

January 27, 2025

**PACH**

**COMMENTS:** Program-specific report released January 7, 2025

**LIVER**

All data contained in the program-specific report, except where identified, is calculated based upon single organ liver transplants, liver/intestine transplants, and multi-visceral transplants.

Pre-transplant mortality rate (Figure A3)

UPMC Children's Hospital of Pittsburgh's (CHP) waitlist mortality rate between July 1, 2022 – June 30, 2024 was 7.5 per 100 person years, whereas the expected waitlist mortality rate for that period was 5.4 per 100 person years. CHP's cohort of children included in this time period includes 2 multi organ candidates whose mortality risk may not be accurately captured by the current statistical analysis. The two other children with isolated liver candidacy were extremely high-risk patients who were on life support including mechanical ventilation and continuous renal replacement therapy; these children had been declined at other centers and were referred from out of state due to their critical illness.

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

CHP's pediatric mortality after listing rate between July 1, 2022 – June 30, 2024 was 2.6 per 100 person-years, whereas the expected mortality rate for that period was 3.0 per 100 person-years. CHP experienced seven patient deaths; one of which was a multi organ recipient; two had multi-system organ failure; and the others succumbed to viral septicemia and recurrent tumor.

1-Year Graft survival (Table C12 and accompanying figures)

CHP experienced four patient deaths within the first year of transplant between July 1, 2021 – December 31, 2023. These patients were solitary liver recipients who faced complex post-transplant vascular complications and/or infection.

1-Year Patient Survival (Table C19 and accompanying figures)

Based on the characteristics of pediatric patients transplanted at CHP between July 1, 2021 – December 31, 2023, our results indicate an estimated 8% lower risk of patient death after 1 year compared to all US liver transplant centers.

3-Year Graft survival (Table C14 and accompanying figures)

Based on the characteristics of pediatric patients transplanted at CHP between January 1, 2019 – March 12, 2020 and June 13, 2020 – June 30, 2021, our results indicate an estimated 42% lower risk of graft failure after three years compared to all US liver transplant centers.

3-Year Post-transplant patient survival (Table C20 and accompanying figures)

Based on the characteristics of pediatric patients transplanted at CHP between January 1, 2019 – March 12, 2020 and June 13, 2020 – June 30, 2021, our results indicate an estimated 20% lower risk of patient death after three years compared to all US liver transplant centers.