Table 9.15b
Unadjusted Patient Survival by Year of Transplant at 3 Months, 1 Year, 3 Years, 5 Years and 10 Years
Living Donor Liver Transplants

		3 Months		1 Year		3 Years		5 Years		10 Years	
		Surv.	Std. Err.	Surv.	Std. Err.	Surv.	Std. Err.	Surv.	Std. Err.	Surv.	Std. Err.
Trans-plant Year	# Trans-plants										
1989	2	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%
1990	13	92.3%	7.4%	84.6%	10.0%	76.9%	11.7%	76.9%	11.7%	61.5%	13.5%
1991	17	88.2%	7.8%	88.2%	7.8%	88.2%	7.8%	88.2%	7.8%	82.4%	9.2%
1992	33	90.9%	5.0%	87.9%	5.7%	69.7%	8.0%	69.7%	8.0%	66.7%	8.2%
1993	32	93.8%	4.3%	90.6%	5.2%	84.4%	6.4%	81.3%	6.9%	78.1%	7.3%
1994	52	88.5%	4.4%	80.8%	5.5%	76.9%	5.8%	76.9%	5.8%	75.0%	6.0%
1995	52	86.5%	4.7%	80.8%	5.5%	78.8%	5.7%	76.9%	5.8%	75.0%	6.0%
1996	58	94.8%	2.9%	89.7%	4.0%	84.5%	4.8%	84.5%	4.8%	+	+
1997	82	92.7%	2.9%	86.6%	3.8%	84.1%	4.0%	84.1%	4.0%	+	+
1998	86	84.9%	3.9%	80.2%	4.3%	74.4%	4.7%	72.1%	4.8%	+	+
1999	234	88.9%	2.1%	82.1%	2.5%	77.4%	2.7%	76.1%	2.8%	+	+
2000	387	92.0%	1.4%	86.8%	1.7%	78.3%	2.1%	73.1%	2.3%	+	+
2001	509	93.3%	1.1%	87.6%	1.5%	80.7%	1.7%	+	+	+	+
2002	353	91.8%	1.5%	85.3%	1.9%	80.5%	2.1%	+	+	+	+
2003	310	95.5%	1.2%	90.3%	1.7%	+	+	+	+	+	+
2004	315	96.2%	1.1%	92.1%	1.5%	+	+	+	+	+	+

Source: OPTN/SRTR Data as of May 1, 2006.
Notes:
(+) = Values not determined due to insufficient follow-up.
Multi-organ transplants are excluded for kidney, pancreas, heart, lung, and liver survival rates.
Intestine survival includes intestine only and intestine with liver and/or pancreas transplants.
Living donor transplants excluded unless explicitly listed. Heterotopic heart and liver transplants excluded.
Patient survival follows patients from first transplant of this type until death. Graft survival follows individual transplants until graft failure. Counts for patient and graft survival are different because a patient may have more than one transplant for a type organ.
See Technical Notes for complete discussion of patient and graft survival methods. See Technical Notes for details of patient and graft survival methods.