Table 9.11b
Unadjusted Graft 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	14	85.7%	9.4%	71.4%	12.1%	71.4%	12.1%	71.4%	12.1%	57.1%	13.2%
1991	22	72.7%	9.5%	63.6%	10.3%	50.0%	10.7%	50.0%	10.7%	45.5%	10.6%
1992	33	84.8%	6.2%	81.8%	6.7%	60.6%	8.5%	51.5%	8.7%	48.5%	8.7%
1993	36	88.9%	5.2%	83.3%	6.2%	77.8%	6.9%	69.4%	7.7%	63.9%	8.0%
1994	56	71.4%	6.0%	64.3%	6.4%	64.3%	6.4%	62.5%	6.5%	57.1%	6.6%
1995	53	79.2%	5.6%	73.6%	6.1%	71.7%	6.2%	69.8%	6.3%	66.0%	6.5%
1996	62	90.3%	3.8%	85.5%	4.5%	77.4%	5.3%	77.4%	5.3%	+	+
1997	86	90.7%	3.1%	84.9%	3.9%	81.4%	4.2%	80.2%	4.3%	+	+
1998	91	78.0%	4.3%	70.3%	4.8%	64.8%	5.0%	61.5%	5.1%	+	+
1999	251	82.1%	2.4%	74.1%	2.8%	70.5%	2.9%	68.1%	2.9%	+	+
2000	397	82.6%	1.9%	77.3%	2.1%	68.8%	2.3%	62.7%	2.4%	+	+
2001	516	86.6%	1.5%	80.2%	1.8%	73.8%	1.9%	+	+	+	+
2002	360	86.1%	1.8%	80.0%	2.1%	74.4%	2.3%	+	+	+	+
2003	318	89.6%	1.7%	84.0%	2.1%	+	+	+	+	+	+
2004	321	90.3%	1.6%	84.1%	2.0%	+	+	+	+	+	+

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.