

PACH

COMMENTS: Program-specific report released January 7, 2025

INTESTINE

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

Transplant rates (Table B4D and accompanying figures)

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

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

UPMC Children's Hospital of Pittsburgh's (CHP) pediatric waitlist mortality rate between July 1, 2022 and June 30, 2024 was 2.1 per 100 person years, whereas the expected waitlist mortality rate for that period was 2.8 per 100 person years. SRTR estimates that risk of waitlist mortality among CHP candidates is 20% lower than expected.

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

CHP's pediatric mortality after listing rate between July 1, 2022 and June 30, 2024 was 3.9 per 100 person years, whereas the expected mortality after listing rate for that period was 3.8. SRTR estimates that risk of mortality after listing among CHP candidates is 18% lower than expected.

Time to transplant (Table B10)

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

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

CHP observed 0 graft failures within the first year of transplant between July 1, 2021 and December 31, 2023. Our results indicate an estimated 34% lower risk of graft failure after one year of transplant compared to all US intestinal transplant centers.

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

CHP observed 0 patient deaths within the first year of transplant between July 1, 2021 and December 31, 2023. Our results indicate an estimated 26% lower risk of patient death after one year of transplant compared to all US intestinal transplant centers.

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

CHP observed 1 graft failure within the first three years of transplant between January 1, 2019 – March 12, 2020 and June 13, 2020- June 30, 2021. Unfortunately, this patient succumbed to multi system complications outside of their intestinal function.

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

CHP observed 1 patient death within the first three years of transplant between January 1, 2019 – March 12, 2020 and June 13, 2020- June 30, 2021. Unfortunately, this patient succumbed to multi system complications outside of intestinal function.