

Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

### **COVID-19 Guide**

Adjustments to Transplant Program and OPO Evaluation Metrics

The Scientific Registry of Transplant Recipients (SRTR), under contract from the Health Resources and Services Administration (HRSA), is charged with evaluating the performance of the nation's transplant system through publication of semi-annual transplant program-specific reports (PSRs) and organ procurement organization (OPO)-specific reports (OSRs). These reports contain performance metrics covering various time periods. For OPOs, these metrics include deceased donor organ yield. For transplant programs, they include pre-transplant mortality rates (formerly called waitlist mortality rates), transplant rates, organ offer acceptance rates, patient mortality after listing, and 1-month, 90-day, 1-year, 1-year conditional on 90-day, and 3-year posttransplant outcomes including graft survival and patient survival.

In response to the current global pandemic, SRTR modified the evaluation metrics for transplant programs and OPOs for the reports released in January 2021, July 2021, January 2022, July 2022, January 2023, July 2023, January 2024 and July 2024. These reports made adjustments to transplant program and OPO performance metrics so that data during the time around the declaration of a national public health emergency on March 13, 2020, were not included in the metrics.

Modifications for the January 2025 reporting cycle were considered at the Analytic Methods Subcommittee of the SRTR Review Committee (SRC) at its meeting on March 24, 2021, and the full SRC meetings April 27, 2021 and on January 11, 2022. Both the Analytic Methods Subcommittee and the full SRC recommended an ongoing carve out of the first quarter of the pandemic (March 13, 2020 through June 12, 2020) from adjusted performance metrics, as detailed below. These recommendations were reviewed by HRSA's Division of Transplantation, which oversees SRTR. HRSA approved these recommendations, which SRTR will implement for the January 2025 reporting cycle. These changes will remain in force beyond the January 2025 reporting cycle, unless otherwise amended:

Posttransplant Outcomes (including 1-month, 90-day, 1-year, 1-year conditional on 90-day, and 3-year graft and patient survival): Evaluation cohorts will exclude transplants performed between March 13, 2020 and June 12, 2020, inclusive of March 13 and June 12. Patients given transplants before March 13, 2020 will have follow-up censored on March 12, 2020. Patients given transplants after June 12, 2020 will resume normal follow-up. Follow-up will not resume for patients given transplants before March 13, 2020 who are alive with function on June 12, 2020; however, this may be reconsidered as SRTR continues to explore moving to a period-prevalent methodology:

1-month, 90-day, 1-year & 1-year conditional on 90-day Patient and Graft Survival Evaluations: Transplants 7/1/2021-12/31/2023, follow-up through 6/30/2024.

3-year Patient and Graft Survival Evaluations: Transplants 1/1/2019-3/12/2020, follow-up through 3/12/2020. Transplants 6/13/2020-6/30/2021; follow-up through 6/30/2024.

Pre-Transplant Mortality Rate (formerly called Waitlist Mortality Rate): These evaluations are based on normal reporting cohorts.

Days after listing (and before transplant) between 7/1/2022 and 6/30/2024.



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### **COVID-19 Guide**

Transplant Rate: These evaluations are based on normal reporting cohorts.

Candidates on the waitlist 7/1/2022-6/30/2024.

Overall Rate of Mortality After Listing: These evaluations are based on normal reporting cohorts.

Evaluation period: 7/1/2022-6/30/2024.

Offer Acceptance Rate: These evaluations are based on normal reporting cohorts.

Offers received 7/1/2023-6/30/2024.

These decisions will apply to the evaluations released in the SRTR's semi-annual program-specific reports scheduled for release on January 7, 2025. These changes have been communicated to the leadership of the Organ Procurement and Transplantation Network's (OPTN) Membership and Professional Standards Committee (MSPC). These decisions will then be re-evaluated as more information becomes available in preparation for the release scheduled for July 2025.

As with the July 2024 reports, SRTR will continue to report descriptive data beyond March 12, 2020, e.g., waitlist counts, transplant counts, recipient characteristics, donor counts, donor characteristics, etc., but will alter data for performance evaluation metrics as described above.



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### **User Guide**

This report contains a wide range of useful information about the liver transplant program at University of California San Francisco Medical Center. 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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### **User Guide**

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 42.8 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 pre-transplant mortality rate (previously called the waiting list 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 this table and figures is to describe risk of death once candidates are listed rather than while they are listed, but before they are transplanted. 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.

Survival from listing is presented in Table B6 and Figures B7-B9. These data are presented in the same way as the pre-transplant mortality rate data in the previous section. The intent of this table and figures is to describe risk of death once candidates are listed rather than while they are listed, including after a transplant. As with transplant rates, mortality rates should be interpreted carefully taking into consideration the interval displayed in Figure B8. 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 B7 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 B8 and B9 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 B8 and B9 presents the percent of candidates who received a deceased donor transplant by each time point. Table B10 presents data on the time it took for different percentages of patients to be transplanted for candidates added to the list between 07/01/2018 and 12/31/2023. 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 06/30/2024 to calculate a particular percentile of transplant times.

Table B11 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. Figure B10 shows the distribution of program offer acceptance rates as well as the offer acceptance rate for this program. Figures B11 - B15 similarly show offer acceptance rates for subsets



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

### **User Guide**

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.

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-C14 (tables C5-C10 for Pancreas) 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-C14 present data on graft survival, Tables C15-C20 (tables C11-C20 for Pancreas) 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 C21 and C22 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.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

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

### **Table of Contents**

Section	Page
COVID-19 Guide	i
User Guide	iii
A. Program Summary	
Program Summary	1
B. Waiting List Information	
Waiting list activity	2
Demographic characteristics of waiting list candidates	3
Medical characteristics of waiting list candidates	4
Transplant rates	5
Deceased donor transplant rates	6
Pre-transplant mortality rates (formerly called Waiting list mortality rates)	7
Patient survival from listing	8
Waiting list candidate status after listing	9
Medical urgency status 1 candidate status after listing	10
Percent of candidates with deceased donor transplants: demographic characteris	
Percent of candidates with deceased donor transplants: medical characteristics	12
Time to transplant for waiting list candidates	13
Offer acceptance practices	14
C. Transplant Information	1.0
Deceased donor transplant recipient demographic characteristics	16
Living donor transplant recipient demographic characteristics	17
Deceased donor transplant recipient medical characteristics	18
Living donor transplant recipient medical characteristics	19
Deceased donor characteristics	20
Living donor characteristics	21
Deceased donor transplant characteristics	22
Living donor transplant characteristics	23
Graft survival	24
Patient survival	54
Multi-organ transplant graft survival	72
Multi-organ transplant patient survival	72
D. Living Donor Information	70
Living donor follow-up summary	73



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

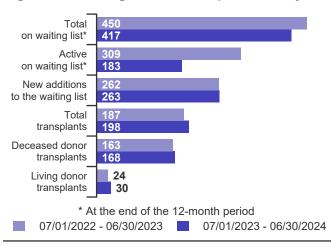


Table A1. Census of transplant recipients

Recipients	07/01/2022- 06/30/2023	07/01/2023- 06/30/2024
Transplanted at this center	187	198
Followed by this center*	1,935	1,938
transplanted at this program	n 1,807	1,823
transplanted elsewhere	128	115

<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 07/01/2022 - 06/30/2024

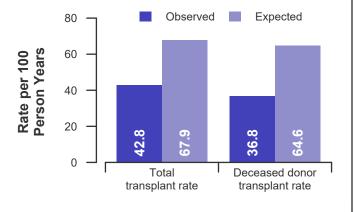


Figure A3. Pre-transplant mortality rates 07/01/2022 - 06/30/2024

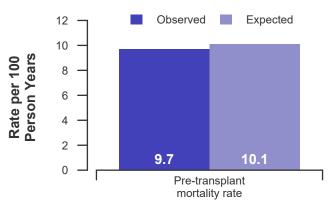


Figure A4. First-year adult graft and patient survival: 07/01/2021 - 12/31/2023

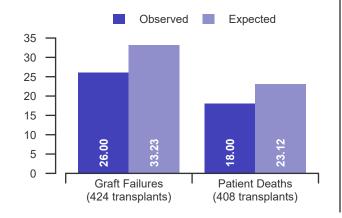


Figure A5. First-year pediatric graft and patient survival: 07/01/2021 - 12/31/2023

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

Table B1. Waiting list activity summary: 07/01/2022 - 06/30/2024

		its for center	Activity for 07/01/2023 to 06/30/2024 as percent of registrants on waiting lis			
Waiting List Registrations	07/01/2022- 06/30/2023	07/01/2023- 06/30/2024	This Center (%)	OPTN Region (%)	U.S. (%)	
On waiting list at start Additions	474	450	100.0	100.0	100.0	
New listings at this center	262	263	58.4	117.9	145.7	
Removals						
Transferred to another center	1	1	0.2	1.9	1.5	
Received living donor transplant*	24	30	6.7	4.7	6.2	
Received deceased donor transplant*	163	168	37.3	84.4	101.8	
Died	46	33	7.3	7.3	9.2	
Transplanted at another center	10	6	1.3	2.1	2.9	
Deteriorated	12	17	3.8	8.5	9.1	
Recovered	10	15	3.3	10.9	10.9	
Other reasons	20	26	5.8	10.1	11.2	
On waiting list at end of period	450	417	92.7	87.9	92.8	

<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.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

Table B2. Demographic characteristics of waiting list candidates
Candidates registered on the waiting list between 07/01/2023 and 06/30/2024

Domographic Characteristic		ting List Regi 023 to 06/30/2		All Waiting List Registrations on 06/30/2024 (%)			
Demographic Characteristic	This Center (N=263)	OPTN Region (N=2,541)	U.S. (N=15,115)	This Center (N=417)	OPTN Region (N=1,896)	U.S. (N=9,633)	
All (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Ethnicity/Race (%)*							
White	33.5	41.0	65.2	42.0	37.1	63.4	
African-American	4.6	2.6	6.7	3.4	3.6	7.0	
Hispanic/Latino	40.3	42.7	19.4	35.0	44.9	21.5	
Asian	17.1	7.6	4.3	17.3	10.4	5.1	
Other	1.1	3.2	2.2	1.7	2.7	1.9	
Unknown	3.4	3.0	2.3	0.7	1.2	1.2	
Age (%)							
<2 years	0.0	2.0	2.0	0.0	1.6	1.2	
2-11 years	0.0	1.3	1.6	0.0	1.8	1.5	
12-17 years	0.0	1.6	1.1	0.5	1.9	1.2	
18-34 years	8.0	7.0	7.0	7.9	7.6	6.6	
35-49 years	23.2	22.2	22.7	21.6	20.5	20.5	
50-64 years	47.5	43.4	44.2	48.7	45.6	47.3	
65-69 years	16.3	15.8	15.6	16.8	15.8	16.7	
70+ years	4.9	6.6	5.8	4.6	5.3	5.0	
Gender (%)							
Male	62.4	59.1	58.5	63.5	57.8	59.1	
Female	37.6	40.9	41.5	36.5	42.2	40.9	

<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%.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

Table B3. Medical characteristics of waiting list candidates
Candidates registered on the waiting list between 07/01/2023 and 06/30/2024

Medical Characteristic	New Waiting List Registrations 07/01/2023 to 06/30/2024 (%)			All Waiting List Registrations on 06/30/2024 (%)			
wedical characteristic	This Center (N=263)	OPTN Region (N=2,541)	U.S. (N=15,115)	This Center (N=417)	OPTN Region (N=1,896)	U.S. (N=9,633)	
All (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Blood Type (%)							
0	47.5	49.7	47.6	52.0	53.0	50.5	
A	34.2	34.9	37.3	34.1	34.2	39.0	
В	12.9	11.5	11.5	10.3	10.4	9.0	
AB	5.3	3.9	3.6	3.6	2.3	1.6	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Previous Transplant (%)							
Yes	6.5	4.7	4.5	3.8	4.5	4.0	
No	93.5	95.3	95.5	96.2	95.5	96.0	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Primary Disease (%)							
Acute Hepatic Necrosis	4.2	3.2	2.3	0.7	2.0	1.3	
Non-Cholestatic Cirrhosis	38.8	29.5	31.0	64.3	48.5	45.4	
Cholestatic Liver Disease/Cirrhosis		5.6	6.4	7.2	6.5	7.3	
Biliary Atresia	0.4	1.6	1.7	0.5	2.6	1.7	
Metabolic Diseases	1.1	1.1	2.1	1.0	1.0	1.4	
Malignant Neoplasms	1.9	13.5	10.8	2.9	10.3	11.5	
Other	48.7	45.5	45.6	23.5	29.0	31.4	
Missing	0.0	0.0	0.1	0.0	0.0	0.1	
Medical Urgency Status/MELD/PEL	_	` '					
Status 1A	4.6	2.8	2.4	0.7	0.3	0.2	
Status 1B	0.0	0.5	0.4	0.0	0.1	0.1	
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	0.0	
Status 3	0.0	0.0	0.0	0.5	0.3	0.1	
MELD 6-10	12.2	12.9	11.7	25.2	26.1	23.5	
MELD 11-14	13.7	12.7	12.4	19.9	20.1	22.0	
MELD 15-20	21.7	21.1	22.2	34.5	25.8	29.2	
MELD 21-30	28.5	21.9	24.9	16.5	12.8	15.2	
MELD 31-40	14.1	12.2	13.7	1.0	1.0	1.1	
PELD less than or equal to 10	0.0	1.1	1.3	0.0	2.8	1.7	
PELD 11-14	0.0	0.2	0.4	0.0	0.1	0.2	
PELD 15-20	0.0	0.4	0.4	0.0	0.1	0.2	
PELD 21-30	0.0	0.4	0.3	0.0	0.1	0.1	
PELD 31 or greater	0.0	0.1	0.1	0.0	0.0	0.0	
Temporarily Inactive	2.7	9.5	5.5	1.7	10.3	6.2	

<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.



Center Code: CASF

Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

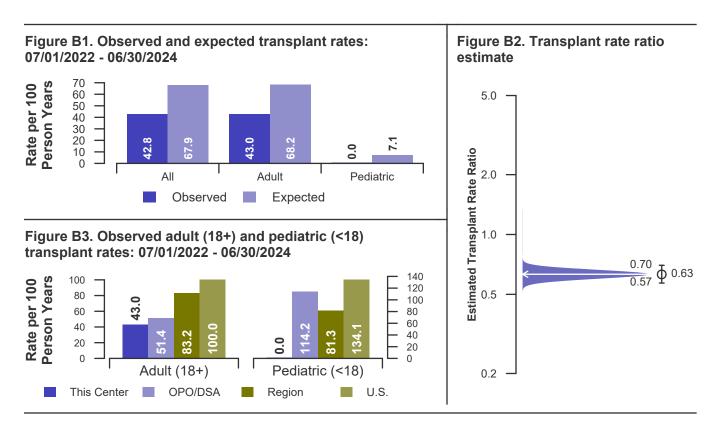
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Table B4. Transplant rates: 07/01/2022 - 06/30/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	474	928	2,447	11,429
Person Years**	900.6	1,607.7	4,396.5	21,075.0
Removals for Transplant	385	872	3,654	21,361
Adult (18+) Candidates				
Count on waiting list at start*	471	893	2,315	10,977
Person Years**	896.2	1,535.9	4,151.8	20,226.5
Removals for transpant	385	790	3,455	20,223
Pediatric (<18) Candidates				
Count on waiting list at start*	3	35	132	452
Person Years**	4.3	71.8	244.7	848.5
Removals for transplant	0	82	199	1,138

<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 July 1 or from the date of first wait listing until death, transplant, removal from the waiting list or June 30.





Center Code: CASF

Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

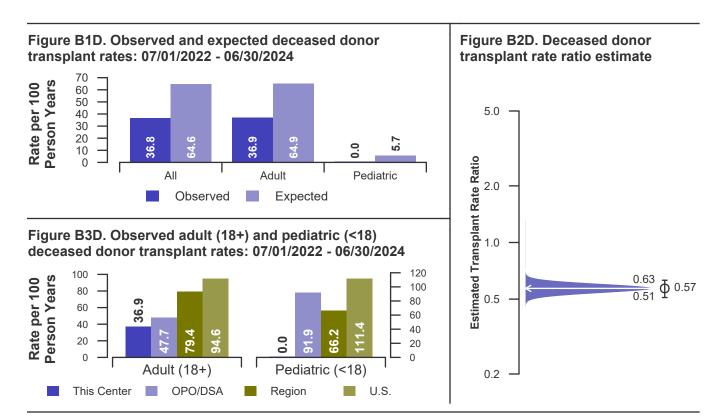
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Table B4D. Deceased donor transplant rates: 07/01/2022 - 06/30/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	474	928	2,447	11,429
Person Years**	900.6	1,607.7	4,396.5	21,075.0
Removals for Transplant	331	799	3,458	20,084
Adult (18+) Candidates				
Count on waiting list at start*	471	893	2,315	10,977
Person Years**	896.2	1,535.9	4,151.8	20,226.5
Removals for transpant	331	733	3,296	19,139
Pediatric (<18) Candidates				
Count on waiting list at start*	3	35	132	452
Person Years**	4.3	71.8	244.7	848.5
Removals for transplant	0	66	162	945

<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 July 1 or from the date of first wait listing until death, transplant, removal from the waiting list or June 30.





Center Code: CASF

Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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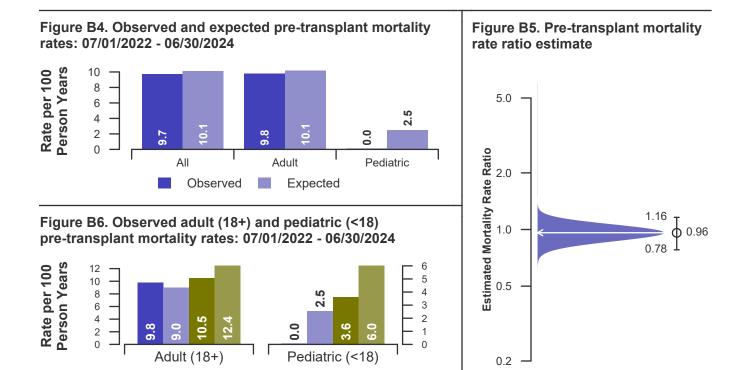
### **B.** Waiting List Information

Table B5. Pre-transplant mortality rates: 07/01/2022 - 06/30/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	474	928	2,447	11,429
Person Years**	959.5	1,797.8	5,074.4	24,728.8
Number of deaths	93	157	514	3,014
Adult (18+) Candidates				
Count on waiting list at start*	471	893	2,315	10,977
Person Years**	953.5	1,718.7	4,797.5	23,778.9
Number of deaths	93	155	504	2,957
Pediatric (<18) Candidates				
Count on waiting list at start*	3	35	132	452
Person Years**	6.0	79.2	276.9	949.9
Number of deaths	0	2	10	57

<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 July 1 or from the date of first wait listing until death, transplant, 60 days after recovery, transfer or June 30.



Region

OPO/DSA

This Center



Center Code: CASF

Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

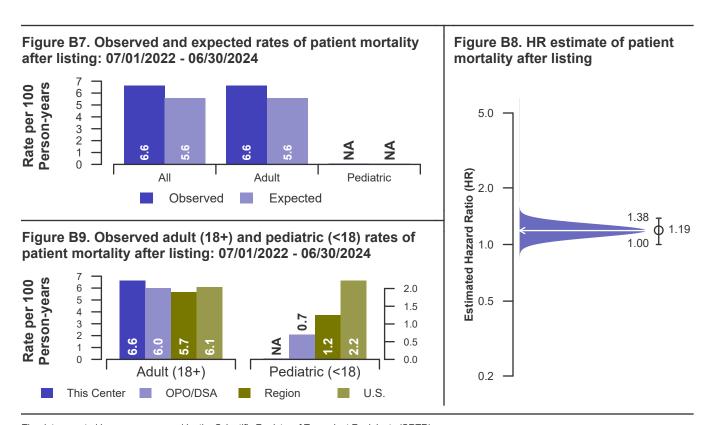
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Table B6. Rates of patient mortality after listing: 07/01/2022 - 06/30/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Patients				
Count at risk during the evaluation period	1,701	3,593	13,641	81,065
Person-years*	2,270.0	4,871.7	18,541.3	108,787.6
Number of Deaths	150	269	994	6,395
Adult (18+) Patients				
Count at risk during the evaluation period	1,701	3,277	12,730	76,664
Person-years*	2,270.0	4,441.7	17,256.6	102,787.2
Number of Deaths	150	266	978	6,262
Pediatric (<18) Patients				
Count at risk during the evaluation period	0	316	911	4,401
Person-years*	0.0	430.0	1,284.7	6,000.5
Number of Deaths	0	3	16	133

<sup>\*</sup> Person-years are calculated as days (converted to fractional years). The number of days from 07/01/2022, or from the date of first wait listing until death, reaching 5 years after listing or June 30, 2024.

<sup>\*\*</sup> Patient mortality after listing describes the relative survival experience of patients after listing. It depends on many factors, some of which are outside of the control of the transplant program. For example, availability of organs may not be the same in every part of the country.





Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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Table B7. Waiting list candidate status after listing Candidates registered on waiting list between 01/01/2022 and 12/31/2022

Waiting list status (survival status)	This Center (N=268) Months Since Listing 6 12 18			U.S. (N=13,611) Months Since Listing 6 12 18		
Alive on waiting list (%)	54.5	37.7	26.9	36.5	20.4	12.7
Died on the waiting list without transplant (%)	7.8	8.6	9.3	3.8	4.7	5.2
Removed without transplant (%):						
Condition worsened (status unknown)	2.6	3.0	3.7	3.6	4.9	5.7
Condition improved (status unknown)	0.7	0.7	0.7	1.4	2.6	3.7
Refused transplant (status unknown)	0.0	0.0	0.0	0.1	0.3	0.5
Other	1.1	1.5	1.9	1.6	2.9	3.9
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	3.0	4.1	6.0	3.0	3.6	2.4
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.1	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	0.4	1.9	0.0	0.1	1.7
Transplant (deceased donor) (%):						
Functioning (alive)	28.7	38.4	29.5	45.7	50.7	36.6
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.4	0.6	0.7
Failed-alive not retransplanted	0.4	0.4	0.0	0.0	0.0	0.0
Died	0.0	0.0	1.9	2.1	3.1	4.1
Status Yet Unknown*	1.1	5.2	17.9	1.5	5.4	22.0
Lost or Transferred (status unknown) (%)	0.0	0.0	0.4	0.2	0.5	0.6
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	7.8	8.6	11.2	6.0	7.9	9.4
Total % known died or removed as unstable	10.4	11.6	14.9	9.6	12.8	15.1
Total % removed for transplant	33.2	48.5	57.1	52.8	63.7	67.7
Total % with known functioning transplant (alive)	31.7	42.5	35.4	48.6	54.3	39.0

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



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Based on Data Available: October 31, 2024

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Table B7S1. Medical urgency status 1 candidate status after listing Candidates registered on the waiting list between 01/01/2022 and 12/31/2022

Waiting list status (survival status)		Center (I ns Since I 12	,	U.S. (N=447) Months Since listing 6 12 18		
Alive on waiting list (%)	0.0	0.0	0.0	2.7	1.3	0.9
Died on the waiting list without transplant (%)	16.7	16.7	16.7	6.3	6.3	6.3
Removed without transplant (%):						
Condition worsened (status unknown)	0.0	0.0	0.0	6.9	6.9	7.2
Condition improved (status unknown)	16.7	16.7	16.7	18.8	19.9	20.1
Refused transplant (status unknown)	0.0	0.0	0.0	0.4	0.4	0.4
Other	0.0	0.0	0.0	0.7	0.7	0.7
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	0.0	0.0	0.0	3.1	2.2	1.3
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	0.2	0.4	0.4
Status Yet Unknown**	0.0	0.0	0.0	0.0	0.7	1.6
Transplant (deceased donor) (%):						
Functioning (alive)	50.0	50.0	50.0	51.7	46.8	36.7
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.9	1.1	1.1
Failed-alive not retransplanted	16.7	0.0	0.0	0.4	0.2	0.0
Died	0.0	0.0	0.0	6.3	7.6	8.3
Status Yet Unknown*	0.0	16.7	16.7	1.1	4.9	14.5
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.4	0.4	0.4
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	16.7	16.7	16.7	12.8	14.3	15.0
Total % known died or removed as unstable	16.7	16.7	16.7	19.7	21.3	22.1
Total % removed for transplant	66.7	66.7	66.7	63.8	64.0	64.0
Total % with known functioning transplant (alive)	50.0	50.0	50.0	54.8	49.0	38.0

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



Center Code: CASF
Transplant Program (Organ)

Transplant Program (Organ): Liver Release Date: January 7, 2025

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

Table B8. Percent of candidates with deceased donor transplants: demographic characteristics Candidates registered on the waiting list between 07/01/2018 and 06/30/2021

Chavastavistia	Percent transplanted at time periods since listing This Center United States									
Characteristic	N			er 2 years	3 years	N				3 years
All	801	14.5	32.5	44.7	48.7	38,667	26.3	54.4	59.9	61.6
Ethnicity/Race*						,				
White	362	12.4	30.4	42.5	45.0	26,504	26.7	55.0	60.2	61.9
African-American	33	9.1	24.2	42.4	48.5	2,982	29.3	57.6	62.9	64.7
Hispanic/Latino	253	15.8	34.8	45.5	49.4	6,761	23.8	51.2	57.5	59.3
Asian	137	19.0	35.8	48.9	56.9	1,744	24.2	50.4	58.5	61.1
Other	16	12.5	31.2	50.0	50.0	676	29.7	55.0	60.1	62.0
Unknown	0					0				
Age										
<2 years	0					779	23.9	73.2	75.4	76.5
2-11 years	0					572	24.7	67.7	72.4	74.1
12-17 years	0					443	20.8	58.2	63.7	64.6
18-34 years	35	14.3	25.7	34.3	37.1	2,452	38.4	58.0	61.9	63.1
35-49 years	111	18.9	35.1	45.0	47.7	7,334	37.9	59.6	63.7	65.1
50-64 years	433	15.2	37.2	47.1	52.2	18,588	24.4	53.3	59.2	61.2
65-69 years	172	10.5	22.1	39.5	43.0	6,459	17.5	48.3	55.5	57.4
70+ years	50	12.0	26.0	48.0	48.0	2,040	18.1	48.2	54.1	55.1
Gender										
Male	512	13.3	31.1	43.4	47.5	24,003	26.2	55.5	61.1	62.9
Female	289	16.6	34.9	47.1	50.9	14,664	26.5	52.5	58.0	59.6

<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%.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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Table B9. Percent of candidates with deceased donor transplants: medical characteristics Candidates registered on the waiting list between 07/01/2018 and 06/30/2021

Characteristic			ercent t	ransplaı ter	nted at t	ime per		ice listi	_	
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	801	14.5	32.5	44.7	48.7	38,667	26.3	54.4	59.9	61.6
Blood Type										
0	391	13.8	28.6	40.7	45.3	18,056	24.9	52.0	57.6	59.6
A	272	12.9	29.4	43.0	48.2	14,329	25.6	52.5	58.4	60.2
В	106	17.9	47.2	55.7	55.7	4,735	29.6	62.4	67.3	68.8
AB	32	25.0	56.2	71.9	71.9	1,547	39.5	74.2	76.8	77.4
Previous Transplant										
Yes	18	11.1	33.3	38.9	44.4	1,865	32.7	55.4	59.1	60.2
No	783	14.6	32.4	44.8	48.8	36,802	26.0	54.3	59.9	61.7
Primary Disease										
Acute Hepatic Necrosis	24	75.0	79.2	79.2	83.3	1,916	58.4	66.8	68.2	68.6
Non-Cholestatic Cirrhosis	616	13.1	30.8	43.0	46.6	25,612	27.9	54.2	59.1	60.8
Cholestatic Liver	48	14.6	33.3	47.9	54.2	2,538	21.2	51.7	59.7	61.6
Disease/Cirrhosis	40	14.0	33.3	47.9	34.2	2,556	21.2	51.7	59.7	01.0
Biliary Atresia	2	0.0	0.0	0.0	0.0	668	15.7	66.8	71.3	72.6
Metabolic Diseases	10	50.0	70.0	70.0	70.0	827	27.8	69.6	74.2	75.7
Malignant Neoplasms	22	4.5	18.2	40.9	45.5	4,744	8.2	47.3	56.5	58.9
Other	78	5.1	30.8	44.9	51.3	2,346	27.2	54.6	60.4	62.8
Missing	1	0.0	0.0	0.0	0.0	16	37.5	37.5	43.8	43.8
Medical Urgency Status/MELD/		at Listing	g*							
Status 1	0					0				
Status 1A	16	68.8	68.8	68.8	68.8	1,183	62.2	62.3	62.5	62.6
Status 1B	0					137	50.4	82.5	82.5	82.5
Status 2A	0					0				
Status 2B	0					0				
Status 3	0					0				
MELD 6-10	176	0.6	15.9	37.5	46.0	6,657	2.6	36.1	46.4	49.5
MELD 11-14	125	0.0	13.6	32.0	37.6	4,856	3.5	34.5	44.1	47.3
MELD 15-20	207	1.0	19.3	29.5	32.9	8,019	11.0	47.0	54.0	56.2
MELD 21-30	159	8.8	44.0	53.5	55.3	9,126	34.5	65.7	68.7	69.6
MELD 31-40	89	74.2	79.8	80.9	80.9	4,694	76.8	83.0	83.1	83.1
PELD less than or equal to 10	0					598	11.0	72.7	78.3	80.8
PELD 11-14	0					96	18.8	78.1	81.2	83.3
PELD 15-20	0					149	23.5	74.5	75.8	75.8
PELD 21-30	0					111	20.7	75.7	77.5	77.5
PELD 31 or greater	0					48	45.8	70.8	70.8	70.8
Temporarily Inactive	29	75.9	79.3	79.3	79.3	2,993	41.3	56.8	60.0	61.1

<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.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

Table B10. Time to transplant for waiting list candidates\*

Candidates registered on the waiting list between 07/01/2018 and 12/31/2023

	Months to Transplant**					
Percentile	Center	OPO/DSA	Region	U.S.		
5th	0.2	0.1	0.1	0.1		
10th	0.3	0.3	0.2	0.2		
25th	4.6	2.3	0.7	0.6		
50th (median time to transplant)	16.0	13.4	7.4	6.0		
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 06/30/2024. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had received a transplant.



Center Code: CASF Transplant Program (Organ): Liver

Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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Table B11. Offer Acceptance Practices: 07/01/2023 - 06/30/2024

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
Overall				
Number of Offers	9,111	13,979	58,869	407,779
Number of Acceptances	139	357	1,595	9,376
Expected Acceptances	110.8	269.6	1,304.3	9,376.0
Offer Acceptance Ratio*	1.25	1.32	1.22	1.00
95% Credible Interval**	[1.05, 1.47]			
PHS increased infectious risk				
Number of Offers	1,155	2,039	7,460	52,566
Number of Acceptances	30	65	295	1,625
Expected Acceptances	23.4	54.7	230.8	1,629.8
Offer Acceptance Ratio*	1.26	1.18	1.28	1.00
95% Credible Interval**	[0.86, 1.73]			
DCD donor				
Number of Offers	2,839	5,021	25,426	189,824
Number of Acceptances	27	50	426	2,179
Expected Acceptances	19.4	49.3	245.4	2,181.3
Offer Acceptance Ratio*	1.35	1.01	1.73	1.00
95% Credible Interval**	[0.91, 1.89]			
HCV+ donor				
Number of Offers	185	358	836	10,713
Number of Acceptances	2	4	54	330
Expected Acceptances	4.8	8.2	43.9	332.2
Offer Acceptance Ratio*	0.59	0.59	1.22	0.99
95% Credible Interval**	[0.16, 1.30]			
Hard-to-Place Livers (Over 50 Offers)				
Number of Offers	6,631	9,471	37,602	274,436
Number of Acceptances	15	63	343	1,438
Expected Acceptances	14.9	42.5	201.3	1,602.9
Offer Acceptance Ratio*	1.00	1.46	1.70	0.90
95% Credible Interval**	[0.58, 1.53]			
Donor more than 500 miles away				
Number of Offers	4,829	6,951	19,398	135,912
Number of Acceptances	18	56	258	1,170
Expected Acceptances	17.4	48.4	151.4	1,126.7
Offer Acceptance Ratio*	1.03	1.15	1.69	1.04
95% Credible Interval**	[0.63, 1.53]			

<sup>\*</sup> The offer acceptance ratio estimates the relative offer acceptance practice of University of California San Francisco Medical Center compared to the national offer acceptance practice. A ratio above one indicates the program accepts more offers compared to national offer acceptance practices (e.g., an offer acceptance ratio of 1.25 indicates a center accepts 25% more offers than is expected based on national offer acceptance practices), while a ratio below one indicates the program accepts fewer offers compared to national offer acceptance practices (e.g., an offer acceptance ratio of 0.75 indicates a center accepts 25% fewer offers than is expected based on national offer acceptance practices).

<sup>\*\*</sup> As an example, the 95% Credible Interval for the overall offer acceptance ratio, [1.05, 1.47], indicates the location of CASF's true offer acceptance ratio with 95% probability. The best estimate is 25% more likely to accept an offer compared to national acceptance behavior, but CASF's performance could plausibly range from 5% higher acceptance up to 47% higher acceptance.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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Figure B10. Offer acceptance: Overall

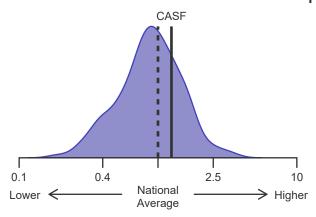


Figure B11. Offer acceptance: PHS increased infectious risk

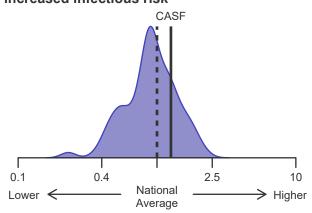
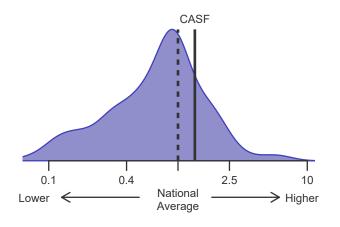


Figure B12. Offer acceptance: DCD Donor

Figure B13. Offer acceptance: HCV+ Donor



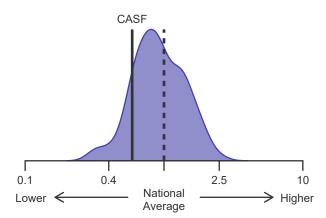
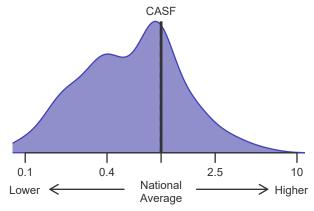
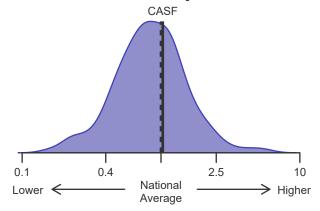


Figure B14. Offer acceptance: Offer number > 50 Figure B15. Offer acceptance: Donor more than 500 miles away







Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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### **C. Transplant Information**

# Table C1D. Deceased donor transplant recipient demographic characteristics Patients transplanted between 07/01/2023 and 06/30/2024

	Percentage in each category				
Characteristic	Center (N=168)	Region (N=1,820)	U.S. (N=10,566)		
Ethnicity/Race (%)*					
White	33.9	43.3	66.6		
African-American	8.3	2.9	6.9		
Hispanic/Latino	36.9	40.8	18.2		
Asian	16.7	7.7	4.2		
Other	0.6	3.2	2.4		
Unknown	3.6	2.1	1.7		
Age (%)					
<2 years	0.0	1.6	1.6		
2-11 years	0.0	1.3	1.8		
12-17	0.0	1.3	1.1		
18-34	5.4	7.1	6.9		
35-49 years	22.6	23.1	22.8		
50-64 years	44.6	42.1	44.5		
65-69 years	17.3	16.1	14.6		
70+ years	10.1	7.4	6.7		
Gender (%)					
Male	63.1	62.1	59.6		
Female	36.9	37.9	40.4		

<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%.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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# **C. Transplant Information**

# Table C1L. Living donor transplant recipient demographic characteristics Patients transplanted between 07/01/2023 and 06/30/2024

	Percentage in each category				
Characteristic	Center (N=30)	Region (N=102)	U.S. (N=642)		
Ethnicity/Race (%)*					
White	43.3	52.9	71.3		
African-American	3.3	2.9	5.6		
Hispanic/Latino	33.3	30.4	16.8		
Asian	20.0	10.8	3.7		
Other	0.0	0.0	1.1		
Unknown	0.0	2.9	1.4		
Age (%)					
<2 years	0.0	11.8	10.3		
2-11 years	0.0	5.9	5.8		
12-17	0.0	0.0	0.9		
18-34	3.3	8.8	9.5		
35-49 years	23.3	18.6	19.0		
50-64 years	46.7	33.3	34.6		
65-69 years	23.3	19.6	15.4		
70+ years	3.3	2.0	4.5		
Gender (%)					
Male	36.7	42.2	48.1		
Female	63.3	57.8	51.9		

<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%.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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### C. Transplant Information

Table C2D. Deceased donor transplant recipient medical characteristics Patients transplanted between 07/01/2023 and 06/30/2024

	Percentage in each category			
Characteristic	Center (N=168)	Region (N=1,820)	U.S. (N=10,566)	
Blood Type (%)				
0	50.0	49.5	46.6	
A	31.0	35.2	36.4	
В	14.9	11.8	12.6	
AB	4.2	3.6	4.4	
Previous Transplant (%)				
Yes	6.0	4.3	4.3	
No	94.0	95.7	95.7	
Body Mass Index (%)				
0-20	4.2	9.8	9.8	
21-25	29.2	27.3	25.8	
26-30	34.5	31.6	30.4	
31-35	20.2	19.0	19.5	
36-40	8.9	7.6	8.6	
41+	3.0	4.0	4.4	
Unknown	0.0	0.9	1.4	
Primary Disease (%)				
Acute Hepatic Necrosis	4.8	2.3	2.0	
Non-Cholestatic Cirrhosis	43.5	30.2	31.9	
Cholestatic Liver Disease/Cirrhosis	6.5	6.3	6.8	
Biliary Atresia	0.6	1.4	1.7	
Metabolic Diseases	2.4	1.6	2.4	
Malignant Neoplasms	0.0	15.9	11.1	
Other	42.3	42.3	44.1	
Missing	0.0	0.0	0.0	
Medical Urgency Statust/MELD/PELD at Transplant (%)*				
Status 1A	7.1	2.2	2.6	
Status 1B	0.0	1.2	1.2	
MELD 6-10	8.9	9.8	8.5	
MELD 11-14	8.3	8.7	8.1	
MELD 15-20	10.7	20.0	18.7	
MELD 21-30	28.0	27.5	30.5	
MELD 31-40	24.4	20.8	21.8	
PELD less than or equal to 10	0.0	0.5	0.9	
PELD 11-14	0.0	0.4	0.4	
PELD 15-20	0.0	0.4	0.3	
PELD 21-30	0.0	0.3	0.3	
PELD 31 or greater	0.0	0.1	0.1	
Temporarily Inactive	0.0	0.1	0.0	
Recipient Medical Condition at Transplant (%)				
Not Hospitalized	51.2	59.3	58.8	
Hospitalized	25.0	21.4	24.6	
ICU	23.8	19.3	16.6	
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



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

### **C. Transplant Information**

Table C2L. Living donor transplant recipient medical characteristics Patients transplanted between 07/01/2023 and 06/30/2024

	Percentage in each category			
Characteristic	Center	Region	Ü.S.	
	(N=30)	(N=102)	(N=642)	
Blood Type (%)				
0	53.3	52.9	45.0	
A	43.3	38.2	41.7	
В	3.3	5.9	10.4	
AB	0.0	2.9	2.8	
Previous Transplant (%)				
Yes	3.3	1.0	1.1	
No	96.7	99.0	98.9	
Body Mass Index (%)				
0-20	6.7	26.5	22.7	
21-25	36.7	32.4	28.8	
26-30	40.0	30.4	29.8	
31-35	10.0	8.8	11.4	
36-40	6.7	2.0	5.1	
41+	0.0	0.0	1.4	
Unknown	0.0	0.0	0.8	
Primary Disease (%)				
Acute Hepatic Necrosis	0.0	1.0	0.5	
Non-Cholestatic Cirrhosis	56.7	34.3	33.5	
Cholestatic Liver Disease/Cirrhosis	10.0	22.5	17.4	
Biliary Atresia	0.0	13.7	10.3	
Metabolic Diseases	0.0	2.0	2.8	
Malignant Neoplasms	3.3	5.9	10.0	
Other	30.0	20.6	25.4	
Missing	0.0	0.0	0.2	
Medical Urgency Statust/MELD/PELD at Transplant (%)*				
Status 1A	0.0	1.0	0.5	
Status 1B	0.0	1.0	1.7	
MELD 6-10	26.7	20.6	21.2	
MELD 11-14	10.0	22.5	21.2	
MELD 15-20	46.7	23.5	27.1	
MELD 21-30	16.7	14.7	11.2	
MELD 31-40	0.0	0.0	1.2	
PELD less than or equal to 10	0.0	5.9	6.4	
PELD 11-14	0.0	1.0	2.0	
PELD 15-20	0.0	4.9	2.8	
PELD 21-30	0.0	3.9	1.4	
PELD 31 or greater	0.0	0.0	0.9	
Temporarily Inactive	0.0	1.0	2.3	
Recipient Medical Condition at Transplant (%)	0.0	1.0	2.0	
Not Hospitalized	90.0	82.4	85.7	
Hospitalized	10.0	13.7	10.0	
ICU	0.0	3.9	4.4	
	0.0			
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



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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### **C. Transplant Information**

Table C3D. Deceased donor characteristics
Transplants performed between 07/01/2023 and 06/30/2024

	Percentage in each category			
Donor Characteristic	Center (N=168)	Region (N=1,820)	U.S. (N=10,566)	
Cause of Death (%)				
Deceased: Stroke	23.2	26.8	26.2	
Deceased: MVA	6.0	10.4	11.0	
Deceased: Other	70.8	62.8	62.7	
Ethnicity/Race (%)*				
White	47.0	51.7	61.8	
African-American	11.3	10.1	18.3	
Hispanic/Latino	26.8	27.3	15.0	
Asian	11.3	6.7	3.0	
Other	3.6	3.1	1.2	
Not Reported	0.0	1.0	0.6	
Age (%)				
<2 years	0.0	0.5	0.6	
2-11 years	1.2	1.4	1.9	
12-17	3.6	3.3	3.9	
18-34	33.9	26.5	25.3	
35-49 years	33.9	28.7	28.9	
50-64 years	21.4	30.4	29.5	
65-69 years	3.0	5.5	5.6	
70+ years	3.0	3.6	4.4	
Gender (%)				
Male	58.9	62.0	61.3	
Female	41.1	38.0	38.7	
Blood Type (%)				
0	58.3	52.8	50.3	
A	29.8	35.8	36.3	
В	11.3	10.3	11.2	
AB	0.6	1.2	2.3	
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%.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

## **C. Transplant Information**

Table C3L. Living donor characteristics
Transplants performed between 07/01/2023 and 06/30/2024

	Percentage in each category				
Donor Characteristic	Center (N=30)	Region (N=102)	U.S. (N=642)		
Ethnicity/Race (%)*					
White	66.7	62.7	76.0		
African-American	0.0	0.0	3.3		
Hispanic/Latino	23.3	27.5	14.3		
Asian	6.7	7.8	3.3		
Other	0.0	0.0	1.7		
Not Reported	3.3	2.0	1.4		
Age (%)					
0-11 years	0.0	0.0	0.5		
12-17	0.0	0.0	0.0		
18-34	40.0	43.1	39.9		
35-49 years	33.3	37.3	44.9		
50-64 years	26.7	18.6	14.6		
65-69 years	0.0	1.0	0.2		
70+ years	0.0	0.0	0.0		
Gender (%)					
Male	40.0	40.2	43.6		
Female	60.0	59.8	56.4		
Blood Type (%)					
0	53.3	68.6	65.9		
A	43.3	28.4	26.6		
В	3.3	2.0	6.7		
AB	0.0	1.0	8.0		
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%.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

# **C. Transplant Information**

Table C4D. Deceased donor transplant characteristics Transplants performed between 07/01/2023 and 06/30/2024

	Percentage in each category			
Transplant Characteristic	Center (N=168)	Region (N=1,820)	U.S. (N=10,566)	
Cold Ischemic Time (Hours): Local (%)				
Deceased: 0-5 hr	8.0	33.9	48.2	
Deceased: 6-10 hr	63.6	38.2	24.2	
Deceased: 11-15 hr	13.6	12.2	11.9	
Deceased: 16-20 hr	6.8	6.8	10.0	
Deceased: 21+ hr	8.0	8.4	5.0	
Not Reported	0.0	0.4	0.7	
Cold Ischemic Time (Hours): Shared (%)				
Deceased: 0-5 hr	1.2	17.1	29.9	
Deceased: 6-10 hr	58.8	43.5	39.3	
Deceased: 11-15 hr	26.2	14.2	12.1	
Deceased: 16-20 hr	11.2	13.9	11.4	
Deceased: 21+ hr	2.5	10.8	6.4	
Not Reported	0.0	0.6	0.8	
Procedure Type (%)				
Single organ	86.3	90.4	91.0	
Multi organ	13.7	9.6	9.0	
Donor Location (%)				
Local Donation Service Area (DSA)	52.4	41.8	36.2	
Another Donation Service Area (DSA)	47.6	58.2	63.8	
Median Time in Hospital After Transplant	8.5 Days	9.0 Days	10.0 Days	



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

# **C. Transplant Information**

Table C4L. Living donor transplant characteristics
Transplants performed between 07/01/2023 and 06/30/2024

	Percentage in each category			
Transplant Characteristic	Center	Region	U.S.	
	(N=30)	(N=102)	(N=642)	
Relation with Donor (%)				
Related	40.0	43.1	45.8	
Unrelated	60.0	56.9	54.0	
Not Reported	0.0	0.0	0.2	
Procedure Type (%)				
Single organ	100.0	100.0	99.8	
Multi organ	0.0	0.0	0.2	
Median Time in Hospital After Transplant	9.5 Days	10.0 Days	10.0 Days	



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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### C. Transplant Information

Table C5. Adult (18+) 1-month survival with a functioning graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

	CASF	U.S.
Number of transplants evaluated	424	21,168
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	96.46% [94.72%-98.24%]	97.12% [96.89%-97.34%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	96.96%	
Number of observed graft failures (including deaths) during the first month after transplant	15	610
Number of expected graft failures (including deaths) during the first month after transplant	12.90	
Estimated hazard ratio*	1.14	
95% credible interval for the hazard ratio**	[0.66, 1.74]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF'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

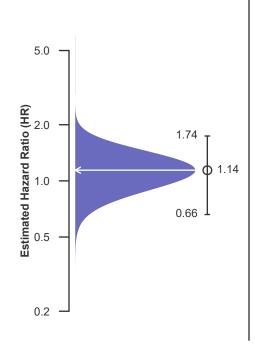
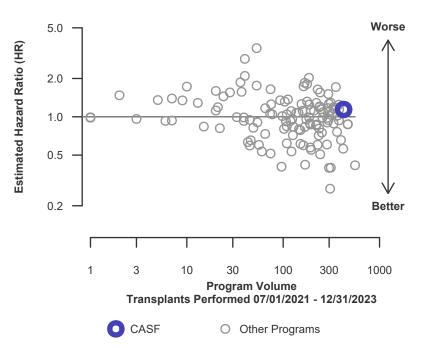


Figure C2. Adult (18+) 1-month graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.66, 1.74], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 14% higher risk of graft failure compared to an average program, but CASF's performance could plausibly range from 34% reduced risk up to 74% increased risk.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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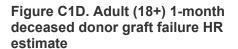
### **C. Transplant Information**

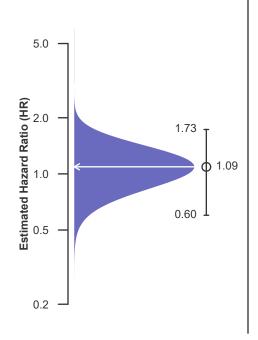
Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

	CASF	U.S.
Number of transplants evaluated	359	19,827
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	96.66% [94.82%-98.53%]	97.14% [96.91%-97.37%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	96.99%	
Number of observed graft failures (including deaths) during the first month after transplant	12	567
Number of expected graft failures (including deaths) during the first month after transplant	10.83	
Estimated hazard ratio*	1.09	
95% credible interval for the hazard ratio**	[0.60, 1.73]	

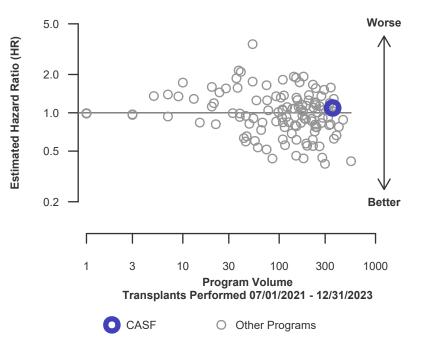
<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

<sup>\*\*</sup> The 95% credible interval, [0.60, 1.73], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 9% higher risk of graft failure compared to an average program, but CASF's performance could plausibly range from 40% reduced risk up to 73% increased risk.





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





Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

### **C. Transplant Information**

Table C5L. Adult (18+) 1-month survival with a functioning living donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

	CASF	U.S.
Number of transplants evaluated	65	1,341
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	95.38% [90.42%-100.00%]	96.79% [95.86%-97.74%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	96.80%	
Number of observed graft failures (including deaths) during the first month after transplant	3	43
Number of expected graft failures (including deaths) during the first month after transplant	2.07	
Estimated hazard ratio*	1.23	
95% credible interval for the hazard ratio**	[0.40, 2.52]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

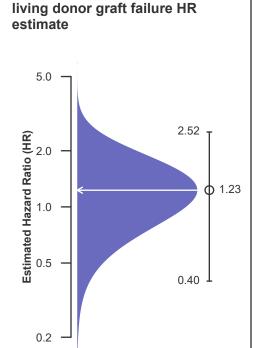
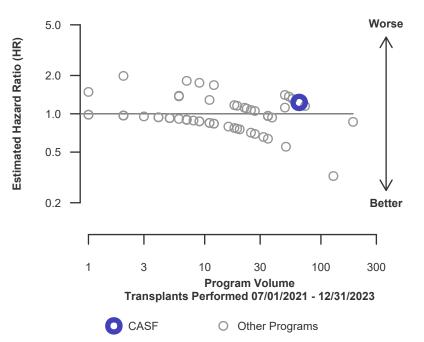


Figure C1L. Adult (18+) 1-month





<sup>\*\*</sup> The 95% credible interval, [0.40, 2.52], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 23% higher risk of graft failure compared to an average program, but CASF's performance could plausibly range from 60% reduced risk up to 152% increased risk.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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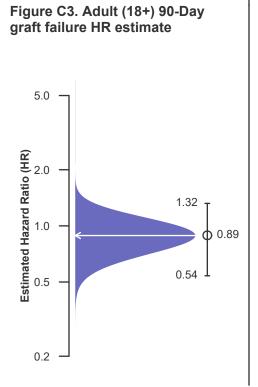
### C. Transplant Information

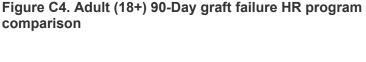
Table C6. Adult (18+) 90-Day survival with a functioning graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

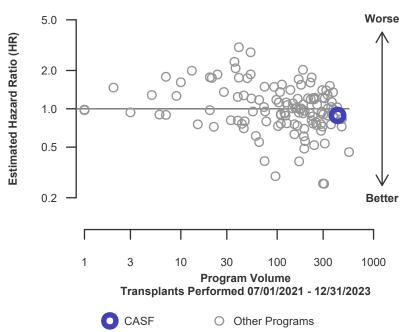
	CASF	U.S.
Number of transplants evaluated	424	21,168
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	95.75% [93.85%-97.69%]	95.39% [95.11%-95.68%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	95.17%	
Number of observed graft failures (including deaths) during the first 90 days after transplant	18	975
Number of expected graft failures (including deaths) during the first 90 days after transplant	20.53	
Estimated hazard ratio*	0.89	
95% credible interval for the hazard ratio**	[0.54, 1.32]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.54, 1.32], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 11% lower risk of graft failure compared to an average program, but CASF's performance could plausibly range from 46% reduced risk up to 32% increased risk.









Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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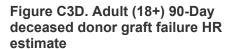
### C. Transplant Information

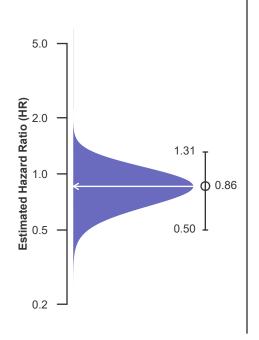
Table C6D. Adult (18+) 90-Day survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

	CASF	U.S.
Number of transplants evaluated	359	19,827
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	95.82% [93.77%-97.91%]	95.36% [95.07%-95.66%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	95.05%	
Number of observed graft failures (including deaths) during the first 90 days after transplant	15	919
Number of expected graft failures (including deaths) during the first 90 days after transplant	17.84	
Estimated hazard ratio*	0.86	
95% credible interval for the hazard ratio**	[0.50, 1.31]	

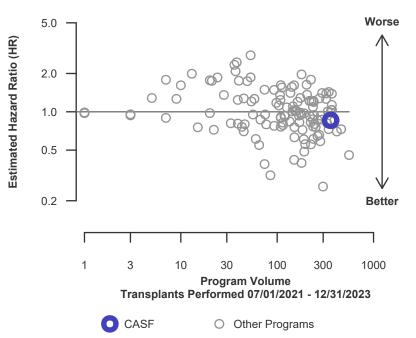
<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

<sup>\*\*</sup> The 95% credible interval, [0.50, 1.31], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 14% lower risk of graft failure compared to an average program, but CASF's performance could plausibly range from 50% reduced risk up to 31% increased risk.





# Figure C4D. Adult (18+) 90-Day deceased donor graft failure HR program comparison





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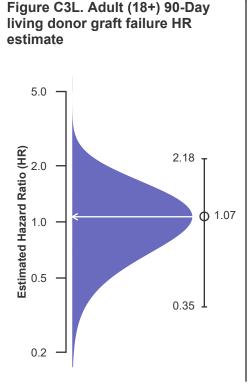
### C. Transplant Information

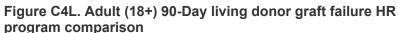
Table C6L. Adult (18+) 90-Day survival with a functioning living donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

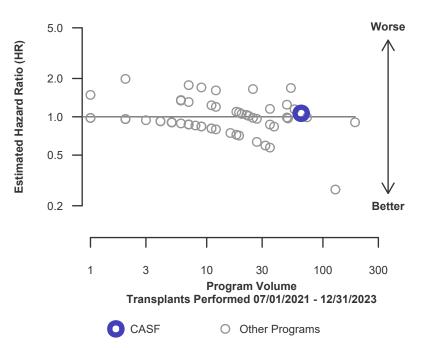
	CASF	U.S.
Number of transplants evaluated	65	1,341
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	95.38% [90.42%-100.00%]	95.82% [94.76%-96.90%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	95.83%	
Number of observed graft failures (including deaths) during the first 90 days after transplant	3	56
Number of expected graft failures (including deaths) during the first 90 days after transplant	2.69	
Estimated hazard ratio*	1.07	
95% credible interval for the hazard ratio**	[0.35, 2.18]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.35, 2.18], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 7% higher risk of graft failure compared to an average program, but CASF's performance could plausibly range from 65% reduced risk up to 118% increased risk.









Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

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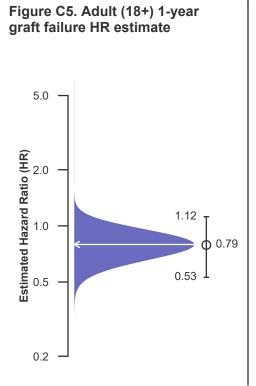
### C. Transplant Information

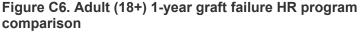
Table C7. Adult (18+) 1-year survival with a functioning graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

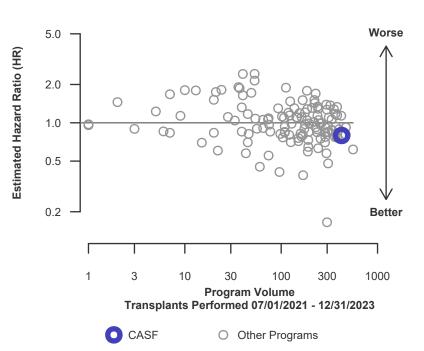
	CASF	U.S.
Number of transplants evaluated	424	21,168
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	93.76% [91.46%-96.12%]	92.24% [91.87%-92.62%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	91.92%	
Number of observed graft failures (including deaths) during the first year after transplant	26	1,560
Number of expected graft failures (including deaths) during the first year after transplant	33.23	
Estimated hazard ratio*	0.79	
95% credible interval for the hazard ratio**	[0.53, 1.12]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.53, 1.12], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 21% lower risk of graft failure compared to an average program, but CASF's performance could plausibly range from 47% reduced risk up to 12% increased risk.









Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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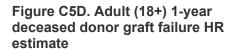
## **C. Transplant Information**

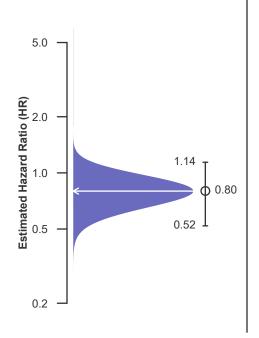
Table C7D. Adult (18+) 1-year survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

	CASF	U.S.
Number of transplants evaluated	359	19,827
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	93.47% [90.91%-96.09%]	92.14% [91.75%-92.53%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	91.59%	
Number of observed graft failures (including deaths) during the first year after transplant	23	1,479
Number of expected graft failures (including deaths) during the first year after transplant	29.30	
Estimated hazard ratio*	0.80	
95% credible interval for the hazard ratio**	[0.52, 1.14]	

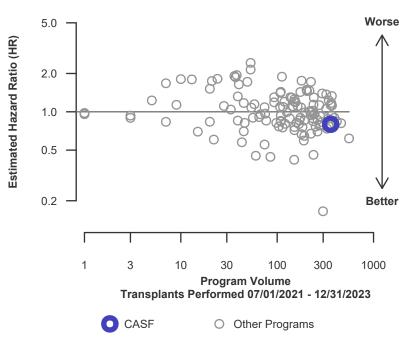
<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

<sup>\*\*</sup> The 95% credible interval, [0.52, 1.14], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 20% lower risk of graft failure compared to an average program, but CASF's performance could plausibly range from 48% reduced risk up to 14% increased risk.





# Figure C6D. Adult (18+) 1-year deceased donor graft failure HR program comparison





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Based on Data Available: October 31, 2024

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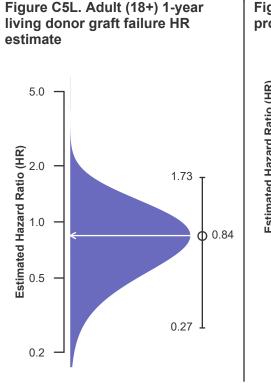
## C. Transplant Information

Table C7L. Adult (18+) 1-year survival with a functioning living donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

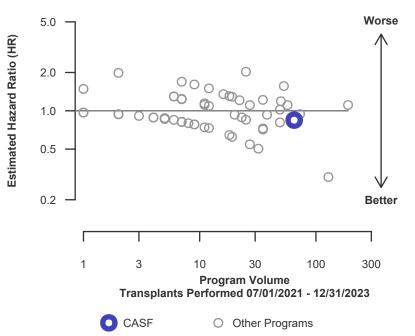
	CASF	U.S.
Number of transplants evaluated	65	1,341
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	95.38% [90.42%-100.00%]	93.76% [92.45%-95.09%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	93.76%	
Number of observed graft failures (including deaths) during the first year after transplant	3	81
Number of expected graft failures (including deaths) during the first year after transplant	3.92	
Estimated hazard ratio*	0.84	
95% credible interval for the hazard ratio**	[0.27, 1.73]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.27, 1.73], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 16% lower risk of graft failure compared to an average program, but CASF's performance could plausibly range from 73% reduced risk up to 73% increased risk.









Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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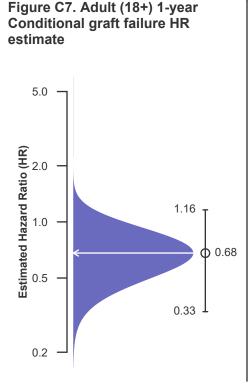
## **C. Transplant Information**

Table C8. Adult (18+) 1-year Conditional survival with a functioning graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

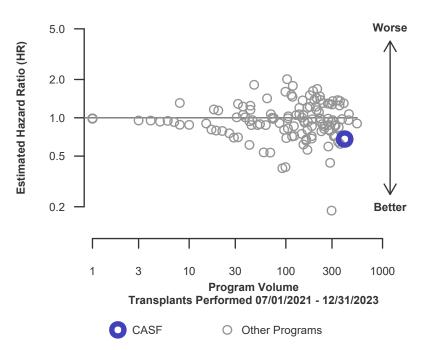
	CASF	U.S.
Number of transplants evaluated	406	20,193
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] [9] (unadjusted for patient and donor characteristics)	97.92% 97.45%-98.39%]	96.70% [96.59%-96.80%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	96.59%	
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	8	585
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	12.69	
Estimated hazard ratio*	0.68	
95% credible interval for the hazard ratio**	[0.33, 1.16]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.33, 1.16], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 32% lower risk of graft failure compared to an average program, but CASF's performance could plausibly range from 67% reduced risk up to 16% increased risk.









Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## **C. Transplant Information**

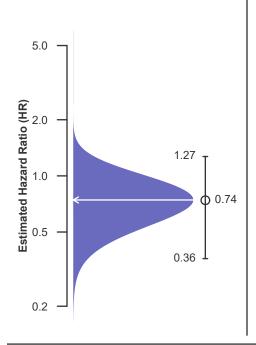
Table C8D. Adult (18+) 1-year Conditional survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

	CASF	U.S.
Number of transplants evaluated	344	18,908
Estimated probability of surviving with a functioning graft at 1 year, among patient with a functioning graft at day 90 & [95% CI] (unadjusted for patient and donor characteristics)	ts 97.54% [96.95%-98.14%]	96.62% [96.51%-96.73%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	s 96.36%	
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	8	560
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	11.46	
Estimated hazard ratio*	0.74	
95% credible interval for the hazard ratio**	[0.36, 1.27]	

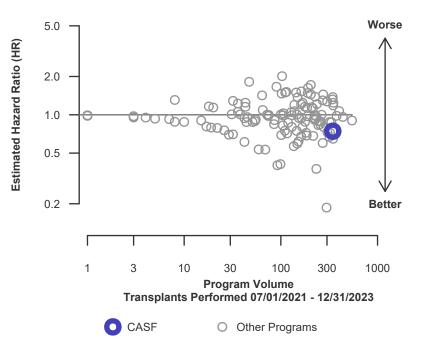
<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard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

<sup>\*\*</sup> The 95% credible interval, [0.36, 1.27], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 26% lower risk of graft failure compared to an average program, but CASF's performance could plausibly range from 64% reduced risk up to 27% increased risk.





# Figure C8D. Adult (18+) 1-year Conditional deceased donor graft failure HR program comparison





Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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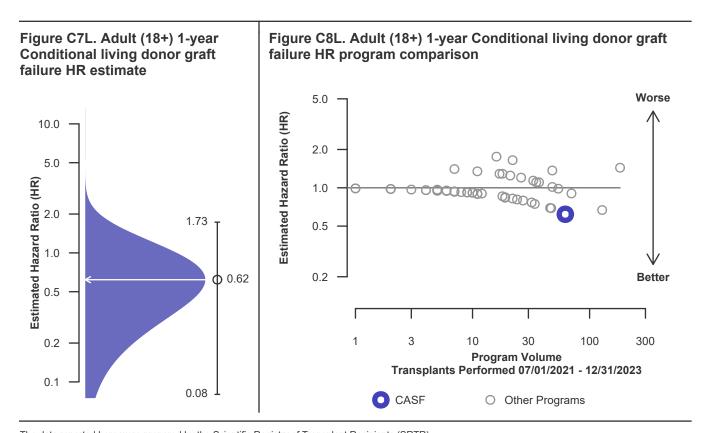
## **C. Transplant Information**

Table C8L. Adult (18+) 1-year Conditional survival with a functioning living donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

	CASF	U.S.
Number of transplants evaluated	62	1,285
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] [10 (unadjusted for patient and donor characteristics)	100.00% 00.00%-100.00%]	97.85% [97.56%-98.13%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	97.85%	
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	25
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	1.23	
Estimated hazard ratio*	0.62	
95% credible interval for the hazard ratio**	[0.08, 1.73]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.08, 1.73], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 38% lower risk of graft failure compared to an average program, but CASF's performance could plausibly range from 92% reduced risk up to 73% increased risk.





Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C9. Adult (18+) 3-year survival with a functioning graft

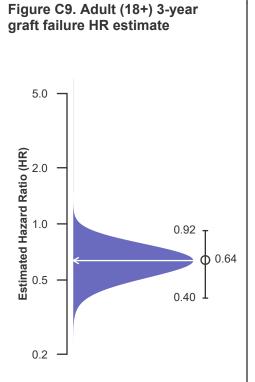
Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Deaths and retransplants are considered graft failures

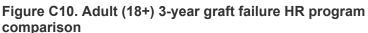
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

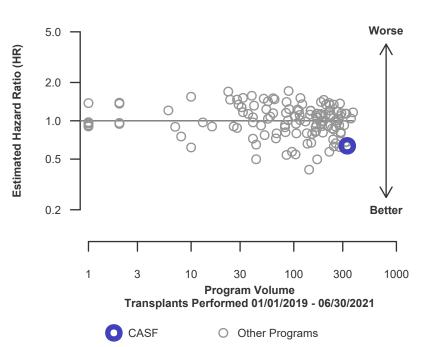
	CASF	U.S.
Number of transplants evaluated	332	17,361
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	90.24% [86.14%-94.53%]	86.01% [85.36%-86.67%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	85.22%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	21	1,701
Number of expected graft failures (including deaths) during the first 3 years after transplant	34.18	
Estimated hazard ratio*	0.64	
95% credible interval for the hazard ratio**	[0.40, 0.92]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF'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, 0.92], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 36% lower risk of graft failure compared to an average program, but CASF's performance could plausibly range from 60% reduced risk up to 8% reduced risk.









Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

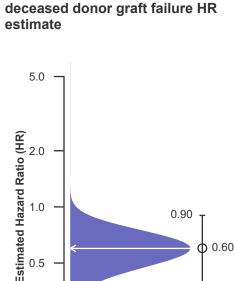
Table C9D. Adult (18+) 3-year survival with a functioning deceased donor graft

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Deaths and retransplants are considered graft failures

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

	CASF	U.S.
Number of transplants evaluated	281	16,325
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	90.16% [85.59%-94.98%]	85.90% [85.22%-86.58%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	84.66%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	17	1,611
Number of expected graft failures (including deaths) during the first 3 years after transplant	29.74	
Estimated hazard ratio*	0.60	
95% credible interval for the hazard ratio**	[0.36, 0.90]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.



0.5

0.2

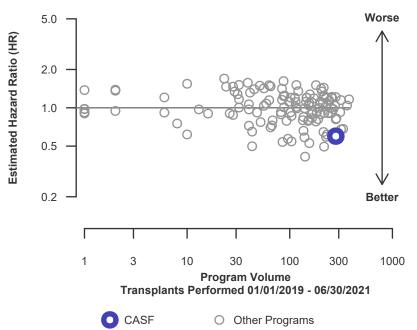
Figure C9D. Adult (18+) 3-year



0.90

0.36

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



<sup>\*\*</sup> The 95% credible interval, [0.36, 0.90], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 40% lower risk of graft failure compared to an average program, but CASF's performance could plausibly range from 64% reduced risk up to 10% reduced risk.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

#### Table C9L. Adult (18+) 3-year survival with a functioning living donor graft

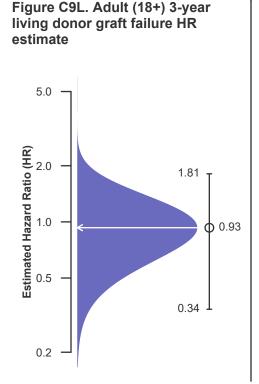
Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Deaths and retransplants are considered graft failures

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

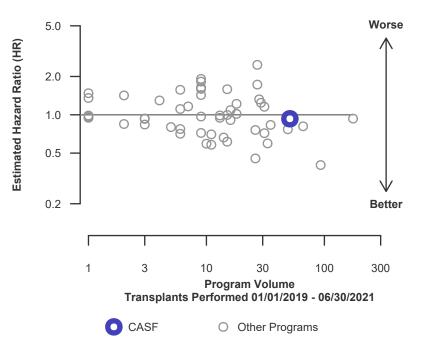
	CASF	U.S.
Number of transplants evaluated	51	1,036
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	90.22% [81.20%-100.00%]	87.78% [85.32%-90.31%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	88.34%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	4	90
Number of expected graft failures (including deaths) during the first 3 years after transplant	4.45	
Estimated hazard ratio*	0.93	
95% credible interval for the hazard ratio**	[0.34, 1.81]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.34, 1.81], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 7% lower risk of graft failure compared to an average program, but CASF's performance could plausibly range from 66% reduced risk up to 81% increased risk.









Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C10. Pediatric (<18) 1-month survival with a functioning graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

## Figure C11. Pediatric (<18) 1-month graft failure HR estimate

Figure C12. Pediatric (<18) 1-month graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



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Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C10D. Pediatric (<18) 1-month survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C11D. Pediatric (<18)
1-month deceased donor graft failure HR estimate

Figure C12D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C10L. Pediatric (<18) 1-month survival with a functioning living donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C11L. Pediatric (<18)
1-month living donor graft failure
HR estimate

Figure C12L. Pediatric (<18) 1-month living donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C11. Pediatric (<18) 90-Day survival with a functioning graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

### Figure C13. Pediatric (<18) 90-Day graft failure HR estimate

Figure C14. Pediatric (<18) 90-Day graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C11D. Pediatric (<18) 90-Day survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C13D. Pediatric (<18) 90-Day deceased donor graft failure HR estimate

Figure C14D. Pediatric (<18) 90-Day deceased donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

## C. Transplant Information

Table C11L. Pediatric (<18) 90-Day survival with a functioning living donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C13L. Pediatric (<18) 90-Day living donor graft failure HR estimate Figure C14L. Pediatric (<18) 90-Day living donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

## C. Transplant Information

Table C12. Pediatric (<18) 1-year survival with a functioning graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

## Figure C15. Pediatric (<18) 1-year graft failure HR estimate

Figure C16. Pediatric (<18) 1-year graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C12D. Pediatric (<18) 1-year survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C15D. Pediatric (<18) 1-year deceased donor graft failure HR estimate Figure C16D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C12L. Pediatric (<18) 1-year survival with a functioning living donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C15L. Pediatric (<18)
1-year living donor graft failure
HR estimate

Figure C16L. Pediatric (<18) 1-year living donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C13. Pediatric (<18) 1-year Conditional survival with a functioning graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C17. Pediatric (<18) 1-year Conditional graft failure HR estimate

Figure C18. Pediatric (<18) 1-year Conditional graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C13D. Pediatric (<18) 1-year Conditional survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C17D. Pediatric (<18)
1-year Conditional deceased
donor graft failure HR estimate

Figure C18D. Pediatric (<18) 1-year Conditional deceased donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C13L. Pediatric (<18) 1-year Conditional survival with a functioning living donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C17L. Pediatric (<18)
1-year Conditional living donor graft failure HR estimate

Figure C18L. Pediatric (<18) 1-year Conditional living donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C14. Pediatric (<18) 3-year survival with a functioning graft
Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021
Deaths and retransplants are considered graft failures
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

This center did not perform any transplants relevant to this table during 01/01/2019-06/30/2021

## Figure C19. Pediatric (<18) 3-year graft failure HR estimate

Figure C20. Pediatric (<18) 3-year graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 01/01/2019-06/30/2021



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Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C14D. Pediatric (<18) 3-year survival with a functioning deceased donor graft
Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021
Deaths and retransplants are considered graft failures
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

This center did not perform any transplants relevant to this table during 01/01/2019-06/30/2021

Figure C19D. Pediatric (<18) 3-year deceased donor graft failure HR estimate

Figure C20D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 01/01/2019-06/30/2021



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C14L. Pediatric (<18) 3-year survival with a functioning living donor graft
Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021
Deaths and retransplants are considered graft failures
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

This center did not perform any transplants relevant to this table during 01/01/2019-06/30/2021

Figure C19L. Pediatric (<18)
3-year living donor graft failure
HR estimate

Figure C20L. Pediatric (<18) 3-year living donor graft failure HR program comparison

This center did not perform any transplants relevant to this figure during 01/01/2019-06/30/2021



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

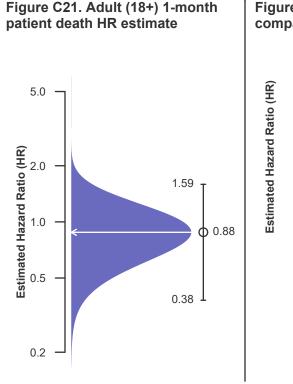
SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

## **C. Transplant Information**

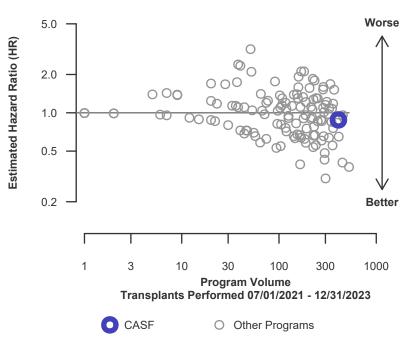
Table C15. Adult (18+) 1-month patient survival
Single organ transplants performed between 07/01/2021 and 12/31/2023
Retransplants excluded

	CASF	U.S.
Number of transplants evaluated	408	20,474
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	98.53% [97.37%-99.70%]	98.25% [98.07%-98.43%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.27%	
Number of observed deaths during the first month after transplant	6	358
Number of expected deaths during the first month after transplant	7.10	
Estimated hazard ratio*	0.88	
95% credible interval for the hazard ratio**	[0.38, 1.59]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.







<sup>\*\*</sup> The 95% credible interval, [0.38, 1.59], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 12% lower risk of patient death compared to an average program, but CASF's performance could plausibly range from 62% reduced risk up to 59% increased risk.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

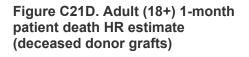
SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

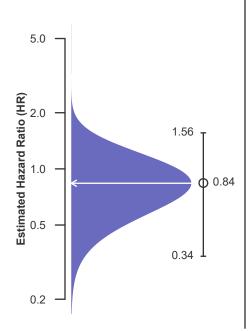
## **C. Transplant Information**

Table C15D. Adult (18+) 1-month patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

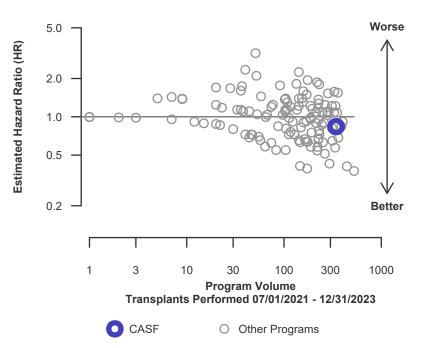
	CASF	U.S.
Number of transplants evaluated	343	19,149
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	98.54% [97.28%-99.82%]	98.21% [98.02%-98.40%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.15%	
Number of observed deaths during the first month after transplant	5	343
Number of expected deaths during the first month after transplant	6.36	
Estimated hazard ratio*	0.84	
95% credible interval for the hazard ratio**	[0.34, 1.56]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.





# Figure C22D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)



<sup>\*\*</sup> The 95% credible interval, [0.34, 1.56], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 16% lower risk of patient death compared to an average program, but CASF's performance could plausibly range from 66% reduced risk up to 56% increased risk.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

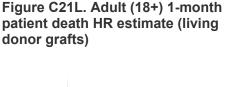
SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

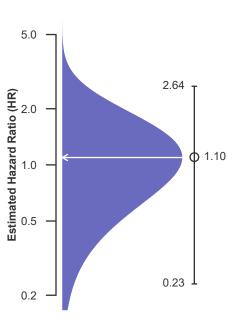
## **C. Transplant Information**

Table C15L. Adult (18+) 1-month patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

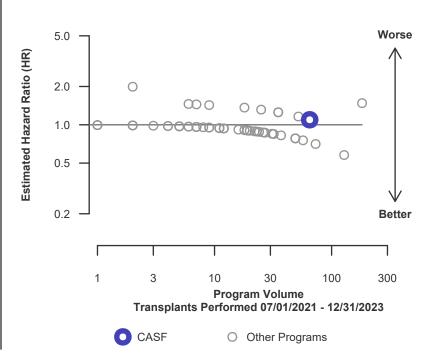
	CASF	U.S.
Number of transplants evaluated	65	1,325
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	98.46% [95.51%-100.00%]	98.87% [98.30%-99.44%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.87%	
Number of observed deaths during the first month after transplant	1	15
Number of expected deaths during the first month after transplant	0.74	
Estimated hazard ratio*	1.10	
95% credible interval for the hazard ratio**	[0.23, 2.64]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.





# Figure C22L. Adult (18+) 1-month patient death HR program comparison (living donor grafts)



<sup>\*\*</sup> The 95% credible interval, [0.23, 2.64], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 10% higher risk of patient death compared to an average program, but CASF's performance could plausibly range from 77% reduced risk up to 164% increased risk.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

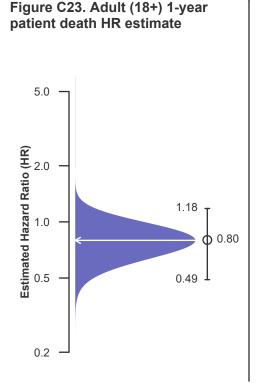
SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

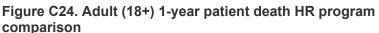
### C. Transplant Information

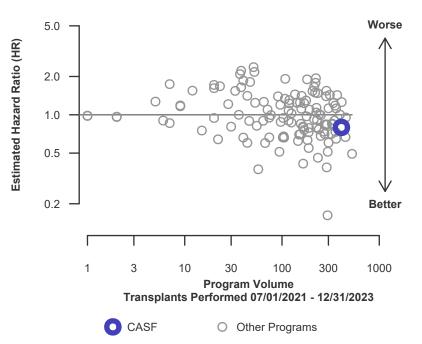
Table C16. Adult (18+) 1-year patient survival
Single organ transplants performed between 07/01/2021 and 12/31/2023
Retransplants excluded

	CASF	U.S.
Number of transplants evaluated	408	20,474
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	95.48% [93.45%-97.55%]	94.17% [93.84%-94.50%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	94.09%	
Number of observed deaths during the first year after transplant	18	1,125
Number of expected deaths during the first year after transplant	23.12	
Estimated hazard ratio*	0.80	
95% credible interval for the hazard ratio**	[0.49, 1.18]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.







<sup>\*\*</sup> The 95% credible interval, [0.49, 1.18], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 20% lower risk of patient death compared to an average program, but CASF's performance could plausibly range from 51% reduced risk up to 18% increased risk.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

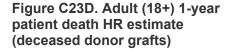
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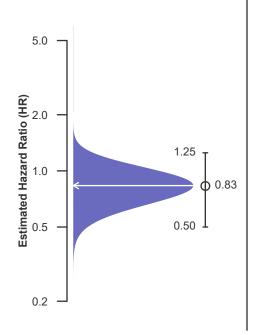
## **C. Transplant Information**

Table C16D. Adult (18+) 1-year patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

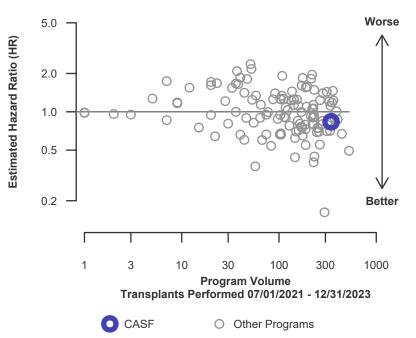
	CASF	U.S.
Number of transplants evaluated	343	19,149
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	94.91% [92.58%-97.31%]	94.03% [93.68%-94.38%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	93.68%	
Number of observed deaths during the first year after transplant	17	1,078
Number of expected deaths during the first year after transplant	20.78	
Estimated hazard ratio*	0.83	
95% credible interval for the hazard ratio**	[0.50, 1.25]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.





# Figure C24D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)



<sup>\*\*</sup> The 95% credible interval, [0.50, 1.25], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 17% lower risk of patient death compared to an average program, but CASF's performance could plausibly range from 50% reduced risk up to 25% increased risk.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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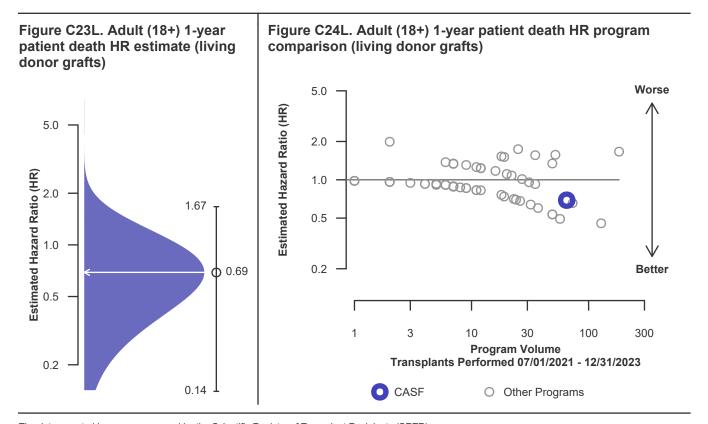
## **C. Transplant Information**

Table C16L. Adult (18+) 1-year patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

	CASF	U.S.
Number of transplants evaluated	65	1,325
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	98.46% [95.51%-100.00%]	96.23% [95.17%-97.30%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	96.23%	
Number of observed deaths during the first year after transplant	1	47
Number of expected deaths during the first year after transplant	2.34	
Estimated hazard ratio*	0.69	
95% credible interval for the hazard ratio**	[0.14, 1.67]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.14, 1.67], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 31% lower risk of patient death compared to an average program, but CASF's performance could plausibly range from 86% reduced risk up to 67% increased risk.





Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## **C. Transplant Information**

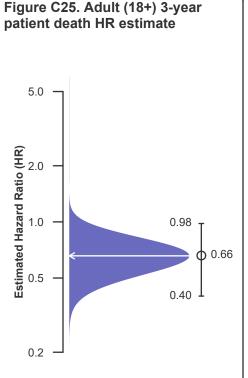
#### Table C17. Adult (18+) 3-year patient survival

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Retransplants excluded

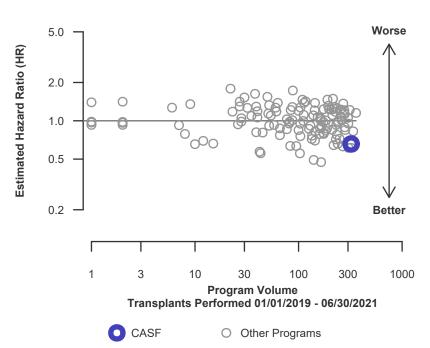
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CASF	U.S.
Number of transplants evaluated	322	16,722
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	91.26% [87.20%-95.50%]	88.25% [87.62%-88.89%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	87.37%	
Number of observed deaths during the first 3 years after transplant	17	1,311
Number of expected deaths during the first 3 years after transplant	26.90	
Estimated hazard ratio*	0.66	
95% credible interval for the hazard ratio**	[0.40, 0.98]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.







<sup>\*\*</sup> The 95% credible interval, [0.40, 0.98], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 34% lower risk of patient death compared to an average program, but CASF's performance could plausibly range from 60% reduced risk up to 2% reduced risk.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

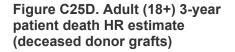
Table C17D. Adult (18+) 3-year patient survival (deceased donor graft recipients)

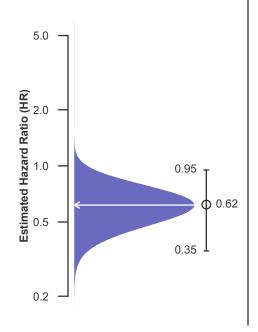
Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Retransplants excluded

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

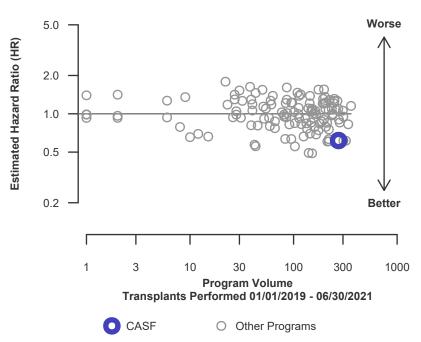
	CASF	U.S.
Number of transplants evaluated	272	15,697
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	91.02% [86.46%-95.82%]	88.08% [87.42%-88.74%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	86.60%	
Number of observed deaths during the first 3 years after transplant	14	1,249
Number of expected deaths during the first 3 years after transplant	23.95	
Estimated hazard ratio*	0.62	
95% credible interval for the hazard ratio**	[0.35, 0.95]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.





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



<sup>\*\*</sup> The 95% credible interval, [0.35, 0.95], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 38% lower risk of patient death compared to an average program, but CASF's performance could plausibly range from 65% reduced risk up to 5% reduced risk.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

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## C. Transplant Information

#### Table C17L. Adult (18+) 3-year patient survival (living donor graft recipients)

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Retransplants excluded

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

	CASF	U.S.
Number of transplants evaluated	50	1,025
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	92.06% [83.49%-100.00%]	90.87% [88.63%-93.17%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	91.53%	
Number of observed deaths during the first 3 years after transplant	3	62
Number of expected deaths during the first 3 years after transplant	2.94	
Estimated hazard ratio*	1.01	
95% credible interval for the hazard ratio**	[0.33, 2.07]	

<sup>\*</sup> The hazard ratio provides an estimate of how University of California San Francisco 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 CASF's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

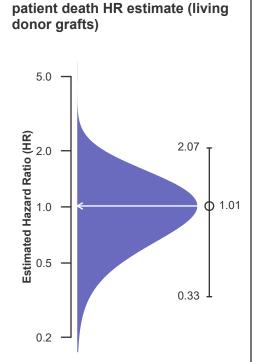
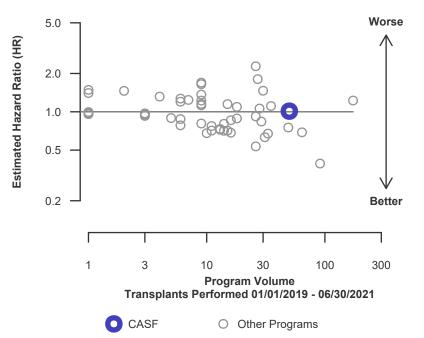


Figure C25L. Adult (18+) 3-year





<sup>\*\*</sup> The 95% credible interval, [0.33, 2.07], indicates the location of CASF's true hazard ratio with 95% probability. The best estimate is 1% higher risk of patient death compared to an average program, but CASF's performance could plausibly range from 67% reduced risk up to 107% increased risk.



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## **C. Transplant Information**

Table C18. Pediatric (<18) 1-month patient survival
Single organ transplants performed between 07/01/2021 and 12/31/2023
Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C27. Pediatric (<18) 1-month patient death HR estimate

Figure C28. Pediatric (<18) 1-month patient death HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C18D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C27D. Pediatric (<18)
1-month patient death HR
estimate (deceased donor grafts)

Figure C28D. Pediatric (<18) 1-month patient death HR program comparison (deceased donor grafts)

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C18L. Pediatric (<18) 1-month patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C27L. Pediatric (<18) 1-month patient death HR estimate (living donor grafts) Figure C28L. Pediatric (<18) 1-month patient death HR program comparison (living donor grafts)

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C19. Pediatric (<18) 1-year patient survival
Single organ transplants performed between 07/01/2021 and 12/31/2023
Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C29. Pediatric (<18) 1-year patient death HR estimate

Figure C30. Pediatric (<18) 1-year patient death HR program comparison

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C19D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C29D. Pediatric (<18)
1-year patient death HR estimate (deceased donor grafts)

Figure C30D. Pediatric (<18) 1-year patient death HR program comparison (deceased donor grafts)

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C19L. Pediatric (<18) 1-year patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2021 and 12/31/2023 Retransplants excluded

This center did not perform any transplants relevant to this table during 07/01/2021-12/31/2023

Figure C29L. Pediatric (<18)
1-year patient death HR estimate (living donor grafts)

Figure C30L. Pediatric (<18) 1-year patient death HR program comparison (living donor grafts)

This center did not perform any transplants relevant to this figure during 07/01/2021-12/31/2023



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C20. Pediatric (<18) 3-year patient survival

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Retransplants excluded

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

This center did not perform any transplants relevant to this table during 01/01/2019-06/30/2021

## Figure C31. Pediatric (<18) 3-year patient death HR estimate

Figure C32. Pediatric (<18) 3-year patient death HR program comparison

This center did not perform any transplants relevant to this figure during 01/01/2019-06/30/2021



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C20D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients)
Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021
Retransplants excluded
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

This center did not perform any transplants relevant to this table during 01/01/2019-06/30/2021

Figure C31D. Pediatric (<18)
3-year patient death HR estimate (deceased donor grafts)

Figure C32D. Pediatric (<18) 3-year patient death HR program comparison (deceased donor grafts)

This center did not perform any transplants relevant to this figure during 01/01/2019-06/30/2021



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C20L. Pediatric (<18) 3-year patient survival (living donor graft recipients)
Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021
Retransplants excluded
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

This center did not perform any transplants relevant to this table during 01/01/2019-06/30/2021

Figure C31L. Pediatric (<18)
3-year patient death HR estimate (living donor grafts)

Figure C32L. Pediatric (<18) 3-year patient death HR program comparison (living donor grafts)

This center did not perform any transplants relevant to this figure during 01/01/2019-06/30/2021



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## C. Transplant Information

Table C21. Multi-organ transplant graft survival: 07/01/2021 - 12/31/2023

Adult (18+) Transplants

**First-Year Outcomes** 

Transplant Type	Transp Perfor CASF-TX1	med	Live Graft Fa CASF-TX1	· •	Estimate Graft Su CASF-TX1	
Kidney-Liver	43	1,936	5	185	88.4%	90.4%
Liver-Heart	3	167	0	34	100.0%	79.6%

### Pediatric (<18) Transplants

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

Table C22. Multi-organ transplant patient survival: 07/01/2021 - 12/31/2023

Adult (18+) Transplants First-Year Outcomes

Transplant Type	Transp Perfor CASF-TX1	med	Patient I	Deaths USA	Estima Patient S CASF-TX1	urvival
Kidney-Liver	43	1,936	5	173	88.4%	91.1%
Liver-Heart	3	167	0	33	100.0%	80.2%

### Pediatric (<18) Transplants

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



Center Code: CASF Transplant Program (Organ): Liver Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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## **D. Living Donor Information**

Table D1. Living donor summary: 07/01/2021 - 06/30/2024

	This Center		United States			
Living Donor Follow-Up	07/2021- 06/2022	07/2022- 06/2023	07/2023- 12/2023	07/2021- 06/2022	07/2022- 06/2023	07/2023- 12/2023
Number of Living Donors	29	30	14	585	633	322
<b>6-Month Follow-Up</b> Donors due for follow-up	29	30	12	585	633	268
Timely clinical data	21 72.4%	20 66.7%	11 91.7%	498 85.1%	530 83.7%	221 82.5%
Timely lab data	20 69.0%	23 76.7%	11 91.7%	498 85.1%	542 85.6%	230 85.8%
<b>12-Month Follow-Up</b> Donors due for follow-up	29	27		584	575	
Timely clinical data	16 55.2%	20 74.1%		456 78.1%	467 81.2%	
Timely lab data	17 58.6%	19 70.4%		449 76.9%	472 82.1%	
<b>24-Month Follow-Up</b> Donors due for follow-up	26			531		
Timely clinical data	11 42.3%			364 68.5%		
Timely lab data	12 46.2%			362 68.2%		

Follow-up forms due during the COVID-19 amnesty period from 3/13/2020-3/31/2021 are not included in timely clinical and lab data calculations