SR TR

SCIENTIFIC REGISTRY 약 TRANSPLANT RECIPIENTS

SRTR Hot Topics

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I have no financial relationships to disclose within the past 12 months relevant to my presentation. The ACCME defines 'relevant' financial relationships as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

My presentation does/does not include discussion of off-label or investigational use, and I do/do not intend to reference unlabeled/unapproved uses of drugs or products in my presentation.



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SRTR Program-specific Reports

New Metrics

Decision Aids

Continuous Distribution





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TRANSPLANT RECIPIENTS



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Almost 20,000 transplants have been performed so far this year.

Upcoming PSR/OSR Changes and



DISTANCE DECEAS	ED DONOR LIVING DON	OR SURVIVAL ON THE GETT	ING A 🚺 1-YEAR LIVER
TRANSP	LANTS IN A TRANSPLANT	SINA WAITLIST DECEA	SED DONOR SURVIVAL
Y	EAR YEAR	TRANSP	LANT FASTER

i For liver transplant candidates, this measure has the **largest impact on survival after listing** among these three measures. 1 year liver survival includes only candidates who received a transplant.

Mayo Clinic Hospital Phoenix, AZ View Summary Data View Complete Report (PDF)	N/A	128 ADULTS	1 ADULTS		
Northwestern Memorial Hospital Chicago, IL	N/A	98	8		
View Summary Data View Complete Report (PDF)		ADULIS	ADOLIS		



DISTANCE	DECEASED DONOR	LIVING DONOR	GETTING A	1-YEAR KIDNEY
	TRANSPLANTS IN A	TRANSPLANTS IN A	DECEASED DONOR	SURVIVAL
	YEAR	YEAR	TRANSPLANT FASTER	

i For kidney transplant candidates, this measure has the **largest impact on survival after listing.** 1 year kidney survival includes only candidates who received a transplant among these three measures.

Cleveland Clinic Florida Weston Weston, FL View Summary Data View Complete Report (PDF)	N/A	176 ADULTS	38 ADULTS	
University of Washington Medical Center Seattle, WA	N/A	167 ADULTS	31 ADULTS	
View Summary Data View Complete Report (PDF)				



Program-Specific Reports



S C I E N T I F I CCleveland Clinic Florida WestonR E G I S T R Y OFCenter Code: FLCCSRTR PT R A N S P L A N TTransplant Program (Organ): Kidney
Release Date: July 8, 2019Feedbac
1.877.97R E C I P I E N T SBased on Data Available: April 30, 2019http://www

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

A. Program Summary



Figure A1. Waiting list and transplant activity

Recipients	01/01/2017- 12/31/2017	01/01/2018- 12/31/2018
Transplanted at this center	122	214
Followed by this center*	256	363
transplanted at this program	n 227	332
transplanted elsewhere	29	31

Table A1. Census of transplant recipients

* 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.



PSRs: In the Pipeline

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SURVIVAL FROM LISTING METRIC

ADJUSTMENT FOR KIDNEY AND LIVER BIOPSY RESULTS NEW INTESTINE TRANSPLANT OUTCOME EVALUATIONS



Survival From Listing Metric





Why survival from listing?

Most similar to an intent-to-treat analysis for the candidate experience after listing

Integrates the pretransplant and posttransplant patient experience

OPTN Final Rule [§121.11(b)(iv)] and the SRTR contract state that the PSRs shall include survival from listing



Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Patients				
Count at risk during the evaluation period	743	7,426	23,965	288,901
Person Years*	1,108.6	11,217.1	36,254.1	432,923.4
Number of Deaths	31	438	1,540	19,041
Adult (18+) Patients				
Count at risk during the evaluation period	743	7,149	23,229	280,328
Person Years*	1,108.6	10,748.1	35,100.7	419,601.2
Number of Deaths	31	437	1,537	18,975
Pediatric (<18) Patients				
Count at risk during the evaluation period	0	277	736	8,573
Person Years*	0.0	469.0	1,153.4	13,322.1
Number of Deaths	0	1	3	66

Table 1. Rates of patient mortality after listing: 07/01/2016 – 06/30/2018

* Person years are calculated as days (converted to fractional years). The number of days from July 1 or from the date of first wait listing until death, reaching 7 years after listing or June 30.



Table 1. Rates of patient mortality after	er listing: 07/01/2016 -	- 06/30/2018		
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Figure 1. Observed and expected rates of patient mortality

OPO/DSA

Figure 2. Patient mortality after listing HR estimate**



This Center



U.S.

Region









Figure 1. Observed and expected rates of patient mortality after listing: 07/01/2016 – 06/30/2018



Figure B3. Observed adult (18+) and pediatric (<18) rates of patient mortality after listing: 07/01/2016 – 06/30/2018



Figure 2. Patient mortality after listing HR estimate**

Estimated Hazard Ratio: 0.87

13% better than expected.





Previewing the Survival From Listing Evaluations

Will be previewed during the January 2020 PSR cycle on the SRTR Secure Site.

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** Patient mortaity after listing captures the relative survival experience of patients after listing. It depends on dimensions inside and outside of the control of the transplant program including, for example, local availability of organs.



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Survival from Listing: Expected Workbooks

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A Exported Protrements	ont Workshoot F:::	otionality		в		JK	
1 Expected Pretranspla	ant worksheet Fur	nctionality a	nd Organization				
3 Guide	Instructional text, backs	round and intern	retation				
4 Overall Evaluations	The transplant rate, dec evaluations in the PSRs	eased donor tran	splant rate, and wait	ist mortality rate			
By Age Evaluations	A stratified analysis acro transplant rate, and wai	oss candidate age tlist mortality rat	at listing of the trans e evaluations	plant rate, deceased donor			
By ESRD Time Evaluations	A stratified analysis acro transplant rate, and wai	oss years of ESRD tlist mortality rat	at listing of the trans e evaluations	olant rate, deceased donor			
7 Custom Evaluations	A subgroup analysis ide	ntified by the use	er. This defaults to th	e overall evaluation.			
8							
9 Adult TXR	Overall (living and dece						
10 Pediatric IXR	Overall (living and deceased donor) transplant rate for pediatric candidates at listing						
12 Dediatrie DD TXR	Deceased donor transplant rate for adult candidates at listing						
12 Pediatric DD TAK	Deceased upon transplant rate for pediatric candidates at insung						
14 Pediatric WIM	Waitlist mortality rate for addict conductes at 15ting						
15 Model Coefficients	Risk-Adjustment Model						
16 Baseline Hazard	Baseline Hazards for the Risk-Adjustment Models						
17							-
Guide Overa	all Evaluations By Age	Evaluations	By ESRD Time Evaluati	ons Custom (+)	4		
Ready					I II II		+ 100%

Due to the complexity of the survival from listing models, expected workbooks will help programs understand both the contribution of individual patients to the expected and the calculation of the expected for a given patient.





FIND & COMPARE TRANSPLANT PROGRAMS



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Dialysis vs. Transplant

What are your treatment options for kidney failure?



Kidney Transplant Decision Aid

Introduction	Dialysis vs. Transplant	Living vs. Deceased Donor	Kidney Quality (KDPI) vs. Infectious Risk Kidneys	Deceased Donor Kidney Quality	Increased Infectious Risk Kidneys	Questions for Your Doctor	
Calculate Your Risks							

Dialysis vs. Transplant

What are your treatment options for kidney failure?







What are your likely outcomes on the kidney transplant waiting list?





A continuous distribution framework:



Snyder et al. Organ distribution without geographic boundaries: A possible framework for organ allocation. Am J Transplant 2018;18:2635-2640.



How does the geographic feasibility score work? The Geographic Feasibility Score:



Snyder et al. Organ distribution without geographic boundaries: A possible framework for organ allocation. Am J Transplant 2018;18:2635-2640.



What about factors other than geography?

Lung Priority by **Recipient Age** for a **Donor Over the Age of** 18





Creating Continuous Age Priority





Same idea for pediatric lung donors

Lung Priority by **Recipient Age** for a **Donor < 18**





Same idea for pediatric lung donors





DOI: 10.1111/ajt.15115

PERSONAL VIEWPOINT

bic boundarios: A possible

Organ distribution without geographic boundaries: A possible framework for organ allocation

Jon J. Snyder^{1,2} | Nicholas Salkowski¹ | Andrew Wey¹ | Joshua Pyke¹ | Ajay K. Israni^{1,2,3,4} | Bertram L. Kasiske^{1,2,3,4}

¹Scientific Registry of Transplant Recipients, Chronic Disease Research Group, Hennepin Healthcare Research Institute, Minneapolis, MN, USA

²Division of Epidemiology and Community Health, School of Public Health, University of Minnesota, Minneapolis, MN, USA

³Department of Medicine, Hennepin Healthcare, Minneapolis, MN, USA

⁴University of Minnesota Medical School, Minneanolis MN LISA The Final Rule mandates that organ allocation not be based on the transplant candidate's place of residence or listing, except as required by sound medical judgment and best use of donated organs, to avoid wasting organs and futile transplants, and to promote access and efficiency. Current Organ Procurement and Transplantation Network (OPTN) policies use donation service areas and OPTN regions to distribute and allocate organs for transplant. These policies have recently been called into question as not meeting the requirements of the Final Rule. Therefore, we propose



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