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To Whom it May Concern:

We write this letter to clarify certain details about the current SRTR program-specific report for the UCLA Lung Transplant Program, released on January 9<sup>th</sup>, 2024.

As a response to the COVID-19 pandemic, SRTR decided to censor post-transplant outcome reporting for a 3-month period beginning at the onset of the pandemic in March 2020. The rationale and methodology for this change in reporting are detailed in the SRTR program-specific report.

For this current report, the time window for reporting 3-year post-transplant survival includes transplants performed from 1/1/2018 - 3/12/2020, and 6/13/2020 - 6/30/2020. Transplants done between 3/13/2020 and 6/12/2020 are excluded from analysis as part of SRTR's response to COVID. Importantly, transplants done from 1/1/2018-3/12/2020 were also censored on 3/13/2020 – this means that none of these transplants could complete 3 years of follow-up for the post-transplant survival analyses.

As a result of these changes made by SRTR, only transplants performed during a small time window, from 6/13/2020-6/30/2020, could complete a full 3 years of follow-up for the current report. Consequently, transplants performed during this brief time period have an outsized impact on the estimated 3-year patient and graft survival (as reported in tables C9D and C17D, and figures C9D, C10D, C25D and C26D), and these survival point estimates have very wide 95% confidence intervals (as indicated in tables C9D and C17D).

SRTR was also able to generate reports without the COVID-censored period so that all patients transplanted from 1/1/2018 - 6/30/2020 are included in the full 3-year survival analyses. We believe this uncensored report, which is not publicly available on the SRTR website, more accurately reflects the true 3-year patient and graft survival outcomes of our program than the point estimates generated using the censored data.

We have attached these uncensored 3-year outcome tables and figures below for your reference.

Sincerely,

David M. Sayah, MD PhD  
Medical Director  
UCLA Lung Transplant Program

Abbas Ardehali, MD  
Surgical Director  
UCLA Lung Transplant Program

## C. Transplant Information

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

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020

Deaths and retransplants are considered graft failures

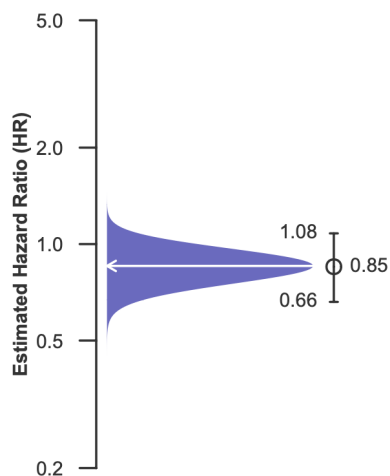
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CAUC	U.S.
Number of transplants evaluated	235	6,331
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	73.80%	71.62%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	70.23%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	61	1,781
Number of expected graft failures (including deaths) during the first 3 years after transplant	71.71	--
Estimated hazard ratio*	0.85	--
95% credible interval for the hazard ratio**	[0.66, 1.08]	--

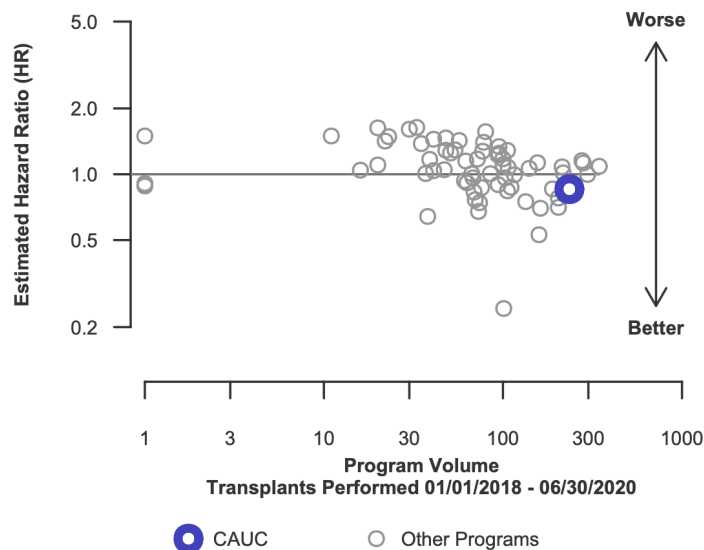
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of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

\*\* The 95% credible interval, [0.66, 1.08], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 15% lower risk of graft failure compared to an average program, but CAUC's performance could plausibly range from 34% reduced risk up to 8% increased risk.

**Figure C9D. Adult (18+) 3-year deceased donor graft failure HR estimate**



**Figure C10D. Adult (18+) 3-year deceased donor graft failure HR program comparison**



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.

## C. Transplant Information

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

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020

Retransplants excluded

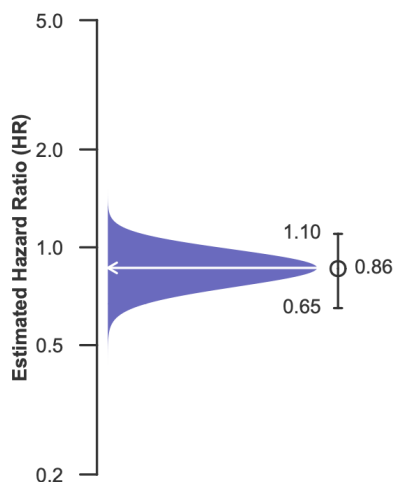
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CAUC	U.S.
Number of transplants evaluated	221	6,137
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	75.11%	73.10%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	71.78%	--
Number of observed deaths during the first 3 years after transplant	55	1,651
Number of expected deaths during the first 3 years after transplant	63.95	--
Estimated hazard ratio*	0.86	--
95% credible interval for the hazard ratio**	[0.65, 1.10]	--

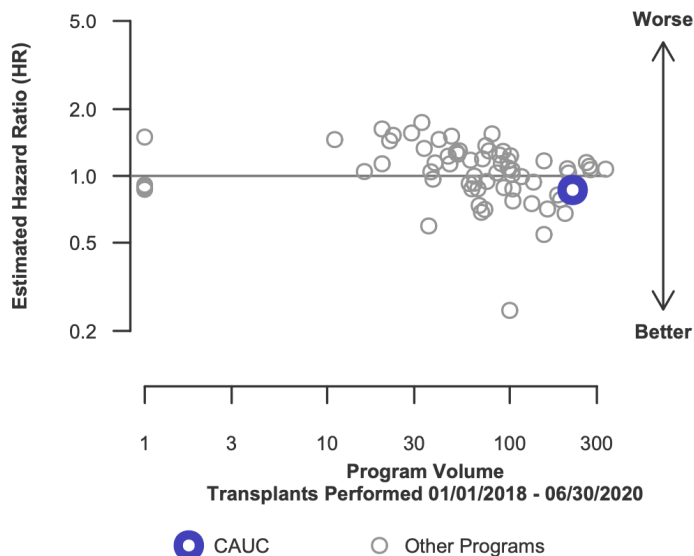
\* The hazard ratio provides an estimate of how University of California at Los Angeles Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of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

\*\* The 95% credible interval, [0.65, 1.10], indicates the location of CAUC's true hazard ratio with 95% probability. The best estimate is 14% lower risk of patient death compared to an average program, but CAUC's performance could plausibly range from 35% reduced risk up to 10% increased risk.

**Figure C25D. Adult (18+) 3-year patient death HR estimate (deceased donor grafts)**



**Figure C26D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)**



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.