15.3	12.2
21-25	27.0	29.5	26.3
26-30	41.3	29.1	29.5
31+	28.6	25.1	31.2
Unknown	0.0	0.9	0.8
Primary Disease (%)			
Acute Hepatic Necrosis	7.9	6.1	4.5
Non-Cholestatic Cirrhosis	36.5	56.1	60.0
Cholestatic Liver Disease/Cirrhosis	7.9	7.8	7.9
Biliary Atresia	0.0	3.0	2.4
Metabolic Diseases	1.6	2.3	3.3
Malignant Neoplasms	44.4	21.2	18.3
Other	1.6	3.5	3.5
Missing	0.0	0.0	0.0
Medical Urgency Statust/MELD/PELD at Transplant (%)*			
Status 1A	7.9	4.8	3.5
Status 1B	0.0	2.1	1.7
MELD 6-10	19.0	16.5	14.8
MELD 11-14	11.1	11.5	12.8
MELD 15-20	19.0	13.2	20.6
MELD 21-30	14.3	16.1	22.7
MELD 31-40	28.6	31.5	20.5
PELD less than or equal to 10	0.0	1.8	1.5
PELD 11-14	0.0	0.3	0.3
PELD 15-20	0.0	8.0	0.5
PELD 21-30	0.0	0.9	0.7
PELD 31 or greater	0.0	0.4	0.3
Temporarily Inactive	0.0	0.0	0.0
Recipient Medical Condition at Transplant (%)			
Not Hospitalized	55.6	52.7	66.4
Hospitalized	4.8	21.5	19.5
ICU	39.7	25.8	14.1
Unknown	0.0	0.0	0.0

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



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### **C. Transplant Information**

Table C2L. Living donor transplant recipient medical characteristics Patients transplanted between 01/01/2017 and 12/31/2017

This center did not perform any transplants relevant to this table during 01/01/2017-12/31/2017



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### **C. Transplant Information**

Table C3D. Deceased donor characteristics
Transplants performed between 01/01/2017 and 12/31/2017

	Percentage in each category		ategory
Donor Characteristic	Center (N=63)	Region (N=1,177)	U.S. (N=7,715)
Cause of Death (%)			
Deceased: Stroke	41.3	29.6	27.3
Deceased: MVA	14.3	15.1	14.1
Deceased: Other	44.4	55.3	58.6
Ethnicity/Race (%)*			
White	50.8	51.9	64.1
African-American	14.3	10.1	18.4
Hispanic/Latino	27.0	29.0	13.7
Asian	7.9	6.5	2.9
Other	0.0	2.5	0.9
Not Reported	0.0	0.0	0.0
Age (%)			
<2 years	0.0	2.1	1.5
2-11 years	1.6	3.1	2.7
12-17	4.8	5.2	5.0
18-34	28.6	30.8	34.4
35-49 years	30.2	24.5	25.8
50-64 years	22.2	25.7	23.8
65+ years	12.7	8.7	6.8
Unknown	0.0	0.0	0.0
Gender (%)			
Male	66.7	63.1	60.7
Female	33.3	36.9	39.3
Blood Type (%)			
0	46.0	50.9	48.7
A	38.1	36.1	37.2
В	14.3	10.3	10.9
AB	1.6	2.7	3.1
Unknown	0.0	0.0	0.0

<sup>\*</sup> 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 C3L. Living donor characteristics
Transplants performed between 01/01/2017 and 12/31/2017

This center did not perform any transplants relevant to this table during 01/01/2017-12/31/2017



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# **C. Transplant Information**

Table C4D. Deceased donor transplant characteristics
Transplants performed between 01/01/2017 and 12/31/2017

	Percentage in each category		ategory
Transplant Characteristic	Center (N=63)	Region (N=1,177)	U.S. (N=7,715)
Cold Ischemic Time (Hours): Local (%)			
Deceased: 0-5 hr	30.8	42.0	61.6
Deceased: 6-10 hr	69.2	53.8	36.1
Deceased: 11-15 hr	0.0	4.1	1.7
Deceased: 16-20 hr	0.0	0.0	0.1
Deceased: 21+ hr	0.0	0.0	0.1
Not Reported	0.0	0.2	0.5
Cold Ischemic Time (Hours): Shared (%)			
Deceased: 0-5 hr	4.2	21.7	40.8
Deceased: 6-10 hr	66.7	70.5	55.6
Deceased: 11-15 hr	29.2	7.3	2.9
Deceased: 16-20 hr	0.0	0.2	0.1
Deceased: 21+ hr	0.0	0.2	0.1
Not Reported	0.0	0.2	0.6
Procedure Type (%)			
Liver alone	93.7	88.1	89.2
Liver and another organ	6.3	11.9	10.8
Sharing (%)			
Local	61.9	47.6	62.5
Shared	38.1	52.4	37.5
Median Time in Hospital After Transplant*	8.0 Days	10.0 Days	9.0 Days

<sup>\*</sup> Multiple organ transplants are excluded from this statistic.



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## **C. Transplant Information**

Table C4L. Living donor transplant characteristics
Transplants performed between 01/01/2017 and 12/31/2017

This center did not perform any transplants relevant to this table during 01/01/2017-12/31/2017



Center Code: CAPM Transplant Program (Organ): Liver Release Date: October 9, 2018

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### C. Transplant Information

Table C5. Adult (18+) 1-month survival with a functioning graft
Single organ transplants performed between 01/01/2015 and 06/30/2017
Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	CAPM	U.S.
Number of transplants evaluated	150	15,680
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.67%	96.01%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	95.47%	
Number of observed graft failures (including deaths) during the first month after transplant	2	625
Number of expected graft failures (including deaths) during the first month after transplant	6.95	
Estimated hazard ratio*	0.45	
95% credible interval for the hazard ratio**	[0.12, 0.98]	

<sup>\*</sup> The hazard ratio provides an estimate of how California Pacific Medical Center (CAPM)'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 CAPM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

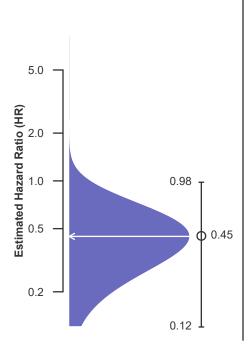
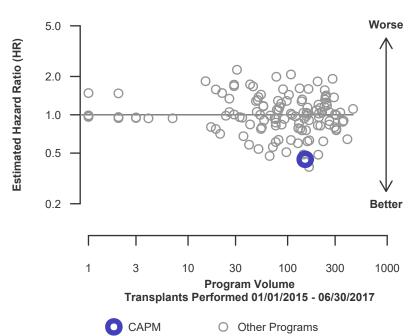


Figure C2. Adult (18+) 1-month graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.12, 0.98], indicates the location of CAPM's true hazard ratio with 95% probability. The best estimate is 55% lower risk of graft failure compared to an average program, but CAPM's performance could plausibly range from 88% reduced risk up to 2% reduced risk.



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### C. Transplant Information

Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2015 and 06/30/2017 Deaths and retransplants are considered graft failures

CAPM	U.S.
150	14,976
98.67%	96.03%
95.47%	
2	595
6.95	
0.45	
[0.12, 0.98]	
	150 98.67% 95.47% 2 6.95 0.45

<sup>\*</sup> The hazard ratio provides an estimate of how California Pacific Medical Center (CAPM)'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 CAPM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

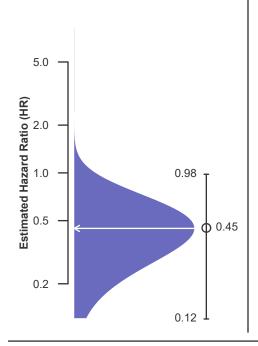
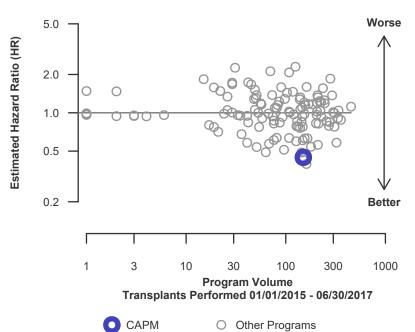


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.12, 0.98], indicates the location of CAPM's true hazard ratio with 95% probability. The best estimate is 55% lower risk of graft failure compared to an average program, but CAPM's performance could plausibly range from 88% reduced risk up to 2% reduced risk.



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## C. Transplant Information

Table C5L. Adult (18+) 1-month survival with a functioning living donor graft Single organ transplants performed between 01/01/2015 and 06/30/2017 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



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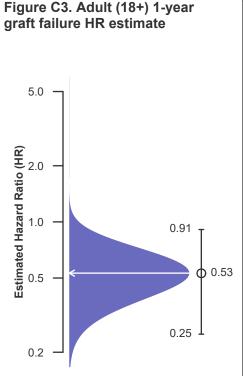
### C. Transplant Information

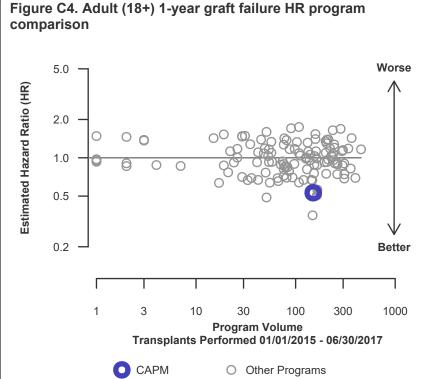
Table C6. Adult (18+) 1-year survival with a functioning graft Single organ transplants performed between 01/01/2015 and 06/30/2017 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	CAPM	U.S.
Number of transplants evaluated	150	15,680
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	94.09%	90.42%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	88.77%	
Number of observed graft failures (including deaths) during the first year after transplant	8	1,421
Number of expected graft failures (including deaths) during the first year after transplant	16.83	
Estimated hazard ratio*	0.53	
95% credible interval for the hazard ratio**	[0.25, 0.91]	

<sup>\*</sup> The hazard ratio provides an estimate of how California Pacific Medical Center (CAPM)'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 CAPM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.25, 0.91], indicates the location of CAPM's true hazard ratio with 95% probability. The best estimate is 47% lower risk of graft failure compared to an average program, but CAPM's performance could plausibly range from 75% reduced risk up to 9% reduced risk.







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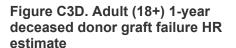
### C. Transplant Information

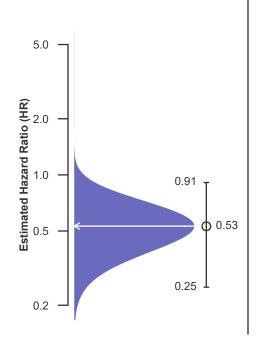
Table C6D. Adult (18+) 1-year survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2015 and 06/30/2017 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	CAPM	U.S.
Number of transplants evaluated	150	14,976
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	94.09%	90.45%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	88.77%	
Number of observed graft failures (including deaths) during the first year after transplant	8	1,353
Number of expected graft failures (including deaths) during the first year after transplant	16.83	
Estimated hazard ratio*	0.53	
95% credible interval for the hazard ratio**	[0.25, 0.91]	

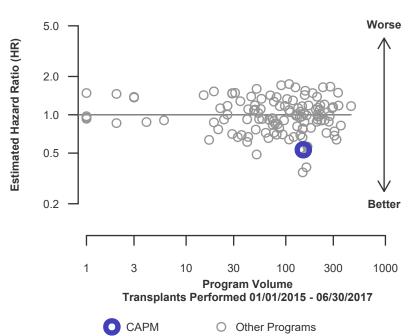
<sup>\*</sup> The hazard ratio provides an estimate of how California Pacific Medical Center (CAPM)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 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 CAPM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.25, 0.91], indicates the location of CAPM's true hazard ratio with 95% probability. The best estimate is 47% lower risk of graft failure compared to an average program, but CAPM's performance could plausibly range from 75% reduced risk up to 9% reduced risk.





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





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### C. Transplant Information

Table C6L. Adult (18+) 1-year survival with a functioning living donor graft Single organ transplants performed between 01/01/2015 and 06/30/2017 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



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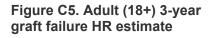
### C. Transplant Information

Table C7. Adult (18+) 3-year survival with a functioning graft
Single organ transplants performed between 07/01/2012 and 12/31/2014
Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graπ failures	CAPM	U.S.
Number of transplants evaluated	149	13,593
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	87.92%	81.95%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	81.73%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	18	2,454
Number of expected graft failures (including deaths) during the first 3 years after transplant	28.66	
Estimated hazard ratio*	0.65	
95% credible interval for the hazard ratio**	[0.40, 0.97]	

<sup>\*</sup> The hazard ratio provides an estimate of how California Pacific Medical Center (CAPM)'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 CAPM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.40, 0.97], indicates the location of CAPM's true hazard ratio with 95% probability. The best estimate is 35% lower risk of graft failure compared to an average program, but CAPM's performance could plausibly range from 60% reduced risk up to 3% reduced risk.



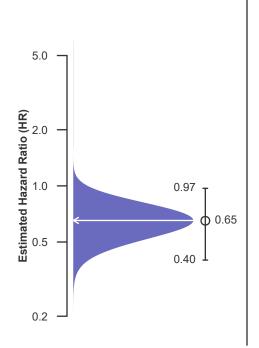
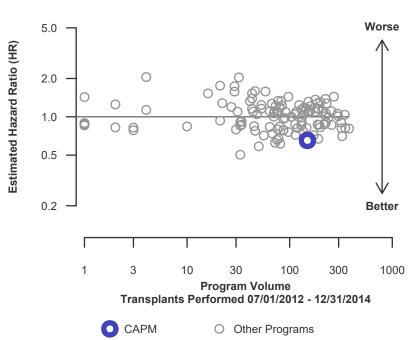


Figure C6. Adult (18+) 3-year graft failure HR program comparison





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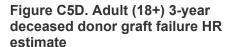
### C. Transplant Information

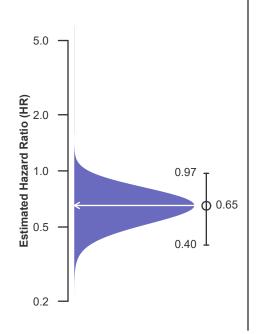
Table C7D. Adult (18+) 3-year survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2012 and 12/31/2014 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	CAPM	U.S.
Number of transplants evaluated	149	13,050
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	87.92%	82.08%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	81.73%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	18	2,339
Number of expected graft failures (including deaths) during the first 3 years after transplant	28.66	
Estimated hazard ratio*	0.65	
95% credible interval for the hazard ratio**	[0.40, 0.97]	

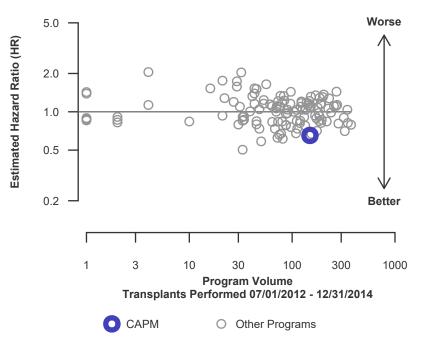
<sup>\*</sup> The hazard ratio provides an estimate of how California Pacific Medical Center (CAPM)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 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 CAPM's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.40, 0.97], indicates the location of CAPM's true hazard ratio with 95% probability. The best estimate is 35% lower risk of graft failure compared to an average program, but CAPM's performance could plausibly range from 60% reduced risk up to 3% reduced risk.





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





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### C. Transplant Information

Table C7L. Adult (18+) 3-year survival with a functioning living donor graft Single organ transplants performed between 07/01/2012 and 12/31/2014 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2012-12/31/2014

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

This center did not perform any transplants relevant to this figure during 07/01/2012-12/31/2014

This center did not perform any transplants relevant to this figure during 07/01/2012-12/31/2014



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### C. Transplant Information

Table C8. Pediatric (<18) 1-month survival with a functioning graft
Single organ transplants performed between 01/01/2015 and 06/30/2017
Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

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

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



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### C. Transplant Information

Table C8D. Pediatric (<18) 1-month survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2015 and 06/30/2017 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

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

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



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### C. Transplant Information

Table C8L. Pediatric (<18) 1-month survival with a functioning living donor graft Single organ transplants performed between 01/01/2015 and 06/30/2017 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

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 01/01/2015-06/30/2017



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### C. Transplant Information

Table C9. Pediatric (<18) 1-year survival with a functioning graft
Single organ transplants performed between 01/01/2015 and 06/30/2017
Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

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

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



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### C. Transplant Information

Table C9D. Pediatric (<18) 1-year survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2015 and 06/30/2017 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

Figure C9D. Pediatric (<18) 1-year deceased donor graft failure HR estimate Figure C10D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



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### C. Transplant Information

Table C9L. Pediatric (<18) 1-year survival with a functioning living donor graft Single organ transplants performed between 01/01/2015 and 06/30/2017 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

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 01/01/2015-06/30/2017



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### C. Transplant Information

Table C10. Pediatric (<18) 3-year survival with a functioning graft
Single organ transplants performed between 07/01/2012 and 12/31/2014
Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2012-12/31/2014

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

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

This center did not perform any transplants relevant to this figure during 07/01/2012-12/31/2014



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### C. Transplant Information

Table C10D. Pediatric (<18) 3-year survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2012 and 12/31/2014 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2012-12/31/2014

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

This center did not perform any transplants relevant to this figure during 07/01/2012-12/31/2014



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### C. Transplant Information

Table C10L. Pediatric (<18) 3-year survival with a functioning living donor graft Single organ transplants performed between 07/01/2012 and 12/31/2014 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2012-12/31/2014

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

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

This center did not perform any transplants relevant to this figure during 07/01/2012-12/31/2014



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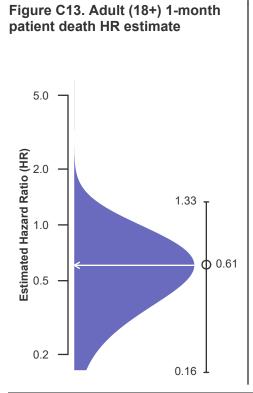
### C. Transplant Information

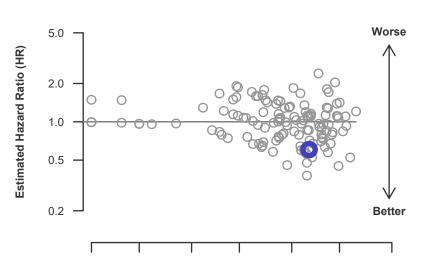
Table C11. Adult (18+) 1-month patient survival Single organ transplants performed between 01/01/2015 and 06/30/2017 Retransplants excluded

Retransplants excluded	CAPM	U.S.	
Number of transplants evaluated	149	15,058	
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	98.66%	97.44%	
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	96.95%		
Number of observed deaths during the first month after transplant	2	386	
Number of expected deaths during the first month after transplant	4.61		
Estimated hazard ratio*	0.61		
95% credible interval for the hazard ratio**	[0.16, 1.33]		

<sup>\*</sup> The hazard ratio provides an estimate of how California Pacific Medical Center (CAPM)'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 CAPM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

comparison





10

30

Program Volume
Transplants Performed 01/01/2015 - 06/30/2017

O Other Programs

100

300

3

**CAPM** 

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

1000

<sup>\*\*</sup> The 95% credible interval, [0.16, 1.33], indicates the location of CAPM's true hazard ratio with 95% probability. The best estimate is 39% lower risk of patient death compared to an average program, but CAPM's performance could plausibly range from 84% reduced risk up to 33% increased risk.



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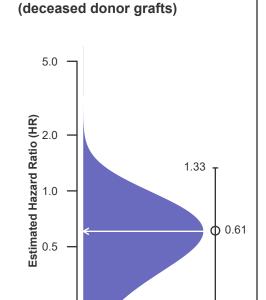
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### C. Transplant Information

Table C11D. Adult (18+) 1-month patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2015 and 06/30/2017

Retransplants excluded	CAPM	U.S.	
Number of transplants evaluated	149	14,359	
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	98.66%	97.38%	
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	96.95%		
Number of observed deaths during the first month after transplant	2	376	
Number of expected deaths during the first month after transplant	4.61		
Estimated hazard ratio*	0.61		
95% credible interval for the hazard ratio**	[0.16, 1.33]		

<sup>\*</sup> The hazard ratio provides an estimate of how California Pacific Medical Center (CAPM)'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 CAPM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.



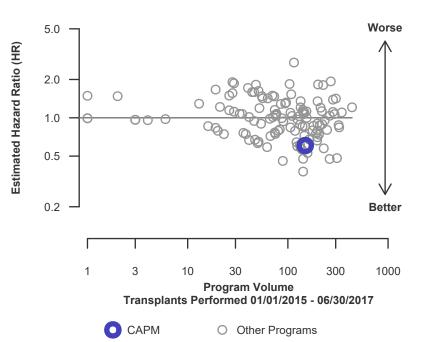
0.16

0.2

Figure C13D. Adult (18+) 1-month

patient death HR estimate





<sup>\*\*</sup> The 95% credible interval, [0.16, 1.33], indicates the location of CAPM's true hazard ratio with 95% probability. The best estimate is 39% lower risk of patient death compared to an average program, but CAPM's performance could plausibly range from 84% reduced risk up to 33% increased risk.



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### C. Transplant Information

Table C11L. Adult (18+) 1-month patient survival (living donor graft recipients) Single organ transplants performed between 01/01/2015 and 06/30/2017 Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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)

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



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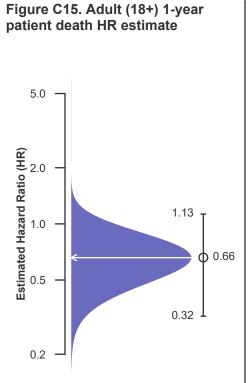
### C. Transplant Information

Table C12. Adult (18+) 1-year patient survival
Single organ transplants performed between 01/01/2015 and 06/30/2017
Retransplants excluded

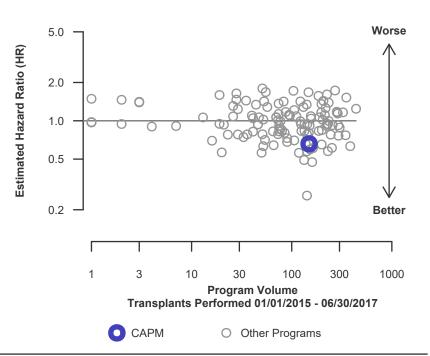
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)  Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)  94.04%  92.5	
(unadjusted for patient and donor characteristics)  Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)  90.92%  -	058
(adjusted for patient and donor characteristics)	55%
Number of observed deaths during the first year after transplant 8 1,0	
	051
Number of expected deaths during the first year after transplant 13.18	
Estimated hazard ratio* 0.66 -	
95% credible interval for the hazard ratio** [0.32, 1.13]	

<sup>\*</sup> The hazard ratio provides an estimate of how California Pacific Medical Center (CAPM)'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 CAPM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.32, 1.13], indicates the location of CAPM's true hazard ratio with 95% probability. The best estimate is 34% lower risk of patient death compared to an average program, but CAPM's performance could plausibly range from 68% reduced risk up to 13% increased risk.









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### C. Transplant Information

Table C12D. Adult (18+) 1-year patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2015 and 06/30/2017

Retransplants excluded	CAPM	U.S.
Number of transplants evaluated	149	14,359
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	94.04%	92.46%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	90.92%	
Number of observed deaths during the first year after transplant	8	1,015
Number of expected deaths during the first year after transplant	13.18	
Estimated hazard ratio*	0.66	
95% credible interval for the hazard ratio**	[0.32, 1.13]	

<sup>\*</sup> The hazard ratio provides an estimate of how California Pacific Medical Center (CAPM)'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 CAPM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

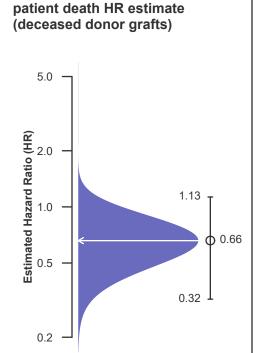
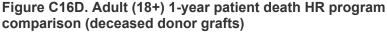
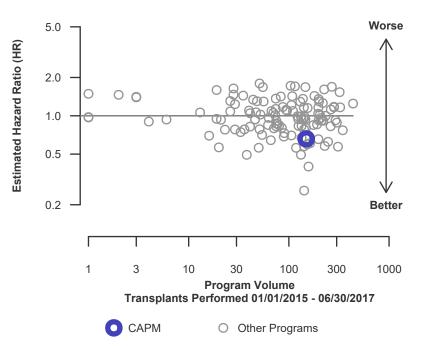


Figure C15D. Adult (18+) 1-year





<sup>\*\*</sup> The 95% credible interval, [0.32, 1.13], indicates the location of CAPM's true hazard ratio with 95% probability. The best estimate is 34% lower risk of patient death compared to an average program, but CAPM's performance could plausibly range from 68% reduced risk up to 13% increased risk.



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### C. Transplant Information

Table C12L. Adult (18+) 1-year patient survival (living donor graft recipients) Single organ transplants performed between 01/01/2015 and 06/30/2017 Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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)

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



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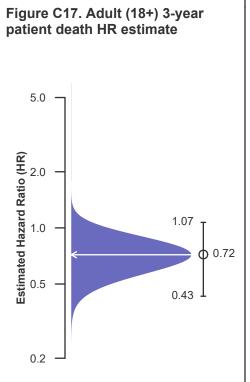
### C. Transplant Information

Table C13. Adult (18+) 3-year patient survival Single organ transplants performed between 07/01/2012 and 12/31/2014

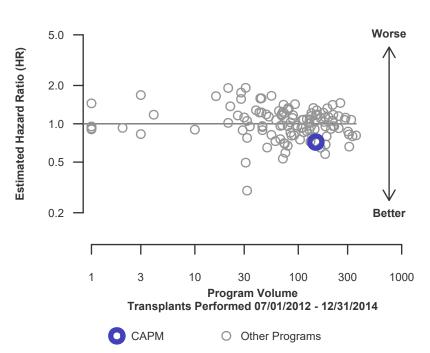
Retransplants excluded	CAPM	U.S.
Number of transplants evaluated	148	12,972
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	88.51%	84.55%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	84.07%	
Number of observed deaths during the first 3 years after transplant	17	2,004
Number of expected deaths during the first 3 years after transplant	24.47	
Estimated hazard ratio*	0.72	
95% credible interval for the hazard ratio**	[0.43, 1.07]	

<sup>\*</sup> The hazard ratio provides an estimate of how California Pacific Medical Center (CAPM)'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 CAPM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.43, 1.07], indicates the location of CAPM's true hazard ratio with 95% probability. The best estimate is 28% lower risk of patient death compared to an average program, but CAPM's performance could plausibly range from 57% reduced risk up to 7% increased risk.









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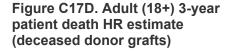
### C. Transplant Information

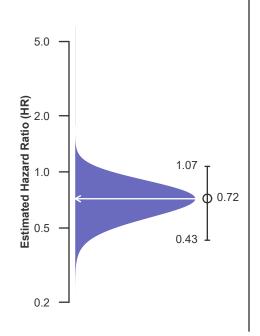
Table C13D. Adult (18+) 3-year patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2012 and 12/31/2014

Retransplants excluded	CAPM	U.S.	
Number of transplants evaluated	148	12,436	
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	88.51%	84.59%	
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	84.07%		
Number of observed deaths during the first 3 years after transplant	17	1,917	
Number of expected deaths during the first 3 years after transplant	24.47		
Estimated hazard ratio*	0.72		
95% credible interval for the hazard ratio**	[0.43, 1.07]		

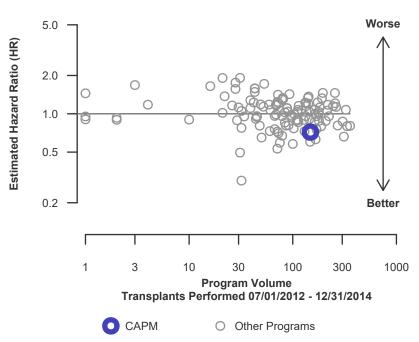
<sup>\*</sup> The hazard ratio provides an estimate of how California Pacific Medical Center (CAPM)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 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 CAPM's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.43, 1.07], indicates the location of CAPM's true hazard ratio with 95% probability. The best estimate is 28% lower risk of patient death compared to an average program, but CAPM's performance could plausibly range from 57% reduced risk up to 7% increased risk.





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





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### **C. Transplant Information**

Table C13L. Adult (18+) 3-year patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2012 and 12/31/2014 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2012-12/31/2014

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)

This center did not perform any transplants relevant to this figure during 07/01/2012-12/31/2014



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### C. Transplant Information

Table C14. Pediatric (<18) 1-month patient survival
Single organ transplants performed between 01/01/2015 and 06/30/2017
Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

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

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



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### C. Transplant Information

Table C14D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2015 and 06/30/2017 Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

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

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



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### C. Transplant Information

Table C14L. Pediatric (<18) 1-month patient survival (living donor graft recipients) Single organ transplants performed between 01/01/2015 and 06/30/2017 Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

Figure C19L. Pediatric (<18) 1-month patient death HR estimate (living donor grafts) 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 01/01/2015-06/30/2017



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### **C. Transplant Information**

Table C15. Pediatric (<18) 1-year patient survival
Single organ transplants performed between 01/01/2015 and 06/30/2017
Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

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

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



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### C. Transplant Information

Table C15D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2015 and 06/30/2017 Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

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

This center did not perform any transplants relevant to this figure during 01/01/2015-06/30/2017



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### C. Transplant Information

Table C15L. Pediatric (<18) 1-year patient survival (living donor graft recipients) Single organ transplants performed between 01/01/2015 and 06/30/2017 Retransplants excluded

This center did not perform any transplants relevant to this table during 01/01/2015-06/30/2017

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

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 01/01/2015-06/30/2017



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### C. Transplant Information

Table C16. Pediatric (<18) 3-year patient survival
Single organ transplants performed between 07/01/2012 and 12/31/2014
Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2012-12/31/2014

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

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

This center did not perform any transplants relevant to this figure during 07/01/2012-12/31/2014



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### C. Transplant Information

Table C16D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2012 and 12/31/2014 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2012-12/31/2014

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)

This center did not perform any transplants relevant to this figure during 07/01/2012-12/31/2014



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### C. Transplant Information

Table C16L. Pediatric (<18) 3-year patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2012 and 12/31/2014 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2012-12/31/2014

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

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 07/01/2012-12/31/2014



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### C. Transplant Information

Table C17. Multi-organ transplant graft survival: 01/01/2015 - 06/30/2017

Adult (18+) Transplants First-Year Outcomes

Transplant Type	Transp Perfor		Live Graft Fa	-	Estimate Graft Su	
	CAPM-TX1	USA	CAPM-TX1	USA	CAPM-TX1	USA
Kidney-Liver	9	1,718	0	158	100.0%	90.2%

### Pediatric (<18) Transplants

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

Table C18. Multi-organ transplant patient survival: 01/01/2015 - 06/30/2017

Adult (18+) Transplants First-Year Outcomes

Transplant Type	•	Transplants Performed		Patient Deaths		ated urvival
	CAPM-TX1	USA	CAPM-TX1	USA	CAPM-TX1	USA
Kidney-Liver	9	1,718	0	147	100.0%	90.9%

#### Pediatric (<18) Transplants

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



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## **D. Living Donor Information**

Table D1. Living donor summary: 01/01/2015 - 12/31/2017

	This Center			United States		
Living Donor Follow-Up	01/2015- 12/2015	01/2016- 12/2016	01/2017- 06/2017	01/2015- 12/2015	01/2016- 12/2016	01/2017 06/2017
Number of Living Donors						
<b>6-Month Follow-Up</b> Donors due for follow-up						
Timely clinical data	 %	 %	 %	 %	 %	 %
Timely lab data	 %	 %	 %	 %	 %	 %
<b>12-Month Follow-Up</b> Donors due for follow-up						
Timely clinical data	 %	 %		 %	 %	
Timely lab data	 %	 %		 %	 %	
<b>24-Month Follow-Up</b> Donors due for follow-up						
Timely clinical data	 %			 %		
Timely lab data	 %			 %		

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