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Brian M. Shepard
 Executive Director & CEO

CONFIDENTIAL MEDICAL PEER REVIEW

March 27, 2014

James D. Eason, M.D.
 Director, Transplant Institute
 Methodist University Hospital
 Suite 340
 1211 Union Avenue
 Memphis, TN 38104

Dear Dr. Eason:

As the contractor for the Organ Procurement and Transplant Network (OPTN), established by the National Organ Transplant Act, UNOS is assigned the responsibility of periodically reviewing transplant center performance. This task is undertaken by the OPTN/UNOS Performance Analysis and Improvement Subcommittee (PAIS) Membership and Professional Standards Committee (MPSC).

Using a statistically driven method, the Scientific Registry of Transplant Recipients (SRTR) uses blinded data derived from UNetsm to identify programs in which actual one-year patient and/or graft survival falls below the expected rates given individual center donor and recipient characteristics. In brief, the SRTR provides the MPSC with a report detailing program expected survival rates, observed survival rates, the ratio of observed to expected events (graft failure and/or death), and a p-value. If a program's observed minus expected events is greater than three (i.e. the program experienced an excess of three deaths/failures over the number of expected events), the ratio of observed to expected events is greater than 1.5 (i.e. the program experienced 50% more deaths/failures than were expected), and the p-value is less than 0.05, the program will be identified for further MPSC review. The system itself and the responsibility of the MPSC review are defined in the Bylaws, available at www.unos.org and <http://optn.transplant.hrsa.gov>. This is a blinded analytical approach based on the data obtained from UNetsm on January 31, 2014.

The data have been analyzed and those programs with low one-year patient and/or graft survival rates in a consecutive two and a half year period are being asked to provide additional information. The adult liver transplant program at Methodist University Hospital is in the group identified for further review due to the fact that the program's actual patient and graft survival rates fall below the expected rates as summarized below:

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2.5 Year Cohort	Survival Outcome Below Expected	Graft survival within 1 year of transplant			Patient survival within 1 year of transplant		
		# of grafts	Observed	Expected	# of transplants	Observed	Expected
Jan 14 CSR (Jul 2010-Dec 2012)	Graft & Patient	289	84.4%	89.0%	269	88.9%	92.6%

Based on data entered into UNetSM as of January 31, 2014.

In order to assure Methodist University Hospital the opportunity to provide the PAIS with specific information regarding patient mix or other unique or relevant clinical aspects of the transplant program having an impact on patient outcome, the Subcommittee requests that you complete an outcomes questionnaire describing the operation of the transplant program. The PAIS will review the response to the questionnaire at its July 2014 meeting.

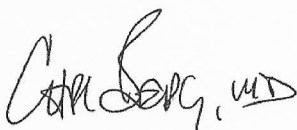
In order for the Subcommittee to have complete and accurate information, we request that you complete and return the enclosed questionnaire no later than April 28, 2014.

OPTN Bylaws and Policies were developed after circulation and discussion among organ transplant professionals and patient representatives. OPTN Bylaws and Policies have been adopted by the OPTN/UNOS Board of Directors in accordance with UNOS' contract with the Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services (HHS). UNOS is responsible under this federal contract for keeping these Bylaws and Policies up to date and for monitoring compliance by OPTN members. These Bylaws and Policies can be accessed at www.optn.org and at www.unos.org.

Please be aware that this correspondence and all related documents and information are protected by applicable peer review statutes. Members are required to maintain the confidentiality of information provided in the confidential medical peer review processes and settings. Therefore, all inquiries, deliberations, recommendations, and actions of the MPSC and its subcommittees must be kept confidential by members during the review process and after the matter is closed. The Board of Directors may make public certain final adverse actions as delineated in the Bylaws as public actions.

If you have questions about this request, please contact Robyn Zernhelt, Sheila Foster, or JoAnn Malone in the UNOS Membership Office at (804) 782-4800.

Sincerely,



Carl L. Berg, M.D.
Chair, Membership and Professional Standards Committee

CLB: rmz

cc: Satheesh P. Nair, M.D., Primary Physician
Oliver Banks, Transplant Administrator
Program File