

**PACH**

**COMMENTS:** Program-specific report released July 8, 2025

**INTESTINE**

All data contained in these reports, except where identified, is calculated based upon single-organ intestine transplants, liver/intestine transplants, and multivisceral transplants.

**Transplant rates (Table B4D and accompanying figures)**

Transplant rates for pediatric intestinal candidates are low due to the scarcity of suitable organs, the need for multiple organs per candidate, less urgent candidates (status 2 or status 7) who are listed while determining the potential for enteral autonomy, and scarcity of size matched organs that contribute to high mortality rates for intestine candidates across the country.

**Pre-transplant mortality rate (Table B5 and accompanying figures)**

UPMC Children's Hospital of Pittsburgh's (CHP) waitlist mortality rate between January 1, 2023 and December 31, 2024 was 2.1 per 100 person years, whereas the expected waitlist mortality rate for that period was 4.3 per 100 person years. SRTR estimates that risk of waitlist mortality among CHP candidates is 27% lower than expected.

**Mortality after listing (including after transplant) (Table B6 and accompanying figures)**

CHP's mortality after listing rate between January 1, 2023 and December 31, 2024 was 3.7 per 100 person years, whereas the expected mortality after listing rate for that period was 5.5. SRTR estimates that risk of mortality after listing among CHP candidates is 20% lower than expected.

**Time to transplant (Table B10)**

Waiting time includes patients listed as the less urgent status 2 and status 7 intestinal candidates. These patients may be listed as status 2 or status 7 while intestinal adaptation occurs, or adaptive surgical measures are being carried out.

**1-Year graft survival (Table C12D and accompanying figures)**

CHP observed 0 graft failures within the first year of transplant between January 1, 2022 and June 30, 2024. Our results indicate an estimated 30% lower risk of graft failure after one year of transplant compared to all US intestinal transplant centers.

**1-Year patient survival (Table C19D and accompanying figures)**

CHP observed 0 patient deaths within the first year of transplant between January 1, 2022 and June 30, 2024. Our results indicate an estimated 20% lower risk of patient death after one year of transplant compared to all US intestinal transplant centers.

**3-Year graft survival (Table C14D and accompanying figures)**

CHP observed 0 graft failures within the first three years of transplant between July 1, 2019 – March 12, 2020 and June 13, 2020- December 31, 2021. Our results indicate an estimated 43% lower risk of graft failure after three years compared to all US intestinal transplant centers.

**3-Year post-transplant patient survival (Table C20D and accompanying figures)**

CHP observed 0 patient deaths within the first three years of transplant between January 1, 2019 – March 12, 2020 and June 13, 2020- December 31, 2021. Our results indicate an estimated 40% lower risk of patient death after three years compared to all US intestinal transplant centers.