

## **Glossary**

### **Active transplant list**

When a patient is registered for a transplant, they are registered on what is called the active transplant list. This means that when a donor organ becomes available, the patient is included among those who are matched against the donor. It may sometimes be necessary to take a patient off the transplant list, either temporarily or permanently. This may be done, for example, if someone becomes too ill to receive a transplant. The patient is told about the decision to suspend them from the list and informed whether the suspension is temporary or permanent. If a patient is suspended from the list, they are not included in the matching of any donor organs that become available.

### **Case mix**

The types of patients treated at a unit for a common condition. This can vary across units depending on the facilities available at the unit as well as the types of people in the catchment area of the unit. The definition of what type of patient a person is depends on the patient characteristics that influence the outcome of the treatment.

### **Confidence interval (CI)**

When an estimate of a quantity such as a survival rate is obtained from data, the value of the estimate depends on the set of patients whose data were used. If, by chance, data from a different set of patients had been used, the value of the estimate may have been different. There is therefore some uncertainty linked with any estimate. A confidence interval is a range of values whose width gives an indication of the uncertainty or precision of an estimate. The number of transplants or patients analysed influences the width of a confidence interval. Smaller data sets tend to lead to wider confidence intervals compared to larger data sets. Estimates from larger data sets therefore tend to be more precise than those from smaller data sets. Confidence intervals are calculated with a stated probability, usually 95%. We then say that there is a 95% chance that the confidence interval includes the true value of the quantity we wish to estimate.

### **Daily average**

Number of patients on average on any given day during the specified time period.

### **Domino donor transplants**

A transplant that occurs when a viable heart from a patient receiving a heart/lung block transplant is transplanted into another patient.

### **Donor after brain death**

A donor whose entire brain has stopped working so that they cannot survive without the use of a ventilator. Organs for transplant are removed from the donor while their heart is still beating, but only after extensive tests determine that the brain cannot recover and they have been certified dead.

### **Donor after circulatory death**

A donor whose heart stops beating before their brain stops working and who is then certified dead. The organs are then removed.

### **Heterotopic heart transplant**

A heart transplant where the patient's heart is left in place alongside the new donor heart. These transplants are now performed very rarely.

### **Living lung donor transplants**

A transplant that occurs when two living people who are usually, but not always, a relative of the transplant patient, each donate part of their lung.

### **Multi-organ transplant**

A transplant in which the patient receives more than one organ.

**Patient survival rate**

The percentage of patients who are still alive (whether the graft is still functioning or not). This is usually specified for a given time period after transplant. For example, a five-year patient survival rate is the percentage of patients who are still alive five years after their first transplant.

**Risk factors**

These are the characteristics of a patient, transplant or donor that influence the length of time that a graft is likely to function or a patient is likely to survive following a transplant. For example, when all else is equal, a transplant from a younger donor is expected to survive longer than that from an older donor and so donor age is a risk factor.

**Risk-adjusted survival rate**

Some transplants have a higher chance than others of failing at any given time. The differences in expected survival times arise due to differences in certain factors, the risk factors, among patients. A risk-adjusted survival rate for a centre is the expected survival rate for that centre given the case mix of their patients. Adjusting for case mix in estimating centre specific survival rates allows valid comparison of these rates across centres and to the national rate.

**Unadjusted survival rate**

Unadjusted survival rates do not take account of risk factors and are based only on the number of transplants at a given centre and the number and timing of those that fail within the post-transplant period of interest. In this case, unlike for risk-adjusted rates, all transplants are assumed to be equally likely to fail at any given time. However, some centres may have lower unadjusted survival rates than others simply because they tend to undertake transplants that have increased risks of failure. Comparison of unadjusted survival rates across centres and to the national rate is therefore inappropriate.