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## User Guide

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This report contains a wide range of useful information about the kidney transplant program at Montefiore Medical Center (NYMA). The report has three main sections:

- A. Program Summary
- B. Waiting List Information
- C. Transplant Information

The Program Summary is a one-page summary highlighting characteristics of the program, including the number of candidates on the waiting list, the number of transplants performed at the program, the number of patients being cared for by the program, and patient outcomes, including outcomes while on the waiting list (the transplant rate and the death rate while on the waiting list) and outcomes after transplant (patient and graft survival probabilities). If the program performed transplants in both adults and children, survival probabilities for adults and children (pediatrics) are provided separately. For each of the outcomes measures presented, a comparison is provided showing what would be expected at this program if it were performing as similar programs around the country perform when treating similar patients. More details regarding these outcome measures are provided in Sections B and C of the report.

The Waiting List Information section contains more detailed information on how many candidates are on the waiting list at the program, the types of candidates on the waiting list, how long candidates typically have to wait for a transplant at this program, how frequently candidates successfully receive a transplant, and how often candidates on the waiting list die before receiving a transplant.

Table B1 shows the activity on this program's waiting list during two recent 1-year periods and provides comparisons to all programs within this program's OPTN region (see <http://optn.transplant.hrsa.gov/members/regions.asp> for information on OPTN regions) and the nation as a whole. Tables B2 and B3 describe the candidates on the waiting list at this program, with comparisons to candidates waiting in the same donor service area (OPO/DSA) the OPTN region, and the nation as a whole.

Table B4 shows how many candidates were removed from the waiting list because they received a transplant. The program's transplant rate is calculated as the number of candidates who received a transplant divided by the person-years observed at the program (person-years is a combination of how many candidates were on the waiting list along with how long each candidate was followed since some candidates are not on the waiting list for the entire year). The transplant rate and comparisons to what would be expected at this program are presented in Figures B1 and B2. Figure B1 shows the transplant rate compared to what was expected at this program. The expected transplant rate is an estimate of what we would expect at this program if it were performing transplants at rates similar to other programs in the US with similar candidates on their waiting lists. The expected rate is only an estimate, and is made with a certain level of uncertainty. This uncertainty is shown in Figure B2. Figure B2 displays the ratio of the observed to the expected transplant rate. A ratio of 1 indicates that the observed transplant rate was equal to the expected transplant rate, while a ratio less than 1 indicates the observed rate was lower than expected rate and a ratio greater than 1 indicates the observed rate was higher than the expected rate. However, the level of uncertainty must be considered when interpreting these numbers. The 95% interval is also shown on Figure B2. This interval provides a range within which the true ratio of observed to expected transplant rates is likely to be. If this



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confidence interval includes (crosses) 1.0, then we cannot say that this program's observed transplant rate is different from what would be expected. The observed transplant rate at this program was 17.1 per 100 person-years. Transplant rates are also provided for adult and pediatric patients separately along with comparisons to adult and pediatric rates in the DSA, the OPTN region, and the nation. Transplant rates are also presented excluding transplants from a living donor (Table B4D and Figures B1D-B3D). Please refer to the PSR Technical Methods documentation available at <http://www.srtr.org> for more detail regarding how expected rates are calculated.

The death rate (also known as the mortality rate) for candidates on the waiting list is presented in Table B5 and Figures B4-B6. These data are presented in the same way as the transplant rate data in the previous section. The intent of these tables and figures is to describe risk of death once candidates are listed rather than while they are listed. Therefore, time at risk and deaths after removal from the waiting list for reasons other than transplant, transfer to another transplant program, or recovery (no longer needing a transplant), and before any subsequent transplant, are included. As with transplant rates, mortality rates should be interpreted carefully taking into consideration the interval displayed in Figure B5. For a complete description of how observed and expected mortality rates are calculated, please refer to the technical documentation available at <http://www.srtr.org>.

Table B6 presents information on what happens to candidates on the waiting list by three different time points after listing: 6 months, 12 months, and 18 months. The table displays percentages of candidates who have died, been removed from the waiting list, been transplanted, or been transferred or lost-to-follow-up. Tables B7 and B8 provide more detail regarding how many candidates have received a deceased donor transplant by certain time points during the first 3 years after being put on the transplant waiting list. Each row of Tables B7 and B8 presents the percent of candidates who received a deceased donor transplant by each time point. Table B9 presents data on the time it took for different percentages of patients to be transplanted for candidates added to the list between 07/01/2012 and 12/31/2017. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this program was 1.4 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 06/30/2018 to calculate a particular percentile of transplant times.

Table B10 contains a summary of the offer acceptance practices of the program. The offer acceptance ratio indicates whether the program is more or less likely to accept offers than the average program. If the offer acceptance ratio is greater than 1.0, then the program tends to accept more offers than average; if the offer acceptance ratio is less than 1.0, then the program tends to accept fewer offers than average. Figure B7 shows the distribution of program offer acceptance rates as well as the offer acceptance rate for this program. Figures B8 - B11 similarly show offer acceptance rates for subsets of offers.

The Transplant Information section begins with descriptions of transplant recipients in Tables C1 and C2. Data on recipients of deceased donor transplants are presented (Tables C1D and C2D); if applicable, data on recipients of living donor transplants are presented separately (Tables C1L and C2L). Comparisons to the region and the nation as a whole are provided. A description of the deceased donors used at this program is provided in Table C3D, along with characteristics of living donors in Table C3L, if applicable. Finally, information on the transplant procedure for deceased and living donor transplants is presented in Tables C4D and C4L, respectively.



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Starting with Table C5, transplant outcomes are presented along with comparisons to what would be expected at this program and what happened in the nation as a whole. Tables C5-C10 present information on graft survival (survival of the transplanted organ), with data presented separately for adult and pediatric recipients. Patients are followed from the time of transplant until either failure of the transplanted organ or death, whichever comes first. Please refer to the technical methods for more information on these calculations (<http://www.srtr.org>).

While Tables C5-C10 present data on graft survival, Tables C11-C16 present information on patient survival. For these tables, patients are followed from the time of transplant until death, regardless of whether the transplant is functioning or the patient required another transplant to survive.

Tables C17 and C18 summarize the multiorgan transplant outcomes at this program. The summary statistics in these tables are descriptive and are not risk-adjusted for different donor and candidate characteristics.

Table D1 shows the rates of follow-up for living donors.

Additional information regarding the technical methods and the risk adjustment models used to estimate expected event rates is available on the SRTR website at <http://www.srtr.org>. We welcome and encourage feedback on these reports. Please feel free to share feedback with the SRTR at the following e-mail: [srtr@srtr.org](mailto:srtr@srtr.org).



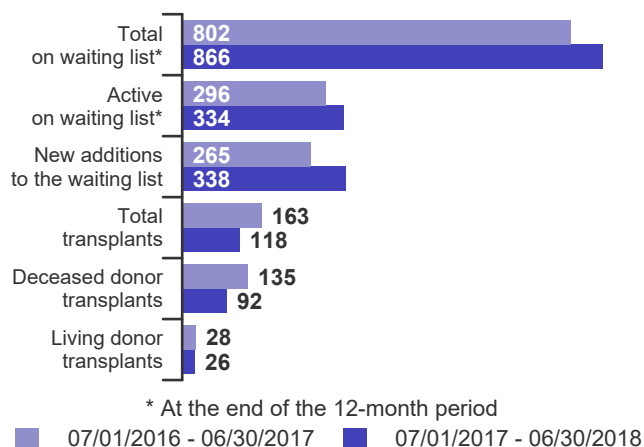
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## A. Program Summary

**Figure A1. Waiting list and transplant activity**

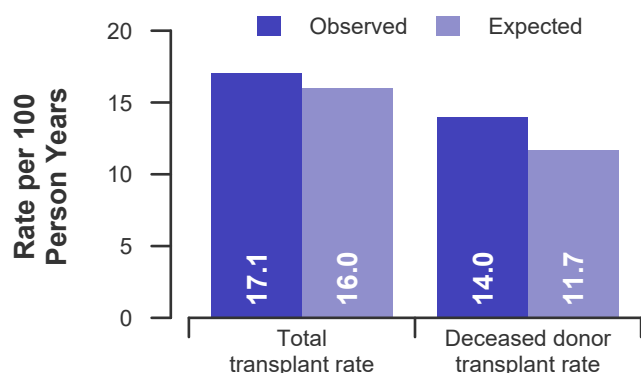


**Table A1. Census of transplant recipients**

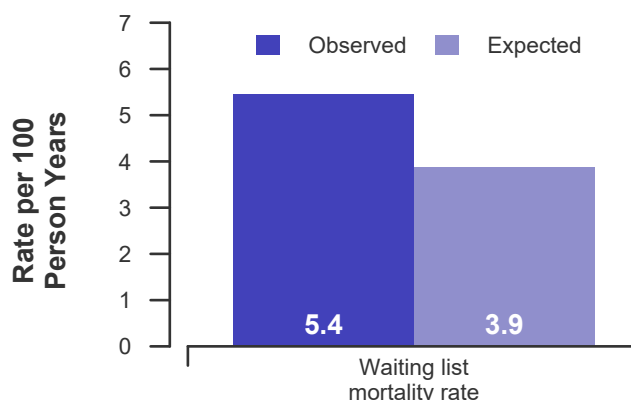
Recipients	07/01/2016-06/30/2017	07/01/2017-06/30/2018
Transplanted at this center	163	118
Followed by this center*	1,248	1,205
...transplanted at this program	1,244	1,202
...transplanted elsewhere	4	3

\* Recipients followed are transplant recipients for whom the center has submitted a post-transplant follow-up form for a transplant that took place before the 12-month interval for each column.

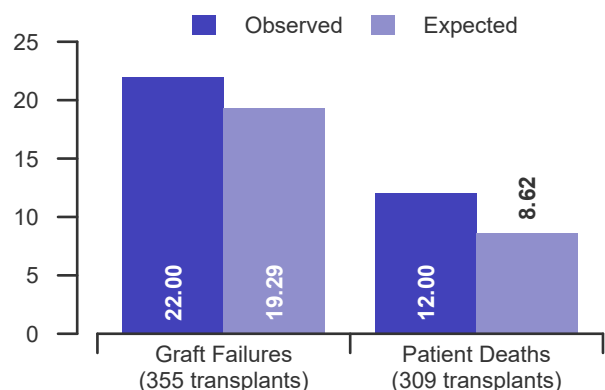
**Figure A2. Transplant rates**  
07/01/2016 - 06/30/2018



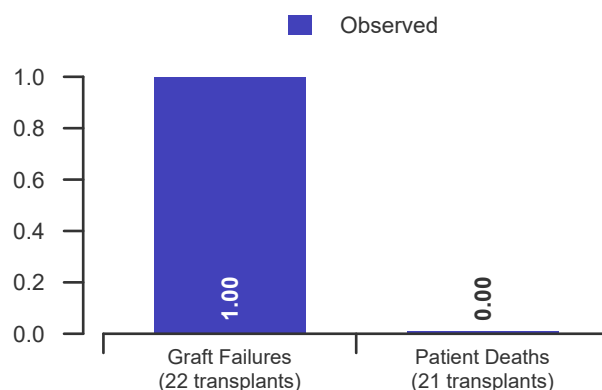
**Figure A3. Waiting list mortality rates**  
07/01/2016 - 06/30/2018



**Figure A4. First-year adult graft and patient survival: 07/01/2015 - 12/31/2017**



**Figure A5. First-year pediatric graft and patient survival: 07/01/2015 - 12/31/2017**





## B. Waiting List Information

**Table B1. Waiting list activity summary: 07/01/2016 - 06/30/2018**

Waiting List Registrations	Counts for this center		Activity for 07/01/2017 to 06/30/2018 as percent of registrants on waiting list on 07/01/2017		
	07/01/2016- 06/30/2017	07/01/2017- 06/30/2018	This Center (%)	OPTN Region (%)	U.S. (%)
<b>On waiting list at start</b>	848	802	100.0	100.0	100.0
<b>Additions</b>					
New listings at this center	265	338	42.1	38.7	36.8
<b>Removals</b>					
Transferred to another center	19	14	1.7	2.2	1.2
Received living donor transplant*	27	23	2.9	7.4	5.9
Received deceased donor transplant*	135	92	11.5	12.4	13.9
Died	43	37	4.6	4.1	4.0
Transplanted at another center	9	2	0.2	2.6	3.2
Deteriorated	50	58	7.2	4.2	4.5
Recovered	0	1	0.1	0.1	0.2
Other reasons	28	47	5.9	7.1	5.7
<b>On waiting list at end of period</b>	802	866	108.0	98.7	98.2

\* These patients were removed from waiting list with removal code indicating transplant; this may not equal the number of transplants performed at this center during the specified period.



## B. Waiting List Information

**Table B2. Demographic characteristics of waiting list candidates****Candidates registered on the waiting list between 07/01/2017 and 06/30/2018**

Demographic Characteristic	New Waiting List Registrations 07/01/2017 to 06/30/2018 (%)			All Waiting List Registrations on 06/30/2018 (%)		
	This Center (N=338)	OPTN Region (N=3,022)	U.S. (N=37,826)	This Center (N=866)	OPTN Region (N=7,700)	U.S. (N=101,010)
<b>All (%)</b>	100.0	100.0	100.0	100.0	100.0	100.0
<b>Ethnicity/Race (%)*</b>						
White	16.3	40.2	43.6	11.3	30.9	36.0
African-American	36.7	30.1	28.0	45.6	37.3	32.6
Hispanic/Latino	38.8	19.5	18.4	37.3	19.8	20.2
Asian	8.0	9.4	8.2	5.7	11.4	9.6
Other	0.3	0.9	1.9	0.1	0.6	1.7
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
<b>Age (%)</b>						
<2 years	0.0	0.1	0.2	0.1	0.1	0.1
2-11 years	2.7	0.6	0.9	1.3	0.5	0.5
12-17 years	2.1	1.7	1.5	1.4	1.4	0.9
18-34 years	6.2	10.4	11.0	9.2	10.0	10.9
35-49 years	22.8	22.4	25.1	27.4	26.5	28.0
50-64 years	44.7	43.2	41.5	43.8	43.3	43.5
65+ years	21.6	21.5	19.7	16.9	18.2	16.2
Other (includes prenatal)	0.0	0.0	0.0	0.0	0.0	0.0
<b>Gender (%)</b>						
Male	65.1	63.6	62.1	61.4	62.3	61.5
Female	34.9	36.4	37.9	38.6	37.7	38.5

\* Race and ethnicity are reported together as a single data element, reflecting their data collection (either race or ethnicity is required, but not both). Patients formerly coded as white and Hispanic are coded as Hispanic. Race and ethnicity sum to 100%.



## B. Waiting List Information

**Table B3. Medical characteristics of waiting list candidates**

Candidates registered on the waiting list between 07/01/2017 and 06/30/2018

Medical Characteristic	New Waiting List Registrations 07/01/2017 to 06/30/2018 (%)			All Waiting List Registrations on 06/30/2018 (%)		
	This Center (N=338)	OPTN Region (N=3,022)	U.S. (N=37,826)	This Center (N=866)	OPTN Region (N=7,700)	U.S. (N=101,010)
<b>All (%)</b>	100.0	100.0	100.0	100.0	100.0	100.0
<b>Blood Type (%)</b>						
O	52.7	48.0	48.5	57.0	52.5	53.3
A	24.3	30.9	32.4	22.5	26.4	27.4
B	18.6	16.3	15.2	17.6	17.9	16.7
AB	4.4	4.7	3.8	2.9	3.3	2.6
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
<b>Previous Transplant (%)</b>						
Yes	10.7	13.6	12.8	13.9	15.1	13.8
No	89.3	86.4	87.2	86.1	84.9	86.2
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
<b>Initial CPRA (%)</b>						
0-9%	87.3	85.8	79.0	92.3	89.3	80.7
10-79%	8.3	9.0	13.1	4.8	6.5	11.9
80+%	4.4	5.2	7.9	2.9	4.2	7.3
Unknown	0.0	0.0	0.1	0.0	0.0	0.0
<b>Primary Disease (%)*</b>						
Glomerular Diseases	10.9	20.3	20.1	13.4	18.3	19.2
Tubular and Interstitial Diseases	1.8	4.1	4.1	1.4	3.5	3.6
Polycystic Kidneys	3.0	6.6	7.8	4.3	6.6	7.0
Congenital, Familial, Metabolic	1.2	1.7	2.2	0.8	1.3	1.7
Diabetes	48.2	34.3	33.9	43.5	34.9	35.4
Renovascular & Vascular Diseases	0.0	0.2	0.2	0.0	0.1	0.1
Neoplasms	0.0	0.4	0.4	0.0	0.3	0.3
Hypertensive Nephrosclerosis	22.5	20.6	19.3	27.4	25.1	22.4
Other	12.1	11.5	11.6	9.1	9.6	9.9
Missing*	0.3	0.4	0.4	0.1	0.4	0.4

\* When "retransplant" is indicated, the primary disease is passed forward from the prior transplant in order to indicate the initial primary disease causing organ failure. "Missing" may include some patients for whom retransplant is indicated but no prior diagnosis can be found.





## B. Waiting List Information

Table B4. Transplant rates: 07/01/2016 - 06/30/2018

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
<b>All Candidates</b>				
Count on waiting list at start*	846	6,771	7,939	104,695
Person Years**	1,624.0	13,229.9	15,520.5	205,245.8
Removals for Transplant	277	2,289	3,021	39,802
<b>Adult (18+) Candidates</b>				
Count on waiting list at start*	826	6,651	7,802	103,243
Person Years**	1,581.2	12,967.7	15,228.3	202,262.9
Removals for transplant	256	2,210	2,922	38,084
<b>Pediatric (&lt;18) Candidates</b>				
Count on waiting list at start*	20	120	137	1,452
Person Years**	42.8	262.1	292.2	2,982.9
Removals for transplant	21	79	99	1,718

\* Counts in this table may be lower than similar counts in other waiting list tables, such as Table B1. A small percentage (~1%) of patients are found to have died or been transplanted before being removed from the waiting list, so these patients are excluded if the event occurs prior to the start of the study period. Inactive time on the waiting list is included in the calculations for this table.

\*\* Person years are calculated as days (converted to fractional years). The number of days from July 1 or from the date of first wait listing until death, transplant, removal from the waiting list or June 30.

Figure B1. Observed and expected transplant rates: 07/01/2016 - 06/30/2018

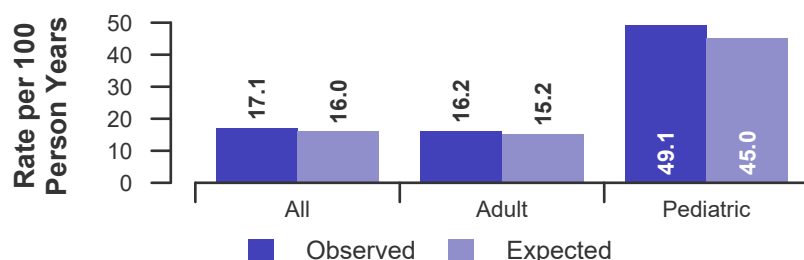


Figure B2. Transplant rate ratio estimate

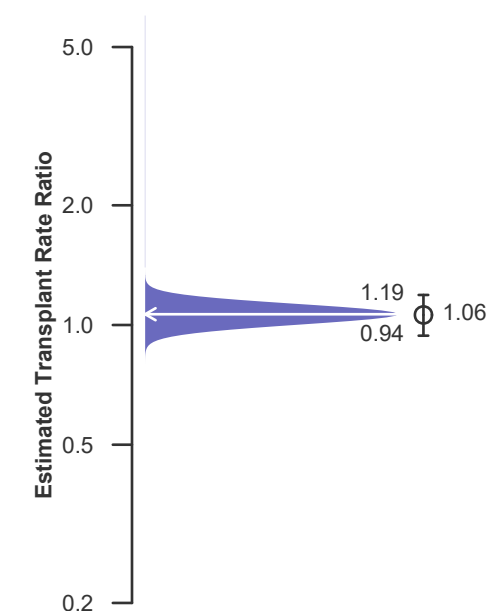
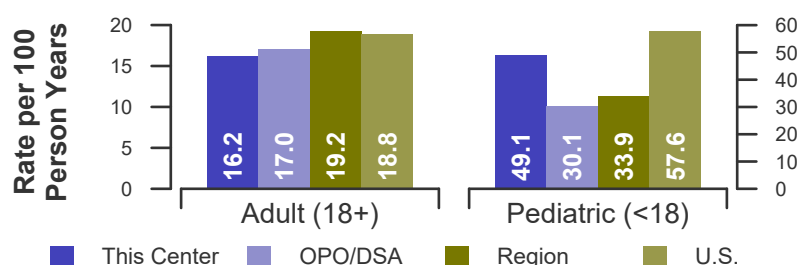


Figure B3. Observed adult (18+) and pediatric (<18) transplant rates: 07/01/2016 - 06/30/2018





## B. Waiting List Information

Table B4D. Deceased donor transplant rates: 07/01/2016 - 06/30/2018

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
<b>All Candidates</b>				
Count on waiting list at start*	846	6,771	7,939	104,695
Person Years**	1,624.0	13,229.9	15,520.5	205,245.8
Removals for Transplant	227	1,361	1,950	28,076
<b>Adult (18+) Candidates</b>				
Count on waiting list at start*	826	6,651	7,802	103,243
Person Years**	1,581.2	12,967.7	15,228.3	202,262.9
Removals for transplant	208	1,309	1,884	26,891
<b>Pediatric (&lt;18) Candidates</b>				
Count on waiting list at start*	20	120	137	1,452
Person Years**	42.8	262.1	292.2	2,982.9
Removals for transplant	19	52	66	1,185

\* Counts in this table may be lower than similar counts in other waiting list tables, such as Table B1. A small percentage (~1%) of patients are found to have died or been transplanted before being removed from the waiting list, so these patients are excluded if the event occurs prior to the start of the study period. Inactive time on the waiting list is included in the calculations for this table.

\*\* Person years are calculated as days (converted to fractional years). The number of days from July 1 or from the date of first wait listing until death, transplant, removal from the waiting list or June 30.

Figure B1D. Observed and expected deceased donor transplant rates: 07/01/2016 - 06/30/2018

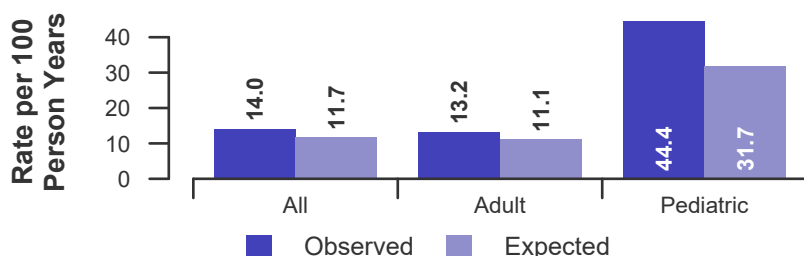


Figure B2D. Deceased donor transplant rate ratio estimate

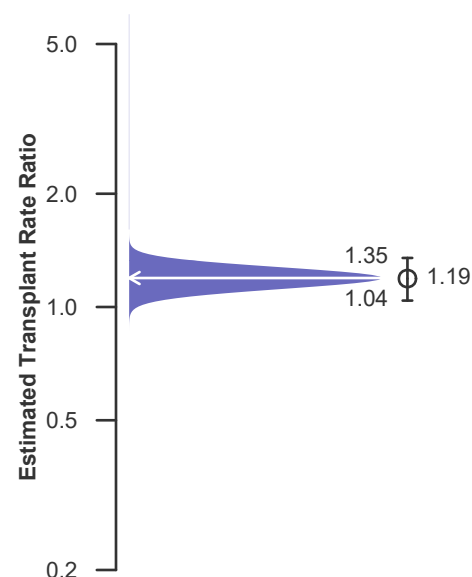
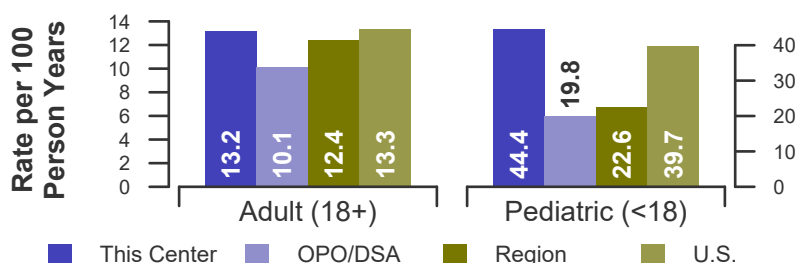


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 07/01/2016 - 06/30/2018





## B. Waiting List Information

Table B5. Waiting list mortality rates: 07/01/2016 - 06/30/2018

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
<b>All Candidates</b>				
Count on waiting list at start*	846	6,771	7,939	104,695
Person Years**	1,780.2	14,157.3	16,692.1	223,474.1
Number of deaths	97	762	891	11,875
<b>Adult (18+) Candidates</b>				
Count on waiting list at start*	826	6,651	7,802	103,243
Person Years**	1,735.5	13,883.1	16,386.4	220,379.4
Number of deaths	96	760	889	11,830
<b>Pediatric (&lt;18) Candidates</b>				
Count on waiting list at start*	20	120	137	1,452
Person Years**	44.7	274.1	305.7	3,094.7
Number of deaths	1	2	2	45

\* Counts in this table may be lower than similar counts in other waiting list tables, such as Table B1. A small percentage (~1%) of patients are found to have died or been transplanted before being removed from the waiting list, so these patients are excluded if the event occurs prior to the start of the study period. Inactive time on the waiting list is included in the calculations for this table.

\*\* Person years are calculated as days (converted to fractional years). The number of days from July 1 or from the date of first wait listing until death, transplant, 60 days after recovery, transfer or June 30.

Figure B4. Observed and expected waiting list mortality rates: 07/01/2016 - 06/30/2018

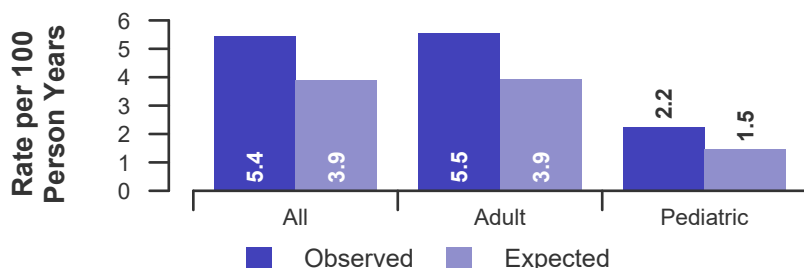


Figure B5. Waiting list mortality rate ratio estimate

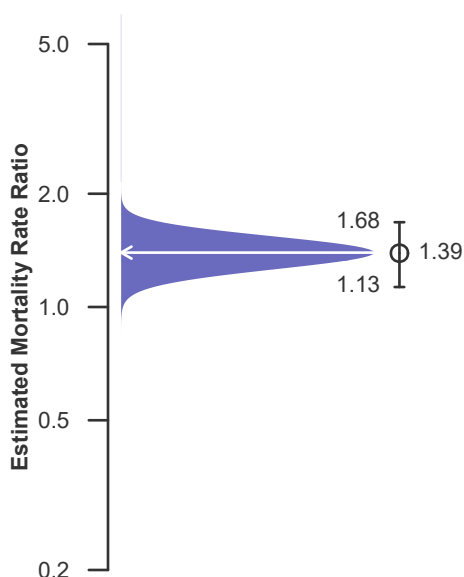
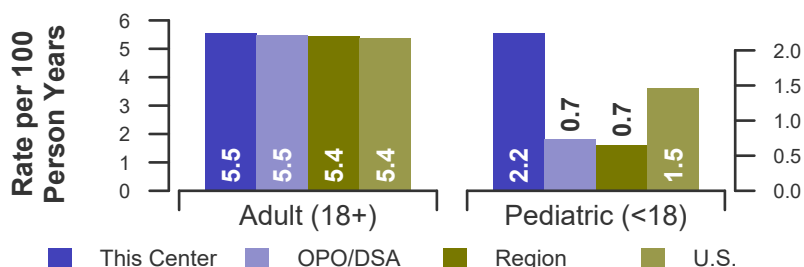


Figure B6. Observed adult (18+) and pediatric (<18) waiting list mortality rates: 07/01/2016 - 06/30/2018





## B. Waiting List Information

**Table B6. Waiting list candidate status after listing**  
**Candidates registered on waiting list between 01/01/2016 and 12/31/2016**

Waiting list status (survival status)	This Center (N=266)			U.S. (N=36,430)		
	Months Since Listing			Months Since Listing		
	6	12	18	6	12	18
<b>Alive on waiting list (%)</b>	77.8	69.5	64.7	78.8	66.8	57.1
<b>Died on the waiting list without transplant (%)</b>	0.8	1.5	2.3	1.2	2.1	3.1
<b>Removed without transplant (%):</b>						
Condition worsened (status unknown)	0.4	0.4	0.4	0.8	1.7	2.7
Condition improved (status unknown)	0.0	0.0	0.0	0.1	0.2	0.2
Refused transplant (status unknown)	0.0	0.0	0.4	0.1	0.2	0.2
Other	1.9	1.9	1.9	0.6	1.5	2.7
<b>Transplant (living donor from waiting list only) (%):</b>						
Functioning (alive)	4.5	4.5	3.4	6.4	9.5	8.0
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.0	0.4	0.8	0.0	0.1	0.1
Status Yet Unknown**	0.0	0.4	1.5	0.1	0.4	3.7
<b>Transplant (deceased donor) (%):</b>						
Functioning (alive)	13.9	19.5	16.9	10.0	13.5	11.7
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.1	0.0
Died	0.0	0.0	0.0	0.2	0.4	0.6
Status Yet Unknown*	0.8	1.9	7.5	1.4	3.0	8.6
<b>Lost or Transferred (status unknown) (%)</b>	0.0	0.0	0.4	0.2	0.6	1.1
<b>TOTAL (%)</b>	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	0.8	1.9	3.0	1.4	2.6	3.8
Total % known died or removed as unstable	1.1	2.3	3.4	2.2	4.3	6.5
Total % removed for transplant	19.2	26.7	30.1	18.2	27.0	32.8
Total % with known functioning transplant (alive)	18.4	24.1	20.3	16.4	23.0	19.7

\* Follow-up form covering specified time period not yet completed, and possibly has not become due.



## B. Waiting List Information

**Table B7. Percent of candidates with deceased donor transplants: demographic characteristics**  
Candidates registered on the waiting list between 07/01/2012 and 06/30/2015

Characteristic	Percent transplanted at time periods since listing									
	This Center					United States				
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
<b>All</b>	734	0.8	8.6	18.1	25.3	94,419	2.2	11.3	18.0	23.4
<b>Ethnicity/Race*</b>										
White	92	2.2	12.0	16.3	22.8	37,983	2.7	13.1	20.0	25.2
African-American	339	0.3	6.8	16.5	23.3	30,448	1.7	10.0	16.6	22.1
Hispanic/Latino	269	1.1	9.7	20.8	28.6	16,951	2.4	10.8	17.3	22.9
Asian	33	0.0	9.1	18.2	27.3	7,542	1.4	8.9	15.2	20.3
Other	1	0.0	0.0	0.0	0.0	1,495	1.7	11.4	18.3	24.1
Unknown	0	--	--	--	--	0	--	--	--	--
<b>Age</b>										
<2 years	1	0.0	0.0	0.0	0.0	138	5.8	34.8	49.3	62.3
2-11 years	14	0.0	35.7	57.1	71.4	815	7.2	49.3	64.2	70.7
12-17 years	10	0.0	40.0	60.0	60.0	1,368	8.5	49.3	61.4	67.5
18-34 years	67	1.5	3.0	7.5	13.4	9,647	1.7	10.1	18.8	26.7
35-49 years	169	0.6	1.2	4.1	14.8	23,995	1.8	9.7	16.5	22.4
50-64 years	341	0.9	10.3	22.0	29.0	41,150	2.3	10.6	16.6	21.5
65+ years	132	0.8	11.4	24.2	28.0	17,306	2.0	10.9	17.1	21.3
Other (includes prenatal)	0	--	--	--	--	0	--	--	--	--
<b>Gender</b>										
Male	435	0.9	10.3	21.6	29.4	57,992	2.3	11.2	17.5	22.7
Female	299	0.7	6.0	13.0	19.4	36,427	2.0	11.5	18.7	24.4

\* Race and ethnicity are reported together as a single data element, reflecting their data collection (either race or ethnicity is required, but not both). Patients formerly coded as white and Hispanic are coded as Hispanic. Race and ethnicity sum to 100%.



## B. Waiting List Information

**Table B8. Percent of candidates with deceased donor transplants: medical characteristics**  
Candidates registered on the waiting list between 07/01/2012 and 06/30/2015

Characteristic	Percent transplanted at time periods since listing									
		This Center					United States			
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	734	0.8	8.6	18.1	25.3	94,419	2.2	11.3	18.0	23.4
Blood Type										
O	358	0.6	6.1	14.5	19.0	46,606	2.0	9.7	15.1	19.8
A	216	1.9	13.0	25.5	36.6	29,857	2.6	13.6	22.2	28.8
B	130	0.0	6.9	16.2	23.1	14,416	1.7	8.8	14.4	18.6
AB	30	0.0	13.3	16.7	30.0	3,540	4.0	24.2	35.8	43.2
Previous Transplant										
Yes	84	1.2	6.0	16.7	22.6	13,467	2.0	11.5	19.2	25.4
No	650	0.8	8.9	18.3	25.7	80,952	2.3	11.3	17.8	23.0
Peak PRA/CPRA										
0-9%	721	0.8	8.3	18.0	25.2	77,547	2.3	10.9	17.3	22.5
10-79%	7	0.0	42.9	42.9	57.1	10,064	1.7	12.1	19.7	25.9
80+%	6	0.0	0.0	0.0	0.0	6,801	1.9	14.4	23.4	29.5
Unknown	0	--	--	--	--	7	100.0	100.0	100.0	100.0
Primary Disease*										
Glomerular Diseases	83	0.0	3.6	9.6	21.7	16,887	1.8	12.3	20.4	27.2
Tubular & Interstitial Diseases	8	12.5	25.0	37.5	37.5	3,394	3.6	15.5	22.7	28.0
Polycystic Kidneys	26	0.0	7.7	15.4	15.4	6,037	1.4	10.3	18.2	24.7
Congenital, Familial, Metabolic	1	0.0	0.0	0.0	0.0	1,785	3.9	25.4	36.2	43.8
Diabetes	324	0.3	6.5	16.4	21.9	33,101	1.4	8.0	13.1	17.2
Renovascular & Vascular Diseases	1	0.0	0.0	0.0	0.0	135	0.7	9.6	17.0	21.5
Neoplasms	0	--	--	--	--	298	1.0	15.1	24.5	30.5
Hypertensive Nephrosclerosis	202	0.5	9.4	21.3	31.2	21,567	1.5	9.9	16.8	22.6
Other	89	3.4	18.0	24.7	30.3	10,779	6.9	19.8	27.1	32.3
Missing*	0	--	--	--	--	436	0.7	7.1	12.6	18.1

\* When "retransplant" is indicated, the primary disease is passed forward from the prior transplant in order to indicate the initial primary disease causing organ failure. "Missing" may include some patients for whom retransplant is indicated but no prior diagnosis can be found.



## B. Waiting List Information

Table B9. Time to transplant for waiting list candidates\*

Candidates registered on the waiting list between 07/01/2012 and 12/31/2017

Percentile	Center	Months to Transplant**		U.S.
		OPO/DSA	Region	
5th	1.4	0.7	0.8	1.3
10th	5.0	2.6	2.7	3.3
25th	19.0	13.1	12.1	12.7
50th (median time to transplant)	Not Observed	Not Observed	61.9	61.8
75th	Not Observed	Not Observed	Not Observed	Not Observed

\* If cells contain "Not Observed" fewer than that percentile of patients had received a transplant. For example, the 50th percentile of time to transplant is the time when 50% of candidates have received transplants. If waiting times are long, then the 50th percentile may not be observed during the follow-up period for this table. Also, if more than 50% of candidates are removed from the list due to death or other reasons before receiving transplants, then the 50th percentile of time to transplant will not be observed.

\*\* Censored on 06/30/2018. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had received a transplant.



## B. Waiting List Information

Table B10. Offer Acceptance Practices: 07/01/2017 - 06/30/2018

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
<b>Overall</b>				
Number of Offers	7,494	152,462	160,725	1,515,317
Number of Acceptances	84	585	915	13,348
Expected Acceptances	24.7	547.5	703.9	13,333.7
Offer Acceptance Ratio*	3.23	1.07	1.30	1.00
95% Credible Interval**	[2.58, 3.94]	--	--	--
<b>Low-KDRI Donors (KDRI &lt; 1.05)</b>				
Number of Offers	830	13,229	13,726	180,784
Number of Acceptances	23	128	228	5,077
Expected Acceptances	5.1	108.4	169.9	5,072.3
Offer Acceptance Ratio*	3.53	1.18	1.34	1.00
95% Credible Interval**	[2.28, 5.04]	--	--	--
<b>Medium-KDRI Donors (1.05 &lt; KDRI &lt; 1.75)</b>				
Number of Offers	5,283	98,764	104,080	992,212
Number of Acceptances	53	360	567	7,021
Expected Acceptances	16.8	323.1	412.3	7,013.3
Offer Acceptance Ratio*	2.92	1.11	1.37	1.00
95% Credible Interval**	[2.20, 3.75]	--	--	--
<b>High-KDRI Donors (KDRI &gt; 1.75)</b>				
Number of Offers	1,381	40,469	42,919	342,321
Number of Acceptances	8	97	120	1,250
Expected Acceptances	2.8	116.0	121.7	1,248.1
Offer Acceptance Ratio*	2.10	0.84	0.99	1.00
95% Credible Interval**	[1.01, 3.59]	--	--	--
<b>Hard-to-Place Kidneys (Over 100 Offers)</b>				
Number of Offers	7,222	141,145	147,786	1,290,287
Number of Acceptances	42	253	363	1,731
Expected Acceptances	9.1	205.9	211.9	1,740.3
Offer Acceptance Ratio*	3.98	1.23	1.71	0.99
95% Credible Interval**	[2.89, 5.23]	--	--	--

\* The offer acceptance ratio estimates the relative offer acceptance practice of Montefiore Medical Center (NYMA) compared to the national offer acceptance practice. A ratio above one indicates the program is more likely to accept an offer compared to national offer acceptance practices (e.g., an offer acceptance ratio of 1.25 indicates a 25% more likely to accept an offer), while a ratio below one indicates the program is less likely to accept an offer compared to national offer acceptance practices (e.g., an offer acceptance ratio of 0.75 indicates a 25% less likely to accept an offer).

\*\* As an example, the 95% Credible Interval for the overall offer acceptance ratio, [2.58, 3.94], indicates the location of NYMA's true offer acceptance ratio with 95% probability. The best estimate is 223% more likely to accept an offer compared to national acceptance behavior, but NYMA's performance could plausibly range from 158% higher acceptance up to 294% higher acceptance.





## B. Waiting List Information

Figure B7. Offer acceptance: Overall

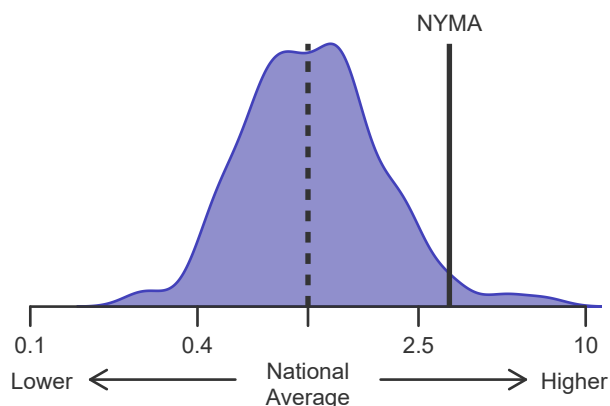


Figure B8. Offer acceptance: Low-KDRI

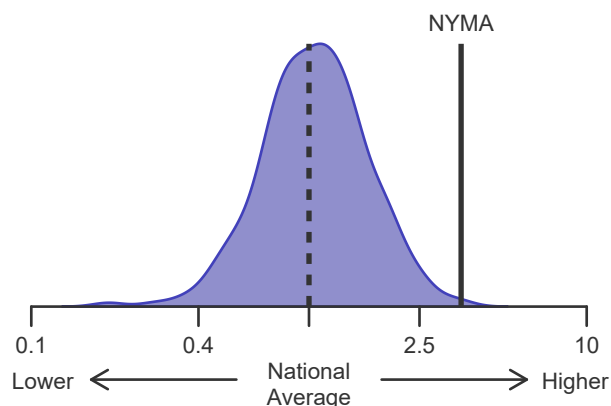


Figure B9. Offer acceptance: Medium-KDRI

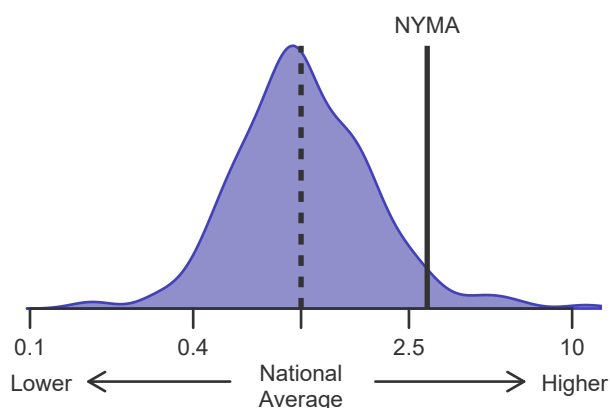


Figure B10. Offer acceptance: High-KDRI

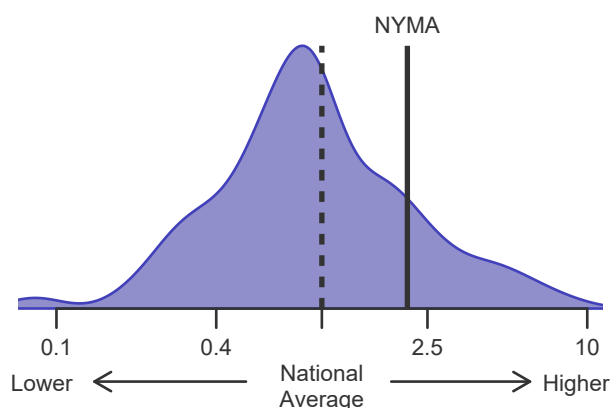
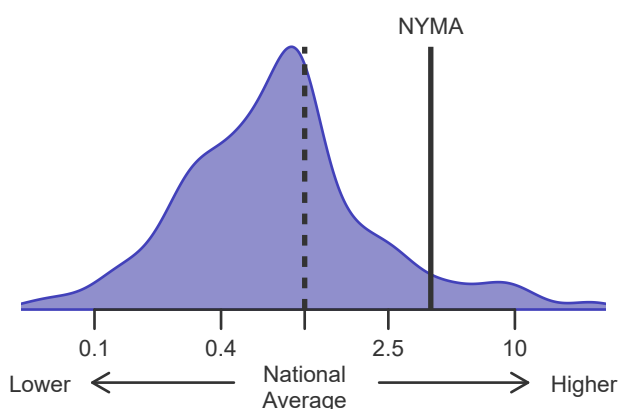


Figure B11. Offer acceptance: Offer number > 100





## C. Transplant Information

**Table C1D. Deceased donor transplant recipient demographic characteristics**

**Patients transplanted between 07/01/2017 and 06/30/2018**

Characteristic	Percentage in each category		
	Center (N=92)	Region (N=978)	U.S. (N=14,299)
<b>Ethnicity/Race (%)*</b>			
White	14.1	33.1	38.4
African-American	38.0	36.5	31.9
Hispanic/Latino	43.5	18.3	19.9
Asian	4.3	10.8	7.8
Other	0.0	1.2	1.9
Unknown	0.0	0.0	0.0
<b>Age (%)</b>			
<2 years	0.0	0.0	0.1
2-11 years	5.4	1.1	1.6
12-17	3.3	1.8	1.9
18-34	5.4	8.9	10.1
35-49 years	10.9	19.3	24.5
50-64 years	53.3	45.4	40.5
65+ years	21.7	23.4	21.4
Unknown	0.0	0.0	0.0
<b>Gender (%)</b>			
Male	68.5	63.2	59.5
Female	31.5	36.8	40.5

\* Race and ethnicity are reported together as a single data element, reflecting their data collection (either race or ethnicity is required, but not both). Patients formerly coded as white and Hispanic are coded as Hispanic. Race and ethnicity sum to 100%.



## C. Transplant Information

**Table C1L. Living donor transplant recipient demographic characteristics****Patients transplanted between 07/01/2017 and 06/30/2018**

Characteristic	Percentage in each category		
	Center (N=26)	Region (N=592)	U.S. (N=6,149)
<b>Ethnicity/Race (%)*</b>			
White	46.2	61.3	65.6
African-American	11.5	14.5	12.1
Hispanic/Latino	42.3	16.9	15.4
Asian	0.0	6.4	5.8
Other	0.0	0.8	1.1
Unknown	0.0	0.0	0.0
<b>Age (%)</b>			
<2 years	0.0	0.0	0.4
2-11 years	3.8	0.7	2.1
12-17	3.8	2.2	1.8
18-34	19.2	14.4	16.2
35-49 years	23.1	27.2	27.0
50-64 years	38.5	36.5	36.3
65+ years	11.5	19.1	16.3
Unknown	0.0	0.0	0.0
<b>Gender (%)</b>			
Male	73.1	63.7	63.1
Female	26.9	36.3	36.9

\* Race and ethnicity are reported together as a single data element, reflecting their data collection (either race or ethnicity is required, but not both). Patients formerly coded as white and Hispanic are coded as Hispanic. Race and ethnicity sum to 100%.



## C. Transplant Information

**Table C2D. Deceased donor transplant recipient medical characteristics****Patients transplanted between 07/01/2017 and 06/30/2018**

Characteristic	Percentage in each category		
	Center (N=92)	Region (N=978)	U.S. (N=14,299)
<b>Blood Type (%)</b>			
O	46.7	46.8	45.8
A	32.6	33.3	35.1
B	17.4	14.6	14.0
AB	3.3	5.2	5.1
<b>Previous Transplant (%)</b>			
Yes	4.3	13.1	13.8
No	95.7	86.9	86.2
<b>Peak PRA/CPRA Prior to Transplant (%)</b>			
0-9%	68.5	65.7	58.2
10-79%	22.8	19.2	22.8
80+ %	8.7	15.0	18.9
Unknown	0.0	0.0	0.0
<b>Body Mass Index (%)</b>			
0-20	17.4	11.7	10.4
21-25	28.3	31.7	28.0
26-30	34.8	27.9	30.8
31+	17.4	27.6	29.6
Unknown	2.2	1.1	1.1
<b>Primary Disease (%)*</b>			
Glomerular Diseases	13.0	21.1	22.2
Tubular and Interstitial Disease	2.2	3.4	4.6
Polycystic Kidneys	5.4	5.8	7.8
Congenital, Familial, Metabolic	1.1	1.6	2.7
Diabetes	39.1	27.8	27.3
Renovascular & Vascular Diseases	1.1	0.1	0.2
Neoplasms	0.0	0.6	0.4
Hypertensive Nephrosclerosis	28.3	25.4	23.6
Other Kidney	9.8	13.6	10.9
Missing*	0.0	0.6	0.3

\* When "retransplant" is indicated, the primary disease is passed forward from the prior transplant in order to indicate the initial primary disease causing organ failure. "Missing" may include some patients for whom retransplant is indicated but no prior diagnosis can be found.



## C. Transplant Information

Table C2L. Living donor transplant recipient medical characteristics

Patients transplanted between 07/01/2017 and 06/30/2018

Characteristic	Percentage in each category		
	Center (N=26)	Region (N=592)	U.S. (N=6,149)
<b>Blood Type (%)</b>			
O	69.2	43.2	43.8
A	19.2	38.2	38.9
B	11.5	14.4	13.3
AB	0.0	4.2	4.0
<b>Previous Transplant (%)</b>			
Yes	3.8	12.3	11.5
No	96.2	87.7	88.5
<b>Peak PRA/CPRA Prior to Transplant (%)</b>			
0-9%	84.6	86.0	73.9
10-79%	11.5	10.8	20.5
80+ %	3.8	3.0	5.5
Unknown	0.0	0.2	0.1
<b>Body Mass Index (%)</b>			
0-20	15.4	12.7	12.4
21-25	34.6	33.4	29.2
26-30	23.1	30.2	32.0
31+	19.2	23.1	25.7
Unknown	7.7	0.5	0.7
<b>Primary Disease (%)*</b>			
Glomerular Diseases	19.2	29.6	31.0
Tubular and Interstitial Disease	0.0	5.2	5.4
Polycystic Kidneys	3.8	11.7	12.5
Congenital, Familial, Metabolic	0.0	2.9	4.3
Diabetes	46.2	26.5	21.2
Renovascular & Vascular Diseases	0.0	0.3	0.4
Neoplasms	0.0	0.5	0.6
Hypertensive Nephrosclerosis	23.1	15.9	15.9
Other Kidney	7.7	6.8	8.4
Missing*	0.0	0.7	0.4

\* When "retransplant" is indicated, the primary disease is passed forward from the prior transplant in order to indicate the initial primary disease causing organ failure. "Missing" may include some patients for whom retransplant is indicated but no prior diagnosis can be found.



## C. Transplant Information

**Table C3D. Deceased donor characteristics**

Transplants performed between 07/01/2017 and 06/30/2018

Donor Characteristic	Percentage in each category		
	Center (N=92)	Region (N=978)	U.S. (N=14,299)
<b>Cause of Death (%)</b>			
Deceased: Stroke	15.2	24.4	23.8
Deceased: MVA	6.5	10.9	15.8
Deceased: Other	78.3	64.6	60.3
<b>Ethnicity/Race (%)*</b>			
White	71.7	67.4	67.3
African-American	10.9	14.7	14.0
Hispanic/Latino	16.3	15.1	14.8
Asian	1.1	2.5	2.6
Other	0.0	0.3	1.2
Not Reported	0.0	0.0	0.0
<b>Age (%)</b>			
<2 years	1.1	0.9	0.9
2-11 years	4.3	3.1	3.1
12-17	2.2	2.5	4.7
18-34	41.3	28.4	35.1
35-49 years	22.8	30.8	30.1
50-64 years	25.0	31.5	23.7
65+ years	3.3	2.9	2.3
Unknown	0.0	0.0	0.0
<b>Gender (%)</b>			
Male	60.9	59.9	62.0
Female	39.1	40.1	38.0
<b>Blood Type (%)</b>			
O	47.8	48.8	47.8
A	38.0	36.2	37.5
B	10.9	12.4	11.7
AB	3.3	2.7	3.0
Unknown	0.0	0.0	0.0
No	87.0	83.0	87.1

\* Race and ethnicity are reported together as a single data element, reflecting their data collection (either race or ethnicity is required, but not both). Patients formerly coded as white and Hispanic are coded as Hispanic. Race and ethnicity sum to 100%.



## C. Transplant Information

**Table C3L. Living donor characteristics****Transplants performed between 07/01/2017 and 06/30/2018**

Donor Characteristic	Percentage in each category		
	Center (N=26)	Region (N=592)	U.S. (N=6,149)
<b>Ethnicity/Race (%)*</b>			
White	50.0	65.5	71.0
African-American	11.5	12.5	8.6
Hispanic/Latino	38.5	17.2	14.9
Asian	0.0	4.2	4.2
Other	0.0	0.5	1.2
Not Reported	0.0	0.0	0.0
<b>Age (%)</b>			
0-11 years	0.0	0.0	0.0
12-17	0.0	0.0	0.0
18-34	26.9	24.3	26.0
35-49 years	61.5	37.5	39.8
50-64 years	7.7	31.8	29.2
65+ years	3.8	6.4	5.0
Unknown	0.0	0.0	0.0
<b>Gender (%)</b>			
Male	53.8	41.2	37.9
Female	46.2	58.8	62.1
<b>Blood Type (%)</b>			
O	80.8	63.7	62.4
A	15.4	26.9	27.9
B	3.8	8.3	8.3
AB	0.0	1.2	1.3
Unknown	0.0	0.0	0.0

\* Race and ethnicity are reported together as a single data element, reflecting their data collection (either race or ethnicity is required, but not both). Patients formerly coded as white and Hispanic are coded as Hispanic. Race and ethnicity sum to 100%.



## C. Transplant Information

**Table C4D. Deceased donor transplant characteristics**  
**Transplants performed between 07/01/2017 and 06/30/2018**

Transplant Characteristic	Percentage in each category		
	Center (N=92)	Region (N=978)	U.S. (N=14,299)
<b>Cold Ischemic Time (Hours): Local (%)</b>			
Deceased: 0-11 hr	52.8	36.9	37.2
Deceased: 12-21 hr	38.9	44.5	46.4
Deceased: 22-31 hr	8.3	14.8	13.3
Deceased: 32-41 hr	0.0	2.3	1.8
Deceased: 42+ hr	0.0	0.6	0.6
Not Reported	0.0	0.8	0.7
<b>Cold Ischemic Time (Hours): Shared (%)</b>			
Deceased: 0-11 hr	3.6	7.3	9.1
Deceased: 12-21 hr	16.1	18.7	40.1
Deceased: 22-31 hr	32.1	31.0	36.3
Deceased: 32-41 hr	37.5	27.2	10.2
Deceased: 42+ hr	7.1	14.8	3.5
Not Reported	3.6	1.0	0.8
<b>Level of Mismatch (%)</b>			
A Locus Mismatches (%)			
0	13.0	12.6	12.1
1	34.8	36.6	38.9
2	52.2	50.4	48.6
Not Reported	0.0	0.4	0.4
B Locus Mismatches (%)			
0	6.5	6.1	7.7
1	17.4	25.5	25.4
2	76.1	68.0	66.4
Not Reported	0.0	0.4	0.4
DR Locus Mismatches (%)			
0	12.0	11.6	16.9
1	40.2	41.5	47.7
2	47.8	46.5	34.9
Not Reported	0.0	0.4	0.4
Total Mismatches (%)			
0	5.4	3.8	4.7
1	1.1	1.4	1.6
2	1.1	4.1	5.3
3	8.7	11.2	14.0
4	26.1	25.2	27.2
5	34.8	33.8	31.8
6	22.8	20.0	15.0
Not Reported	0.0	0.4	0.4
<b>Procedure Type (%)</b>			
Kidney alone	91.3	94.2	93.9
Kidney and another organ	8.7	5.8	6.1
<b>Dialysis in First Week After Transplant (%)</b>			
Yes	25.0	33.9	27.2
No	75.0	66.1	72.5
Not Reported	0.0	0.0	0.3
<b>Sharing (%)</b>			
Local	39.1	49.6	69.8
Shared	60.9	50.4	30.2
<b>Median Time in Hospital After Transplant*</b>	6.0 Days	6.0 Days	5.0 Days

\* Multiple organ transplants are excluded from this statistic.





## C. Transplant Information

**Table C4L. Living donor transplant characteristics**  
**Transplants performed between 07/01/2017 and 06/30/2018**

Transplant Characteristic	Percentage in each category		
	Center (N=26)	Region (N=592)	U.S. (N=6,149)
<b>Relation with Donor (%)</b>			
Related	61.5	49.0	42.5
Unrelated	38.5	50.8	57.5
Not Reported	0.0	0.2	0.1
<b>Level of Mismatch (%)</b>			
A Locus Mismatches (%)			
0	34.6	23.8	18.4
1	46.2	47.0	49.7
2	19.2	28.5	30.2
Not Reported	0.0	0.7	1.8
B Locus Mismatches (%)			
0	11.5	14.2	10.9
1	57.7	46.5	43.5
2	30.8	38.7	43.7
Not Reported	0.0	0.7	1.8
DR Locus Mismatches (%)			
0	15.4	17.9	16.3
1	50.0	54.6	49.8
2	34.6	26.9	32.1
Not Reported	0.0	0.7	1.8
Total Mismatches (%)			
0	3.8	9.1	5.5
1	11.5	3.4	4.0
2	19.2	15.5	13.1
3	30.8	23.0	23.2
4	0.0	18.1	18.3
5	26.9	20.9	22.0
6	7.7	9.3	12.0
Not Reported	0.0	0.7	1.8
<b>Procedure Type (%)</b>			
Kidney alone	100.0	100.0	100.0
Kidney and another organ	0.0	0.0	0.0
<b>Dialysis in First Week After Transplant (%)</b>			
Yes	0.0	3.0	2.7
No	100.0	96.8	96.9
Not Reported	0.0	0.2	0.4
<b>Median Time in Hospital After Transplant*</b>	4.0 Days	4.0 Days	4.0 Days

\* Multiple organ transplants are excluded from this statistic.



## C. Transplant Information

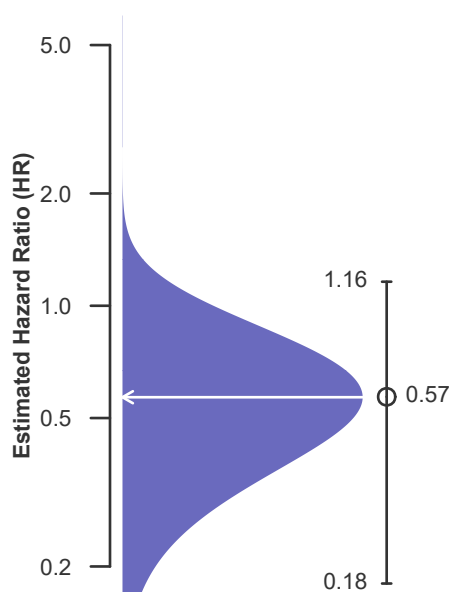
**Table C5. Adult (18+) 1-month survival with a functioning graft**  
**Single organ transplants performed between 07/01/2015 and 12/31/2017**  
**Deaths and retransplants are considered graft failures**

	NYMA	U.S.
Number of transplants evaluated	355	43,863
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	99.15%	98.50%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.10%	--
Number of observed graft failures (including deaths) during the first month after transplant	3	659
Number of expected graft failures (including deaths) during the first month after transplant	6.79	--
Estimated hazard ratio*	0.57	--
95% credible interval for the hazard ratio**	[0.18, 1.16]	--

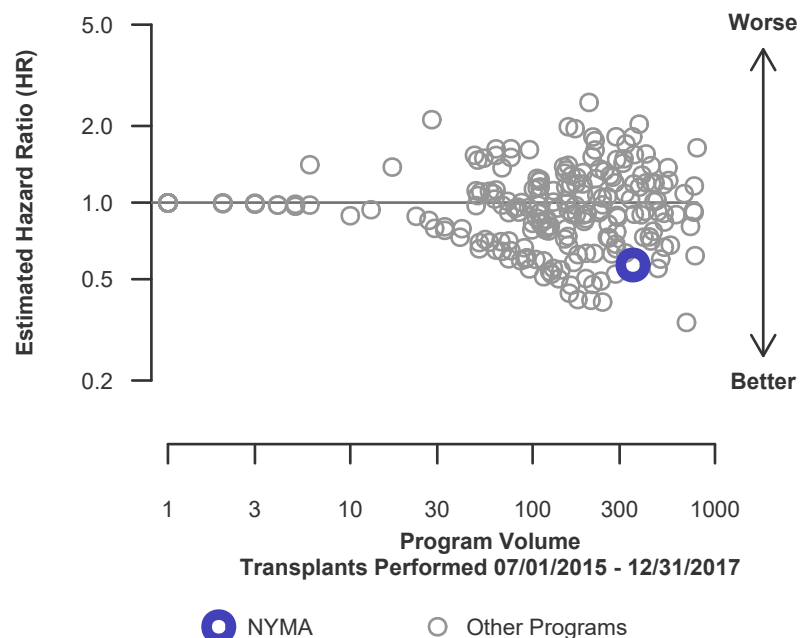
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.18, 1.16], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 43% lower risk of graft failure compared to an average program, but NYMA's performance could plausibly range from 82% reduced risk up to 16% increased risk.

**Figure C1. Adult (18+) 1-month graft failure HR estimate**



**Figure C2. Adult (18+) 1-month graft failure HR program comparison**





## C. Transplant Information

**Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft**

**Single organ transplants performed between 07/01/2015 and 12/31/2017**

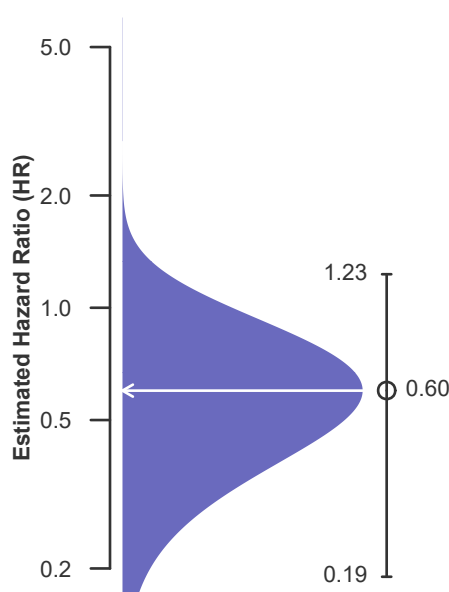
**Deaths and retransplants are considered graft failures**

	NYMA	U.S.
Number of transplants evaluated	295	30,147
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	98.98%	98.15%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.87%	--
Number of observed graft failures (including deaths) during the first month after transplant	3	559
Number of expected graft failures (including deaths) during the first month after transplant	6.34	--
Estimated hazard ratio*	0.60	--
95% credible interval for the hazard ratio**	[0.19, 1.23]	--

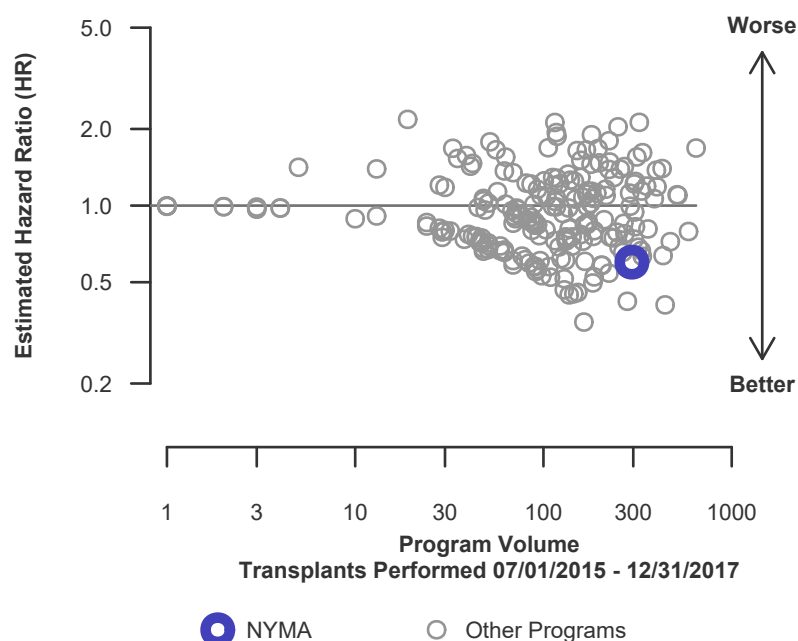
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.19, 1.23], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 40% lower risk of graft failure compared to an average program, but NYMA's performance could plausibly range from 81% reduced risk up to 23% increased risk.

**Figure C1D. Adult (18+) 1-month deceased donor graft failure HR estimate**



**Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison**





## C. Transplant Information

**Table C5L. Adult (18+) 1-month survival with a functioning living donor graft**

**Single organ transplants performed between 07/01/2015 and 12/31/2017**

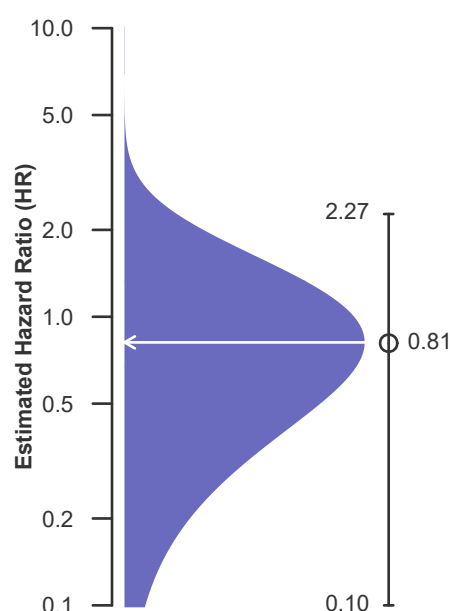
**Deaths and retransplants are considered graft failures**

	NYMA	U.S.
Number of transplants evaluated	60	13,716
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.27%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.25%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	100
Number of expected graft failures (including deaths) during the first month after transplant	0.45	--
Estimated hazard ratio*	0.81	--
95% credible interval for the hazard ratio**	[0.10, 2.27]	--

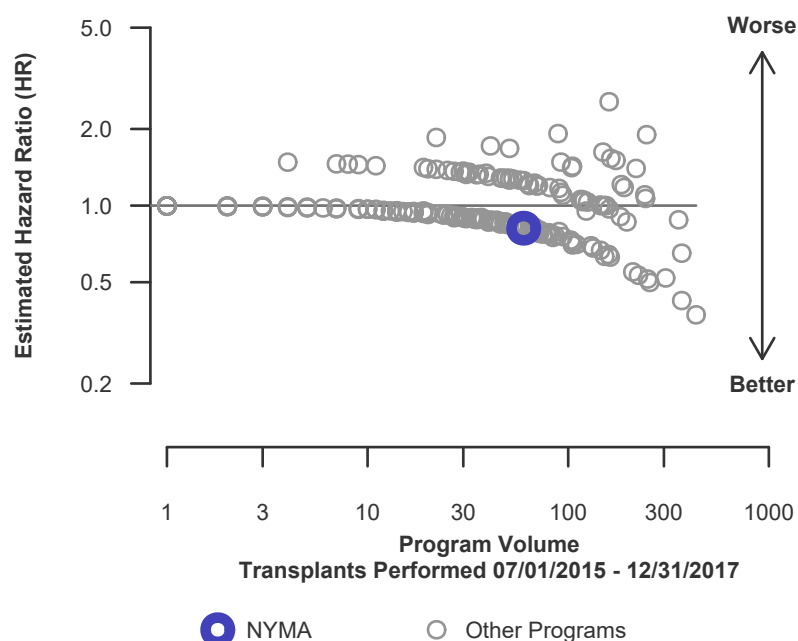
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.10, 2.27], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 19% lower risk of graft failure compared to an average program, but NYMA's performance could plausibly range from 90% reduced risk up to 127% increased risk.

**Figure C1L. Adult (18+) 1-month living donor graft failure HR estimate**



**Figure C2L. Adult (18+) 1-month living donor graft failure HR program comparison**





## C. Transplant Information

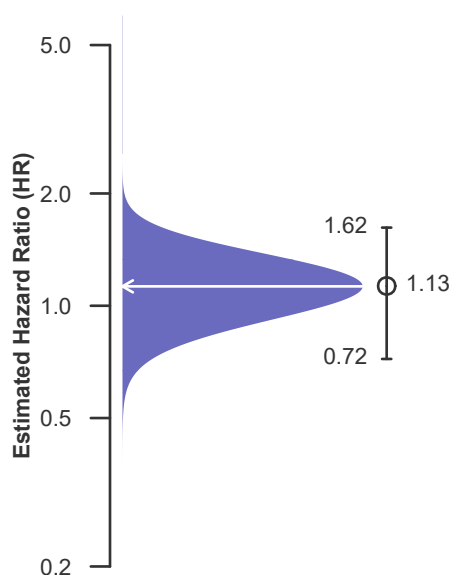
**Table C6. Adult (18+) 1-year survival with a functioning graft**  
**Single organ transplants performed between 07/01/2015 and 12/31/2017**  
**Deaths and retransplants are considered graft failures**

	NYMA	U.S.
Number of transplants evaluated	355	43,863
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	93.55%	95.59%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	94.39%	--
Number of observed graft failures (including deaths) during the first year after transplant	22	1,812
Number of expected graft failures (including deaths) during the first year after transplant	19.29	--
Estimated hazard ratio*	1.13	--
95% credible interval for the hazard ratio**	[0.72, 1.62]	--

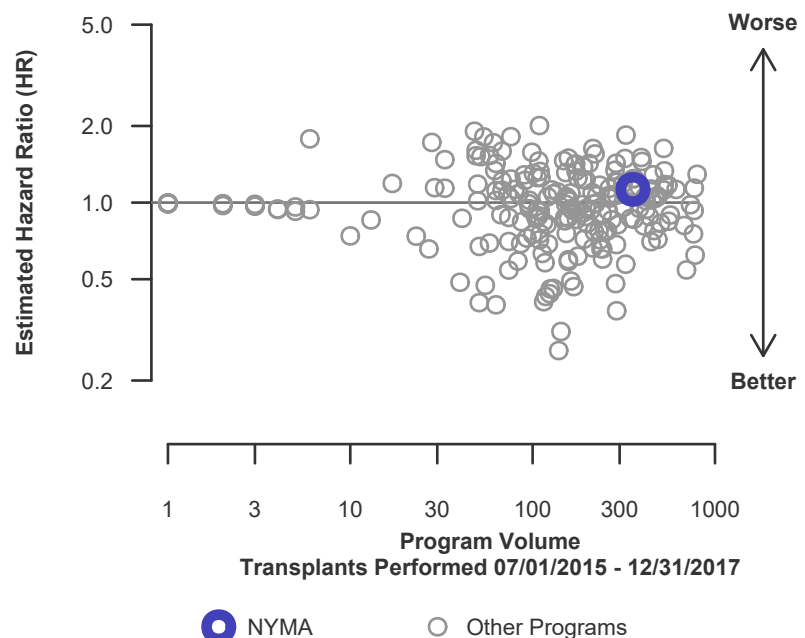
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.72, 1.62], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 13% higher risk of graft failure compared to an average program, but NYMA's performance could plausibly range from 28% reduced risk up to 62% increased risk.

**Figure C3. Adult (18+) 1-year graft failure HR estimate**



**Figure C4. Adult (18+) 1-year graft failure HR program comparison**





## C. Transplant Information

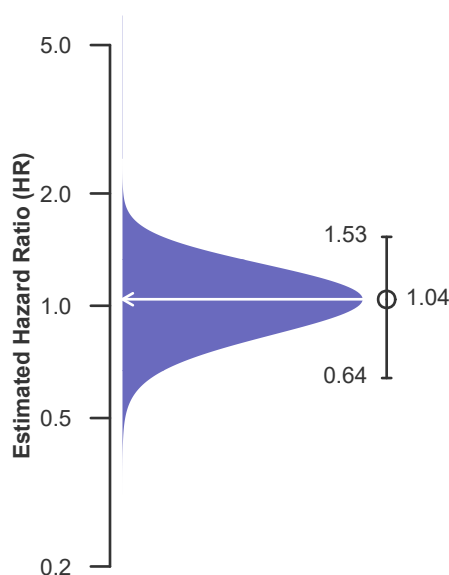
**Table C6D. Adult (18+) 1-year survival with a functioning deceased donor graft**  
**Single organ transplants performed between 07/01/2015 and 12/31/2017**  
**Deaths and retransplants are considered graft failures**

	NYMA	U.S.
Number of transplants evaluated	295	30,147
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	93.38%	94.47%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	93.66%	--
Number of observed graft failures (including deaths) during the first year after transplant	19	1,563
Number of expected graft failures (including deaths) during the first year after transplant	18.17	--
Estimated hazard ratio*	1.04	--
95% credible interval for the hazard ratio**	[0.64, 1.53]	--

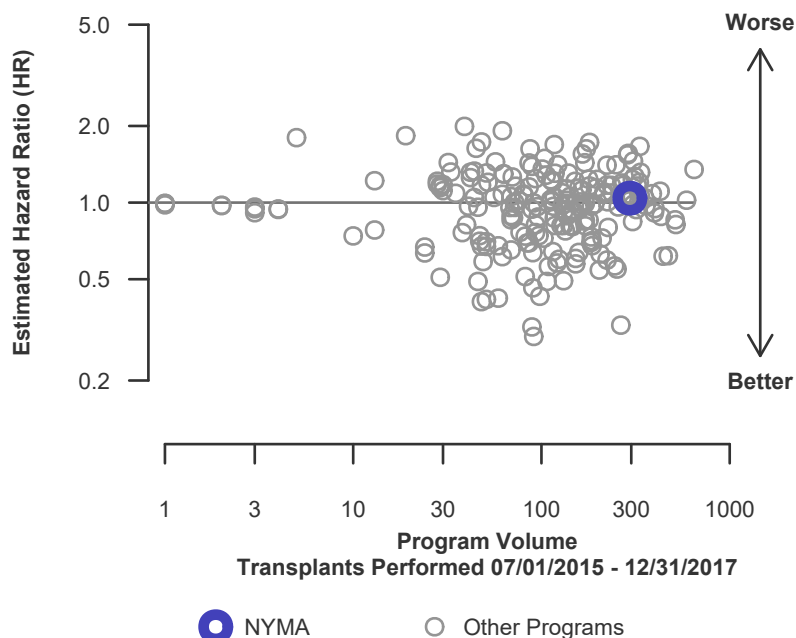
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.64, 1.53], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 4% higher risk of graft failure compared to an average program, but NYMA's performance could plausibly range from 36% reduced risk up to 53% increased risk.

**Figure C3D. Adult (18+) 1-year deceased donor graft failure HR estimate**



**Figure C4D. Adult (18+) 1-year deceased donor graft failure HR program comparison**





## C. Transplant Information

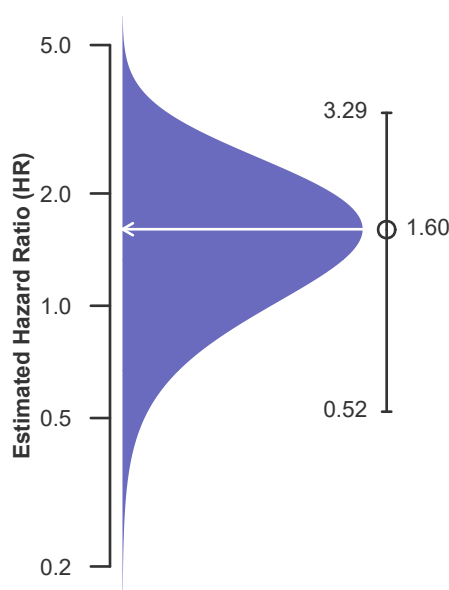
**Table C6L. Adult (18+) 1-year survival with a functioning living donor graft**  
**Single organ transplants performed between 07/01/2015 and 12/31/2017**  
**Deaths and retransplants are considered graft failures**

	NYMA	U.S.
Number of transplants evaluated	60	13,716
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	94.15%	98.05%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.98%	--
Number of observed graft failures (including deaths) during the first year after transplant	3	249
Number of expected graft failures (including deaths) during the first year after transplant	1.12	--
Estimated hazard ratio*	1.60	--
95% credible interval for the hazard ratio**	[0.52, 3.29]	--

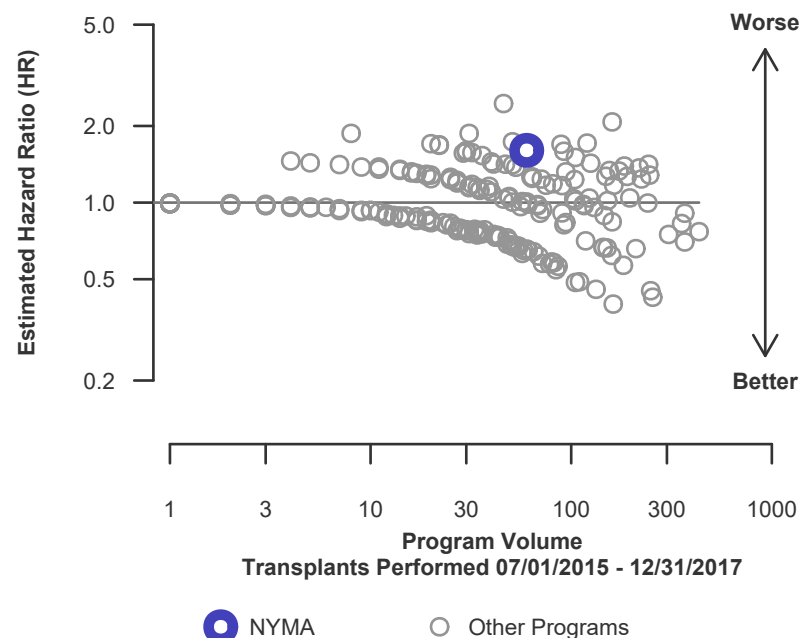
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.52, 3.29], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 60% higher risk of graft failure compared to an average program, but NYMA's performance could plausibly range from 48% reduced risk up to 229% increased risk.

**Figure C3L. Adult (18+) 1-year living donor graft failure HR estimate**



**Figure C4L. Adult (18+) 1-year living donor graft failure HR program comparison**







## C. Transplant Information

**Table C7. Adult (18+) 3-year survival with a functioning graft**

**Single organ transplants performed between 01/01/2013 and 06/30/2015**

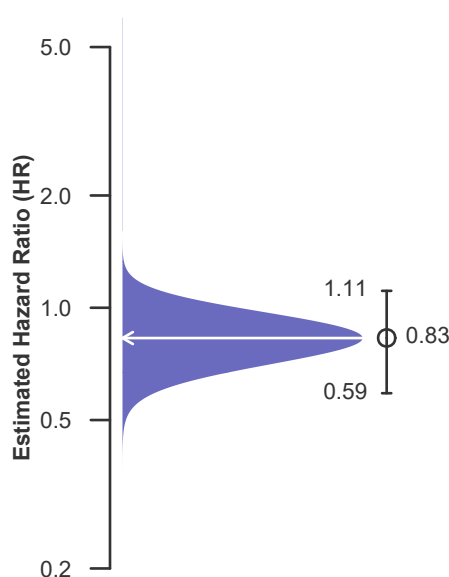
**Deaths and retransplants are considered graft failures**

	NYMA	U.S.
Number of transplants evaluated	316	38,978
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	88.29%	88.92%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	85.90%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	37	4,319
Number of expected graft failures (including deaths) during the first 3 years after transplant	45.02	--
Estimated hazard ratio*	0.83	--
95% credible interval for the hazard ratio**	[0.59, 1.11]	--

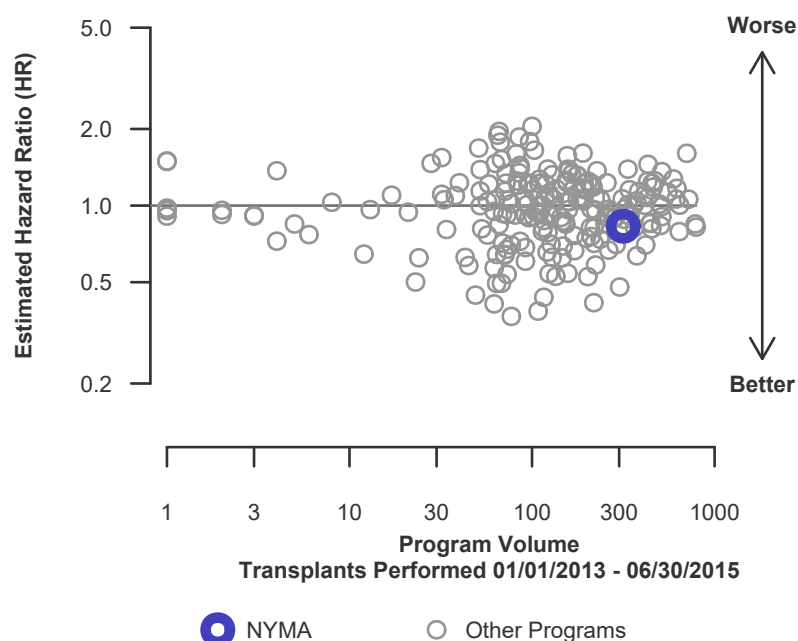
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.59, 1.11], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 17% lower risk of graft failure compared to an average program, but NYMA's performance could plausibly range from 41% reduced risk up to 11% increased risk.

**Figure C5. Adult (18+) 3-year graft failure HR estimate**



**Figure C6. Adult (18+) 3-year graft failure HR program comparison**







## C. Transplant Information

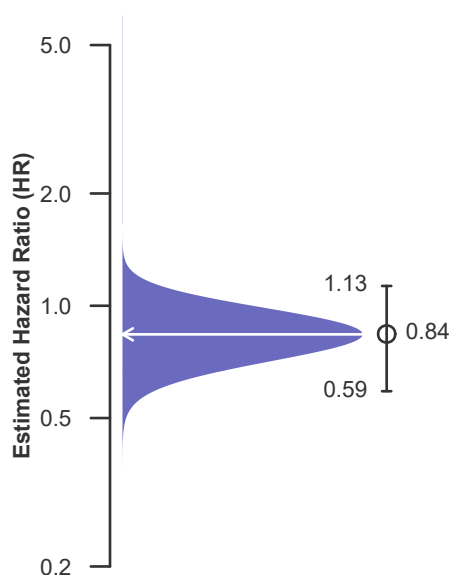
**Table C7D. Adult (18+) 3-year survival with a functioning deceased donor graft**  
**Single organ transplants performed between 01/01/2013 and 06/30/2015**  
**Deaths and retransplants are considered graft failures**

	NYMA	U.S.
Number of transplants evaluated	258	25,702
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	86.43%	86.44%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	83.83%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	35	3,485
Number of expected graft failures (including deaths) during the first 3 years after transplant	42.14	--
Estimated hazard ratio*	0.84	--
95% credible interval for the hazard ratio**	[0.59, 1.13]	--

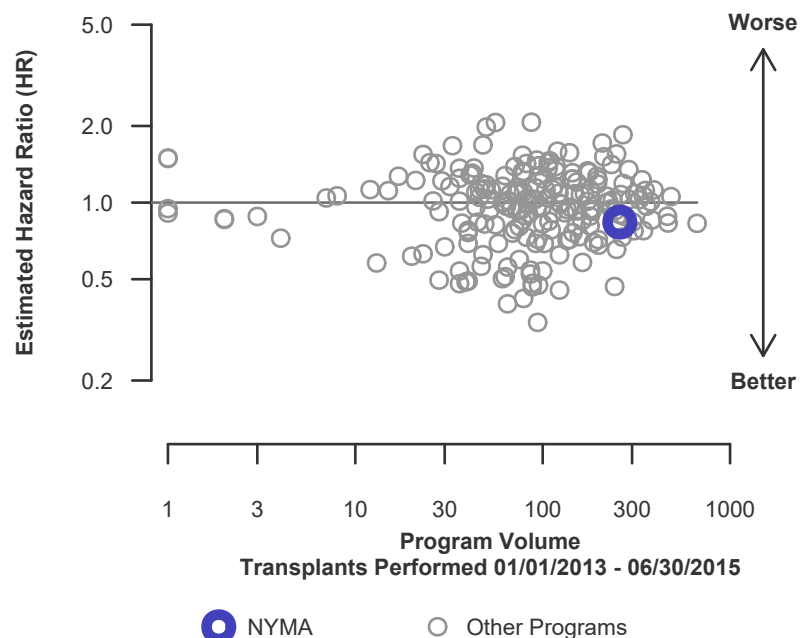
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.59, 1.13], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 16% lower risk of graft failure compared to an average program, but NYMA's performance could plausibly range from 41% reduced risk up to 13% increased risk.

**Figure C5D. Adult (18+) 3-year deceased donor graft failure HR estimate**



**Figure C6D. Adult (18+) 3-year deceased donor graft failure HR program comparison**





## C. Transplant Information

**Table C7L. Adult (18+) 3-year survival with a functioning living donor graft**

**Single organ transplants performed between 01/01/2013 and 06/30/2015**

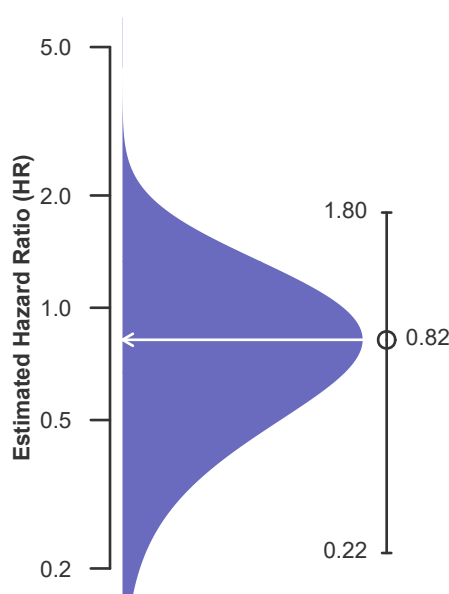
**Deaths and retransplants are considered graft failures**

	NYMA	U.S.
Number of transplants evaluated	58	13,276
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	96.55%	93.72%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	95.11%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	2	834
Number of expected graft failures (including deaths) during the first 3 years after transplant	2.87	--
Estimated hazard ratio*	0.82	--
95% credible interval for the hazard ratio**	[0.22, 1.80]	--

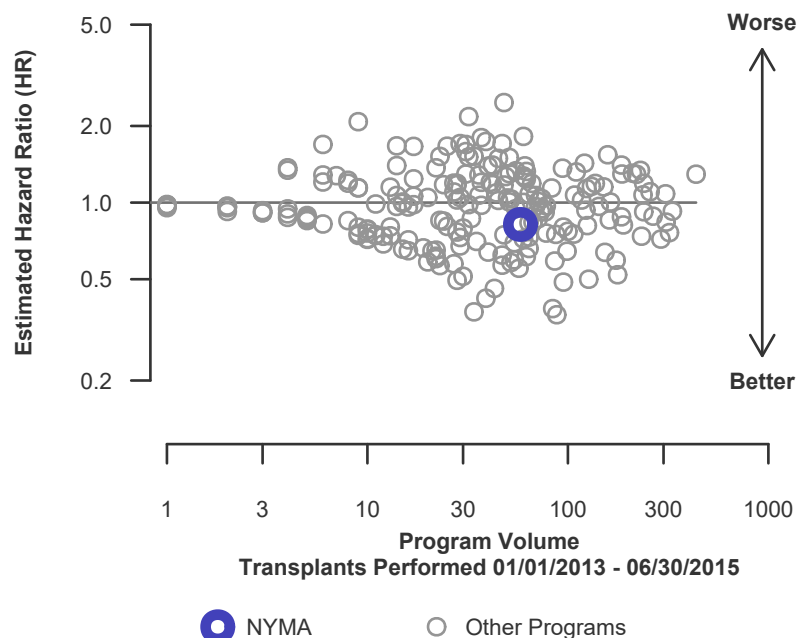
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.22, 1.80], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 18% lower risk of graft failure compared to an average program, but NYMA's performance could plausibly range from 78% reduced risk up to 80% increased risk.

**Figure C5L. Adult (18+) 3-year living donor graft failure HR estimate**



**Figure C6L. Adult (18+) 3-year living donor graft failure HR program comparison**





## C. Transplant Information

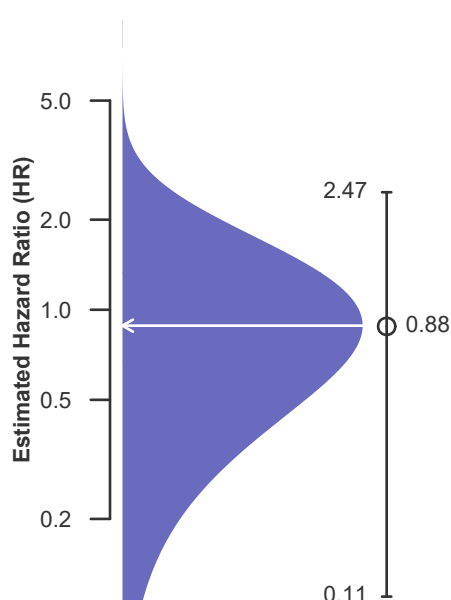
**Table C8. Pediatric (<18) 1-month survival with a functioning graft**  
**Single organ transplants performed between 07/01/2015 and 12/31/2017**  
**Deaths and retransplants are considered graft failures**

	NYMA	U.S.
Number of transplants evaluated	22	2,053
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.93%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.83%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	22
Number of expected graft failures (including deaths) during the first month after transplant	0.26	--
Estimated hazard ratio*	0.88	--
95% credible interval for the hazard ratio**	[0.11, 2.47]	--

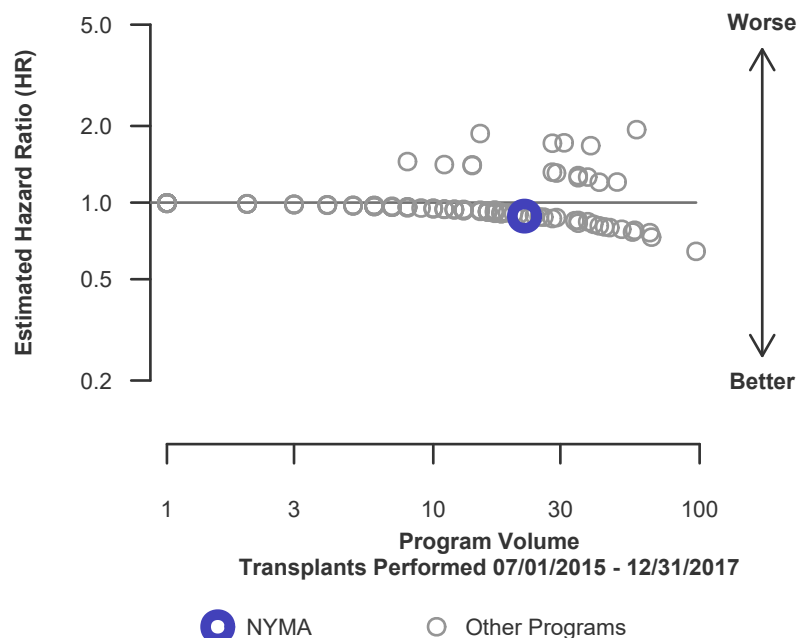
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.11, 2.47], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 12% lower risk of graft failure compared to an average program, but NYMA's performance could plausibly range from 89% reduced risk up to 147% increased risk.

**Figure C7. Pediatric (<18) 1-month graft failure HR estimate**



**Figure C8. Pediatric (<18) 1-month graft failure HR program comparison**





## C. Transplant Information

**Table C8D. Pediatric (<18) 1-month survival with a functioning deceased donor graft**

**Single organ transplants performed between 07/01/2015 and 12/31/2017**

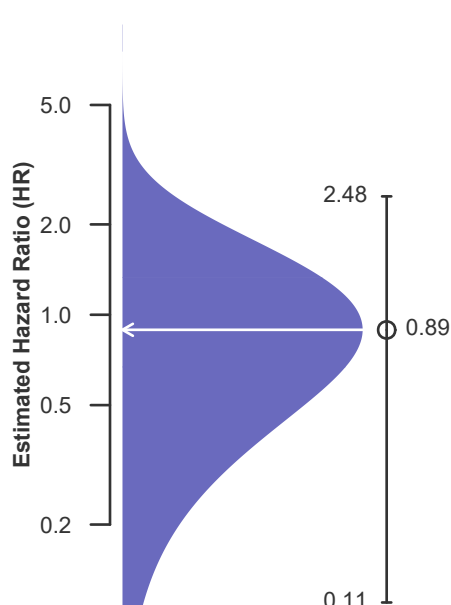
**Deaths and retransplants are considered graft failures**

	NYMA	U.S.
Number of transplants evaluated	20	1,397
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.78%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.78%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	17
Number of expected graft failures (including deaths) during the first month after transplant	0.24	--
Estimated hazard ratio*	0.89	--
95% credible interval for the hazard ratio**	[0.11, 2.48]	--

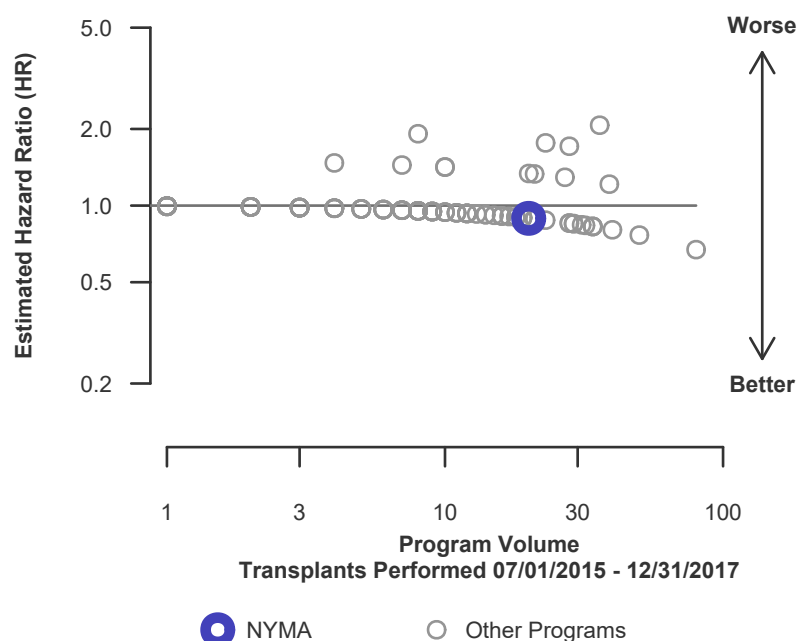
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.11, 2.48], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 11% lower risk of graft failure compared to an average program, but NYMA's performance could plausibly range from 89% reduced risk up to 148% increased risk.

**Figure C7D. Pediatric (<18) 1-month deceased donor graft failure HR estimate**



**Figure C8D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison**





## C. Transplant Information

**Table C8L. Pediatric (<18) 1-month survival with a functioning living donor graft**

**Single organ transplants performed between 07/01/2015 and 12/31/2017**

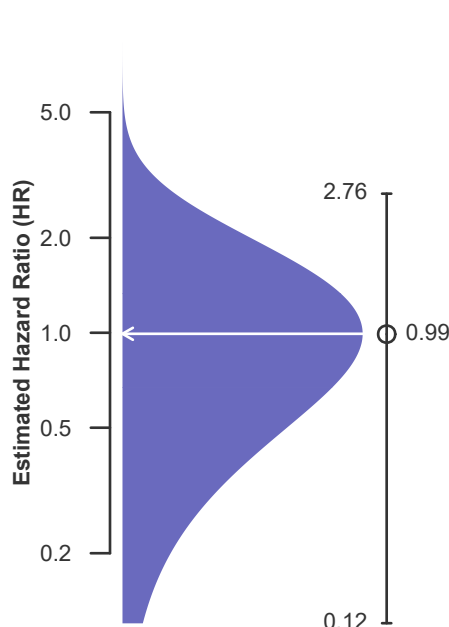
**Deaths and retransplants are considered graft failures**

	NYMA	U.S.
Number of transplants evaluated	2	656
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.24%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.24%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	5
Number of expected graft failures (including deaths) during the first month after transplant	0.02	--
Estimated hazard ratio*	0.99	--
95% credible interval for the hazard ratio**	[0.12, 2.76]	--

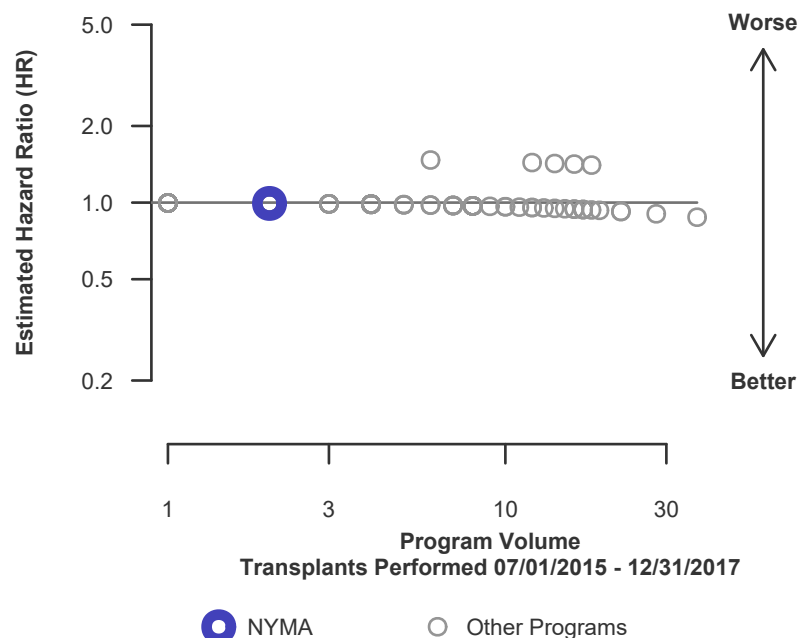
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.12, 2.76], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 1% lower risk of graft failure compared to an average program, but NYMA's performance could plausibly range from 88% reduced risk up to 176% increased risk.

**Figure C7L. Pediatric (<18) 1-month living donor graft failure HR estimate**



**Figure C8L. Pediatric (<18) 1-month living donor graft failure HR program comparison**





## C. Transplant Information

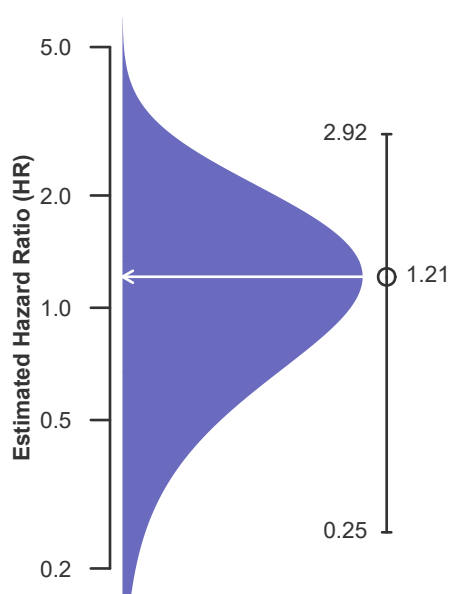
**Table C9. Pediatric (<18) 1-year survival with a functioning graft**  
**Single organ transplants performed between 07/01/2015 and 12/31/2017**  
**Deaths and retransplants are considered graft failures**

	NYMA	U.S.
Number of transplants evaluated	22	2,053
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	95.45%	97.94%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.67%	--
Number of observed graft failures (including deaths) during the first year after transplant	1	40
Number of expected graft failures (including deaths) during the first year after transplant	0.48	--
Estimated hazard ratio*	1.21	--
95% credible interval for the hazard ratio**	[0.25, 2.92]	--

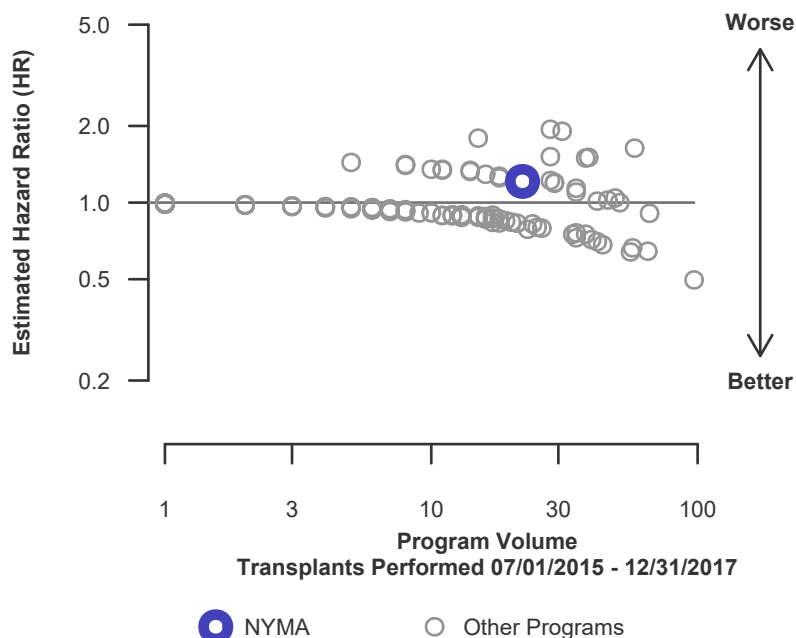
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.25, 2.92], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 21% higher risk of graft failure compared to an average program, but NYMA's performance could plausibly range from 75% reduced risk up to 192% increased risk.

**Figure C9. Pediatric (<18) 1-year graft failure HR estimate**



**Figure C10. Pediatric (<18) 1-year graft failure HR program comparison**





## C. Transplant Information

**Table C9D. Pediatric (<18) 1-year survival with a functioning deceased donor graft**

**Single organ transplants performed between 07/01/2015 and 12/31/2017**

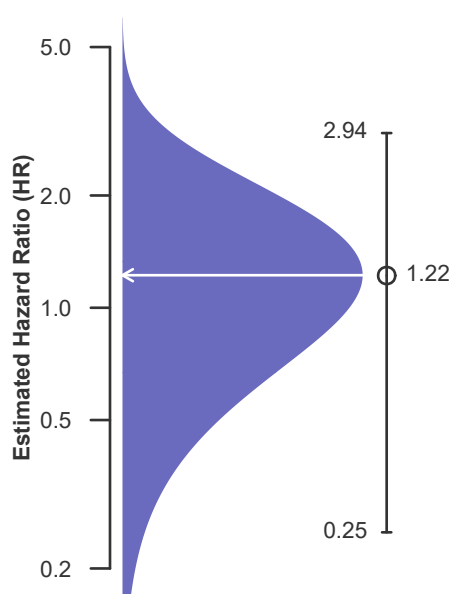
**Deaths and retransplants are considered graft failures**

	NYMA	U.S.
Number of transplants evaluated	20	1,397
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	95.00%	97.56%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.56%	--
Number of observed graft failures (including deaths) during the first year after transplant	1	32
Number of expected graft failures (including deaths) during the first year after transplant	0.45	--
Estimated hazard ratio*	1.22	--
95% credible interval for the hazard ratio**	[0.25, 2.94]	--

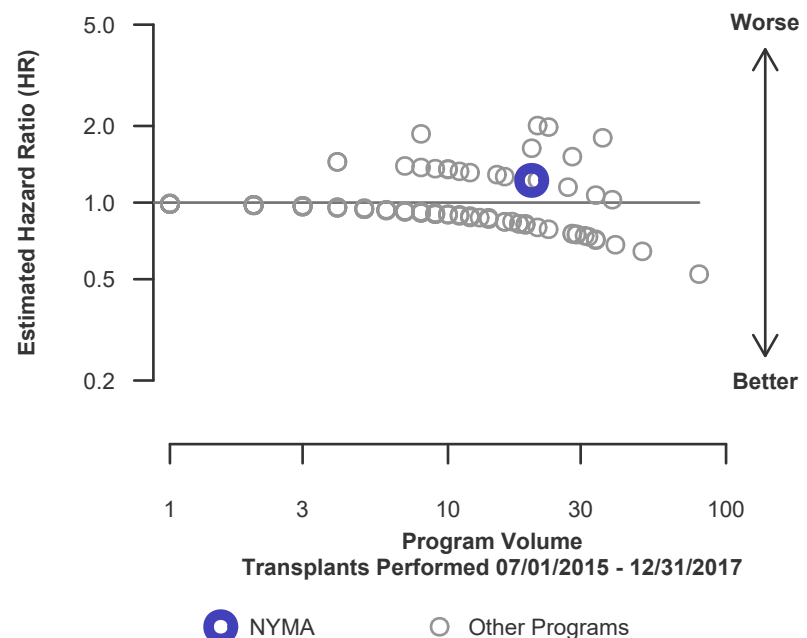
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.25, 2.94], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 22% higher risk of graft failure compared to an average program, but NYMA's performance could plausibly range from 75% reduced risk up to 194% increased risk.

**Figure C9D. Pediatric (<18) 1-year deceased donor graft failure HR estimate**



**Figure C10D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison**







## C. Transplant Information

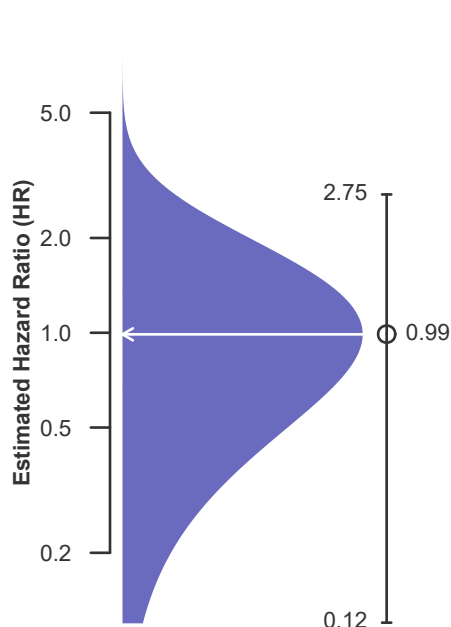
**Table C9L. Pediatric (<18) 1-year survival with a functioning living donor graft**  
**Single organ transplants performed between 07/01/2015 and 12/31/2017**  
**Deaths and retransplants are considered graft failures**

	NYMA	U.S.
Number of transplants evaluated	2	656
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	98.74%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	98.74%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	8
Number of expected graft failures (including deaths) during the first year after transplant	0.02	--
Estimated hazard ratio*	0.99	--
95% credible interval for the hazard ratio**	[0.12, 2.75]	--

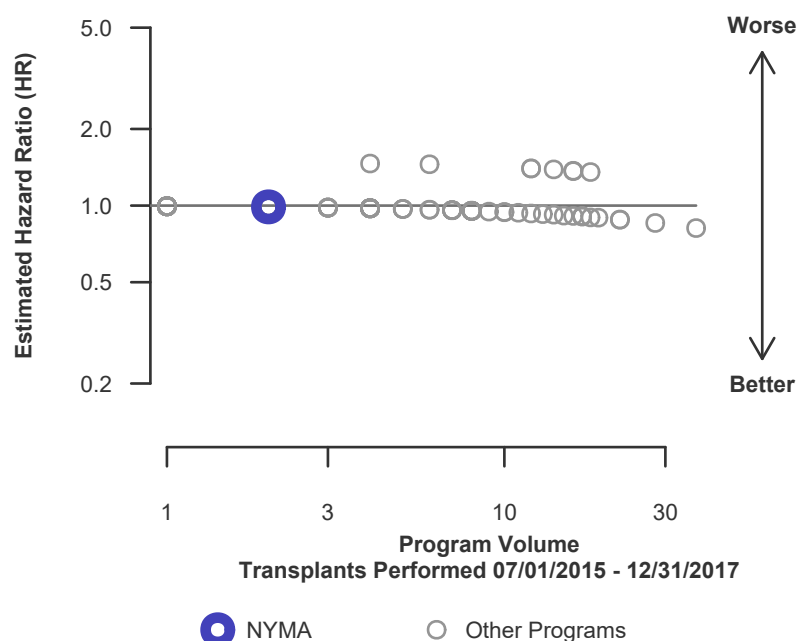
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.12, 2.75], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 1% lower risk of graft failure compared to an average program, but NYMA's performance could plausibly range from 88% reduced risk up to 175% increased risk.

**Figure C9L. Pediatric (<18) 1-year living donor graft failure HR estimate**



**Figure C10L. Pediatric (<18) 1-year living donor graft failure HR program comparison**







## C. Transplant Information

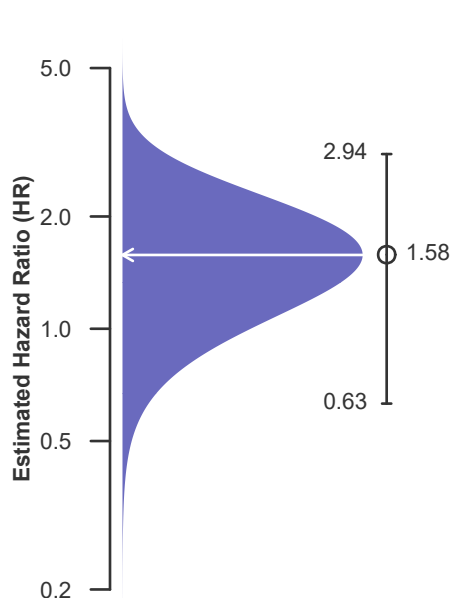
**Table C10. Pediatric (<18) 3-year survival with a functioning graft**  
**Single organ transplants performed between 01/01/2013 and 06/30/2015**  
**Deaths and retransplants are considered graft failures**

	NYMA	U.S.
Number of transplants evaluated	22	2,044
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	77.27%	90.66%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	88.57%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	5	191
Number of expected graft failures (including deaths) during the first 3 years after transplant	2.44	--
Estimated hazard ratio*	1.58	--
95% credible interval for the hazard ratio**	[0.63, 2.94]	--

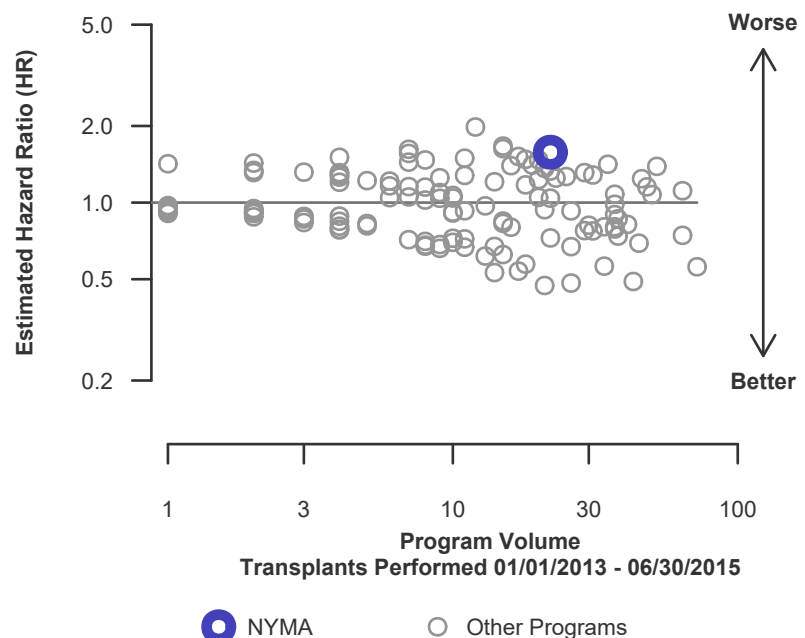
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.63, 2.94], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 58% higher risk of graft failure compared to an average program, but NYMA's performance could plausibly range from 37% reduced risk up to 194% increased risk.

**Figure C11. Pediatric (<18) 3-year graft failure HR estimate**



**Figure C12. Pediatric (<18) 3-year graft failure HR program comparison**





## C. Transplant Information

**Table C10D. Pediatric (<18) 3-year survival with a functioning deceased donor graft**

**Single organ transplants performed between 01/01/2013 and 06/30/2015**

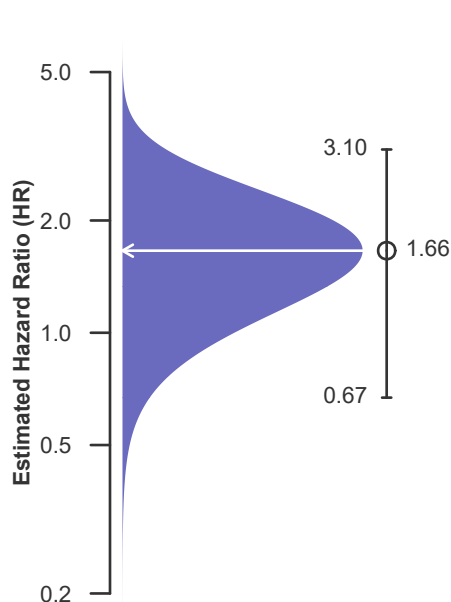
**Deaths and retransplants are considered graft failures**

	NYMA	U.S.
Number of transplants evaluated	18	1,357
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	72.22%	88.65%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	87.23%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	5	154
Number of expected graft failures (including deaths) during the first 3 years after transplant	2.22	--
Estimated hazard ratio*	1.66	--
95% credible interval for the hazard ratio**	[0.67, 3.10]	--

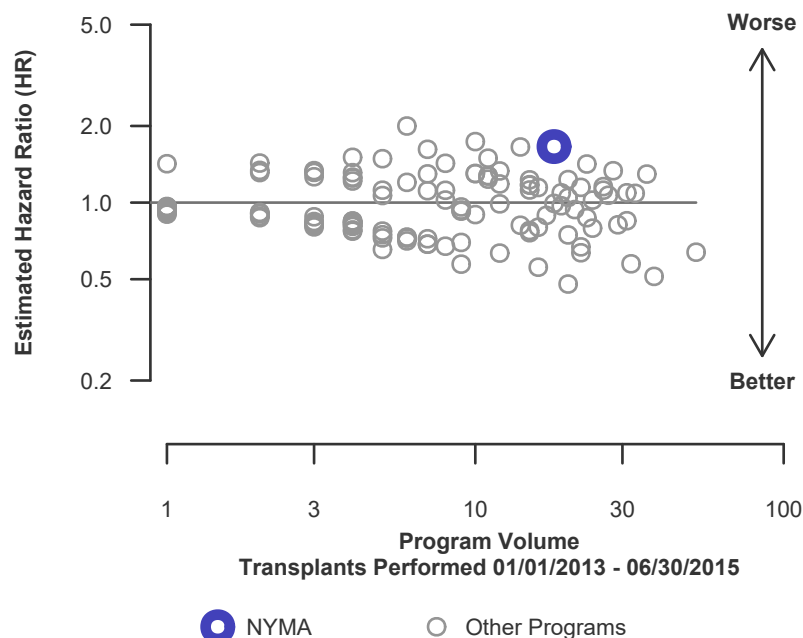
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.67, 3.10], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 66% higher risk of graft failure compared to an average program, but NYMA's performance could plausibly range from 33% reduced risk up to 210% increased risk.

**Figure C11D. Pediatric (<18) 3-year deceased donor graft failure HR estimate**



**Figure C12D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison**





## C. Transplant Information

**Table C10L. Pediatric (<18) 3-year survival with a functioning living donor graft**

**Single organ transplants performed between 01/01/2013 and 06/30/2015**

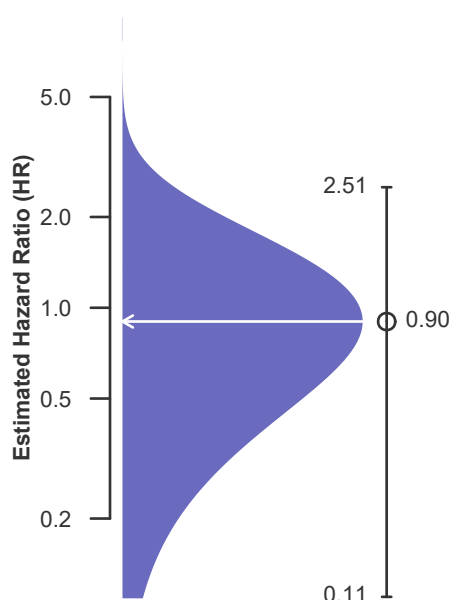
**Deaths and retransplants are considered graft failures**

	NYMA	U.S.
Number of transplants evaluated	4	687
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	100.00%	94.61%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	94.62%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	37
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.22	--
Estimated hazard ratio*	0.90	--
95% credible interval for the hazard ratio**	[0.11, 2.51]	--

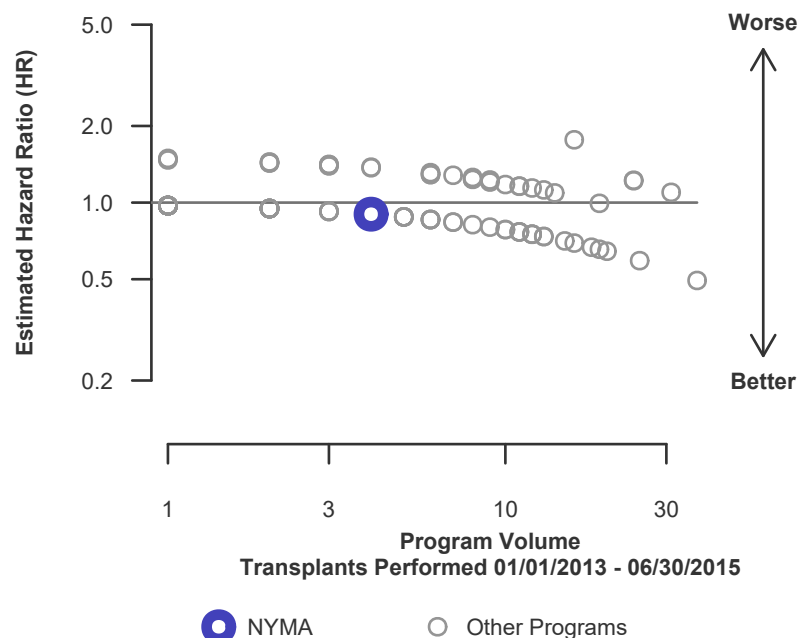
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.11, 2.51], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 10% lower risk of graft failure compared to an average program, but NYMA's performance could plausibly range from 89% reduced risk up to 151% increased risk.

**Figure C11L. Pediatric (<18) 3-year living donor graft failure HR estimate**



**Figure C12L. Pediatric (<18) 3-year living donor graft failure HR program comparison**





## C. Transplant Information

**Table C11. Adult (18+) 1-month patient survival**

**Single organ transplants performed between 07/01/2015 and 12/31/2017**

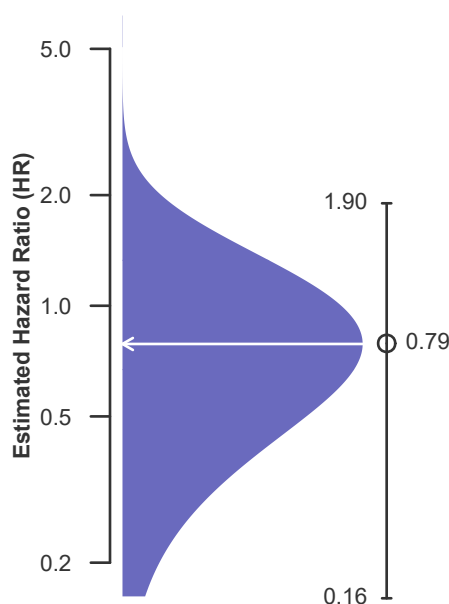
**Retransplants excluded**

	NYMA	U.S.
Number of transplants evaluated	309	38,237
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	99.68%	99.51%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.42%	--
Number of observed deaths during the first month after transplant	1	188
Number of expected deaths during the first month after transplant	1.81	--
Estimated hazard ratio*	0.79	--
95% credible interval for the hazard ratio**	[0.16, 1.90]	--

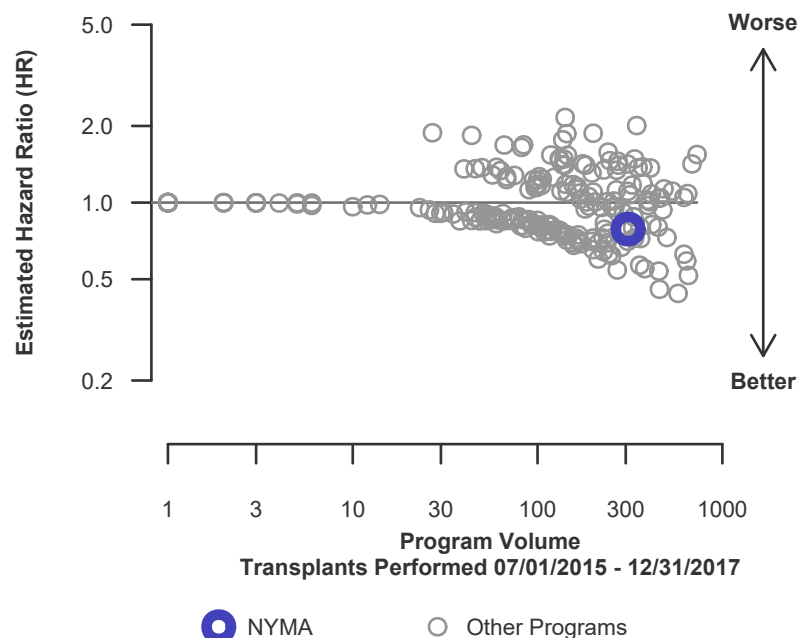
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.16, 1.90], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 21% lower risk of patient death compared to an average program, but NYMA's performance could plausibly range from 84% reduced risk up to 90% increased risk.

**Figure C13. Adult (18+) 1-month patient death HR estimate**



**Figure C14. Adult (18+) 1-month patient death HR program comparison**





## C. Transplant Information

**Table C11D. Adult (18+) 1-month patient survival (deceased donor graft recipients)**

**Single organ transplants performed between 07/01/2015 and 12/31/2017**

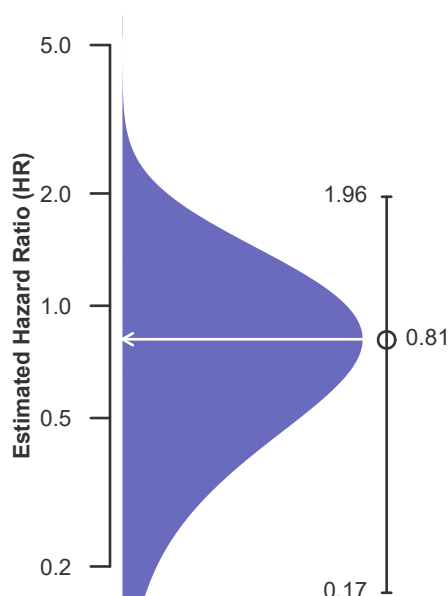
**Retransplants excluded**

	NYMA	U.S.
Number of transplants evaluated	255	25,862
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	99.61%	99.37%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.34%	--
Number of observed deaths during the first month after transplant	1	162
Number of expected deaths during the first month after transplant	1.69	--
Estimated hazard ratio*	0.81	--
95% credible interval for the hazard ratio**	[0.17, 1.96]	--

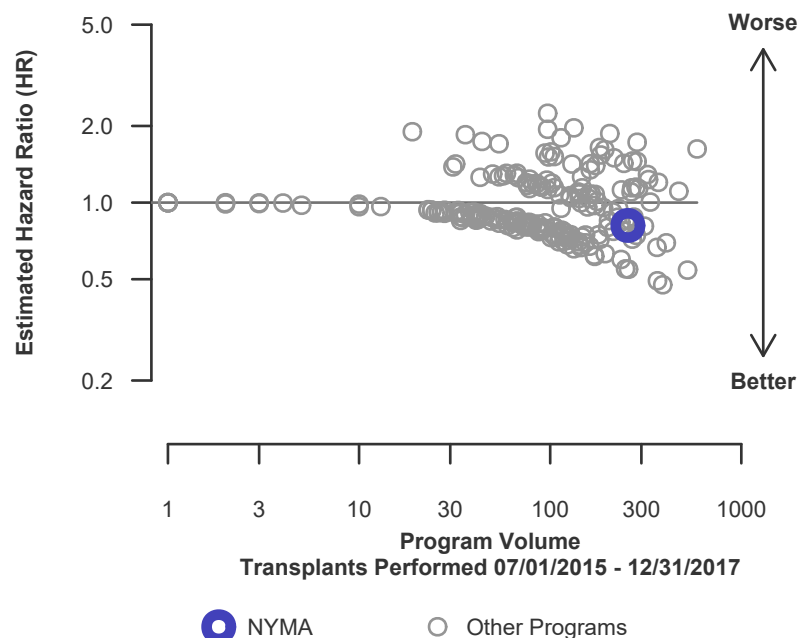
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.17, 1.96], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 19% lower risk of patient death compared to an average program, but NYMA's performance could plausibly range from 83% reduced risk up to 96% increased risk.

**Figure C13D. Adult (18+) 1-month patient death HR estimate (deceased donor grafts)**



**Figure C14D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)**





## C. Transplant Information

**Table C11L. Adult (18+) 1-month patient survival (living donor graft recipients)**

**Single organ transplants performed between 07/01/2015 and 12/31/2017**

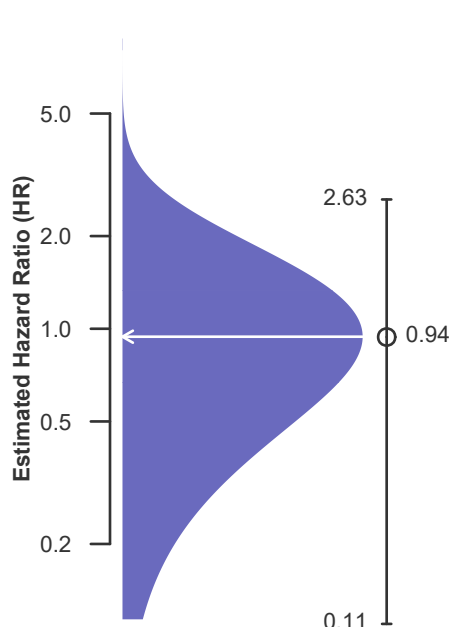
**Retransplants excluded**

	NYMA	U.S.
Number of transplants evaluated	54	12,375
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.79%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.77%	--
Number of observed deaths during the first month after transplant	0	26
Number of expected deaths during the first month after transplant	0.12	--
Estimated hazard ratio*	0.94	--
95% credible interval for the hazard ratio**	[0.11, 2.63]	--

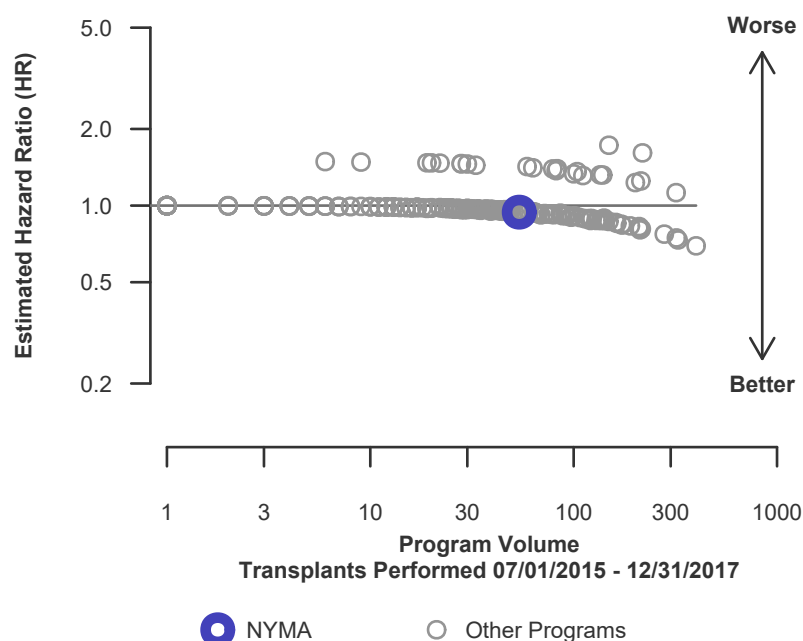
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.11, 2.63], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 6% lower risk of patient death compared to an average program, but NYMA's performance could plausibly range from 89% reduced risk up to 163% increased risk.

**Figure C13L. Adult (18+) 1-month patient death HR estimate (living donor grafts)**



**Figure C14L. Adult (18+) 1-month patient death HR program comparison (living donor grafts)**





## C. Transplant Information

**Table C12. Adult (18+) 1-year patient survival**

**Single organ transplants performed between 07/01/2015 and 12/31/2017**

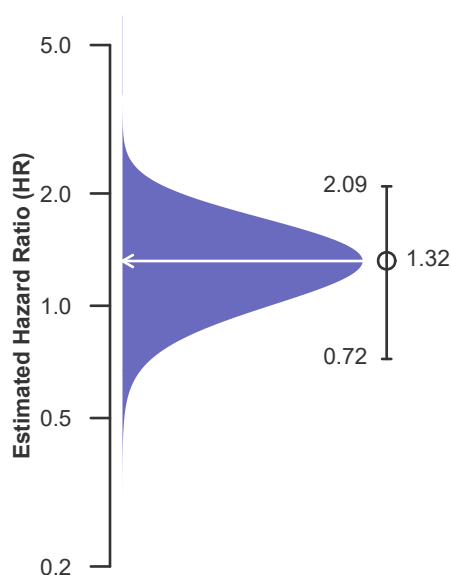
**Retransplants excluded**

	NYMA	U.S.
Number of transplants evaluated	309	38,237
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	95.80%	97.55%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	97.05%	--
Number of observed deaths during the first year after transplant	12	858
Number of expected deaths during the first year after transplant	8.62	--
Estimated hazard ratio*	1.32	--
95% credible interval for the hazard ratio**	[0.72, 2.09]	--

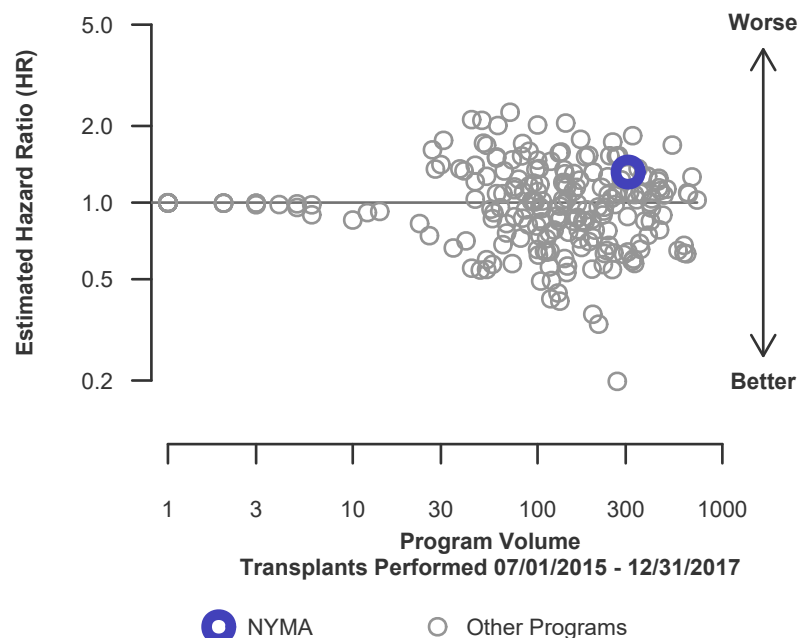
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.72, 2.09], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 32% higher risk of patient death compared to an average program, but NYMA's performance could plausibly range from 28% reduced risk up to 109% increased risk.

**Figure C15. Adult (18+) 1-year patient death HR estimate**



**Figure C16. Adult (18+) 1-year patient death HR program comparison**







## C. Transplant Information

**Table C12D. Adult (18+) 1-year patient survival (deceased donor graft recipients)**

Single organ transplants performed between 07/01/2015 and 12/31/2017

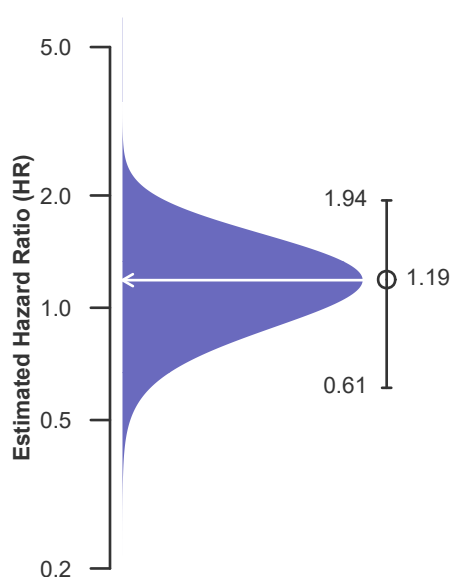
Retransplants excluded

	NYMA	U.S.
Number of transplants evaluated	255	25,862
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	95.86%	96.82%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	96.65%	--
Number of observed deaths during the first year after transplant	10	751
Number of expected deaths during the first year after transplant	8.12	--
Estimated hazard ratio*	1.19	--
95% credible interval for the hazard ratio**	[0.61, 1.94]	--

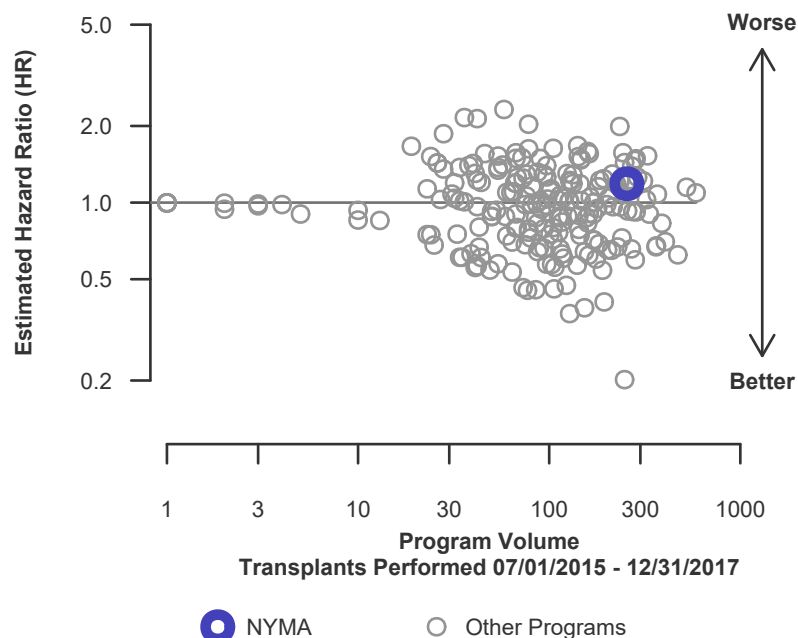
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.61, 1.94], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 19% higher risk of patient death compared to an average program, but NYMA's performance could plausibly range from 39% reduced risk up to 94% increased risk.

**Figure C15D. Adult (18+) 1-year patient death HR estimate (deceased donor grafts)**



**Figure C16D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)**







## C. Transplant Information

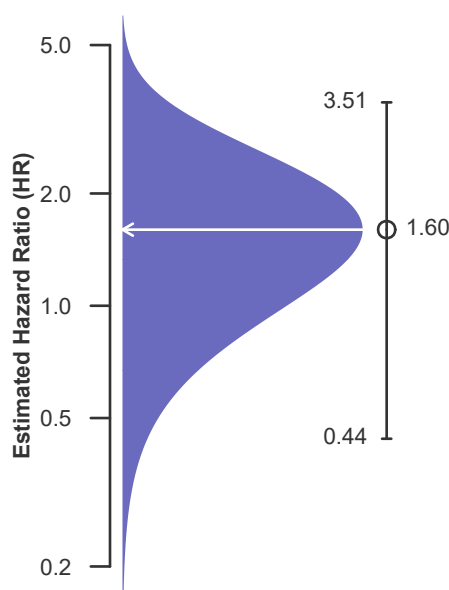
**Table C12L. Adult (18+) 1-year patient survival (living donor graft recipients)**  
**Single organ transplants performed between 07/01/2015 and 12/31/2017**  
**Retransplants excluded**

	NYMA	U.S.
Number of transplants evaluated	54	12,375
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	95.24%	99.05%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	98.97%	--
Number of observed deaths during the first year after transplant	2	107
Number of expected deaths during the first year after transplant	0.50	--
Estimated hazard ratio*	1.60	--
95% credible interval for the hazard ratio**	[0.44, 3.51]	--

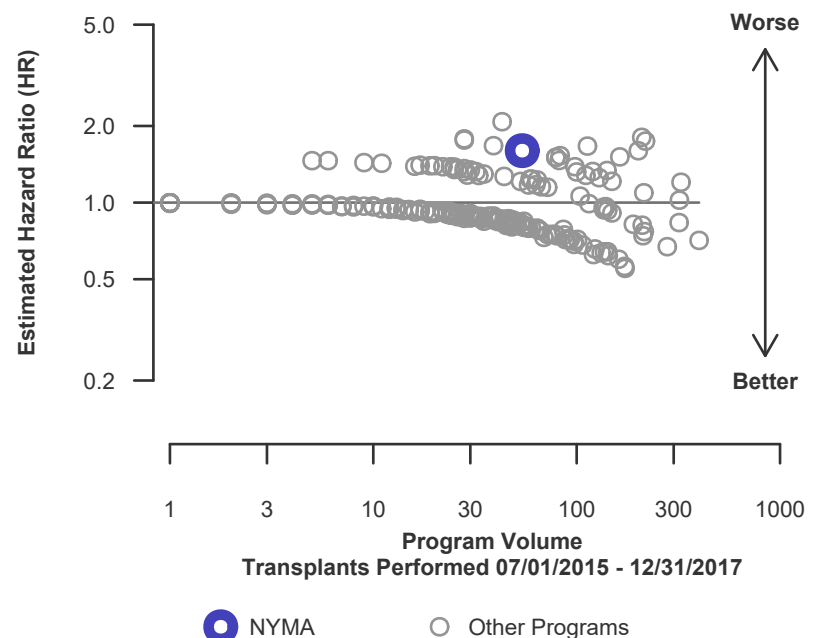
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.44, 3.51], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 60% higher risk of patient death compared to an average program, but NYMA's performance could plausibly range from 56% reduced risk up to 251% increased risk.

**Figure C15L. Adult (18+) 1-year patient death HR estimate (living donor grafts)**



**Figure C16L. Adult (18+) 1-year patient death HR program comparison (living donor grafts)**





## C. Transplant Information

**Table C13. Adult (18+) 3-year patient survival**

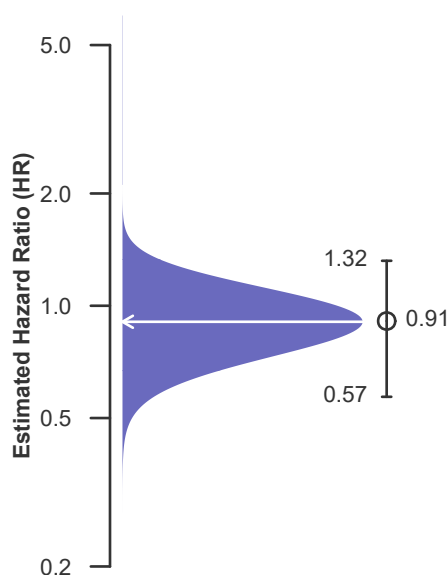
**Single organ transplants performed between 01/01/2013 and 06/30/2015**  
**Retransplants excluded**

	NYMA	U.S.
Number of transplants evaluated	289	33,995
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	93.08%	93.66%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.36%	--
Number of observed deaths during the first 3 years after transplant	20	2,154
Number of expected deaths during the first 3 years after transplant	22.29	--
Estimated hazard ratio*	0.91	--
95% credible interval for the hazard ratio**	[0.57, 1.32]	--

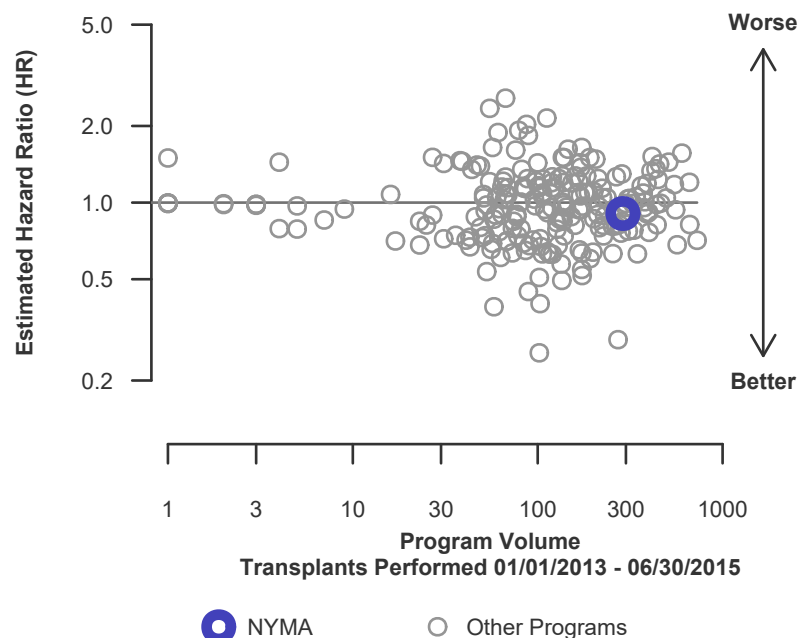
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.57, 1.32], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 9% lower risk of patient death compared to an average program, but NYMA's performance could plausibly range from 43% reduced risk up to 32% increased risk.

**Figure C17. Adult (18+) 3-year patient death HR estimate**



**Figure C18. Adult (18+) 3-year patient death HR program comparison**





## C. Transplant Information

**Table C13D. Adult (18+) 3-year patient survival (deceased donor graft recipients)**

**Single organ transplants performed between 01/01/2013 and 06/30/2015**

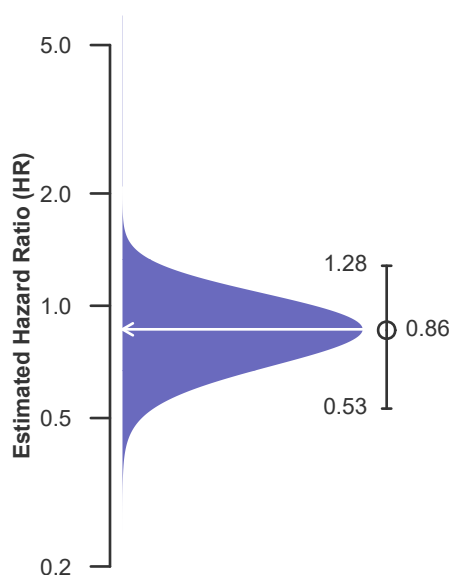
**Retransplants excluded**

	NYMA	U.S.
Number of transplants evaluated	236	22,176
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	92.37%	92.10%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	91.13%	--
Number of observed deaths during the first 3 years after transplant	18	1,752
Number of expected deaths during the first 3 years after transplant	21.13	--
Estimated hazard ratio*	0.86	--
95% credible interval for the hazard ratio**	[0.53, 1.28]	--

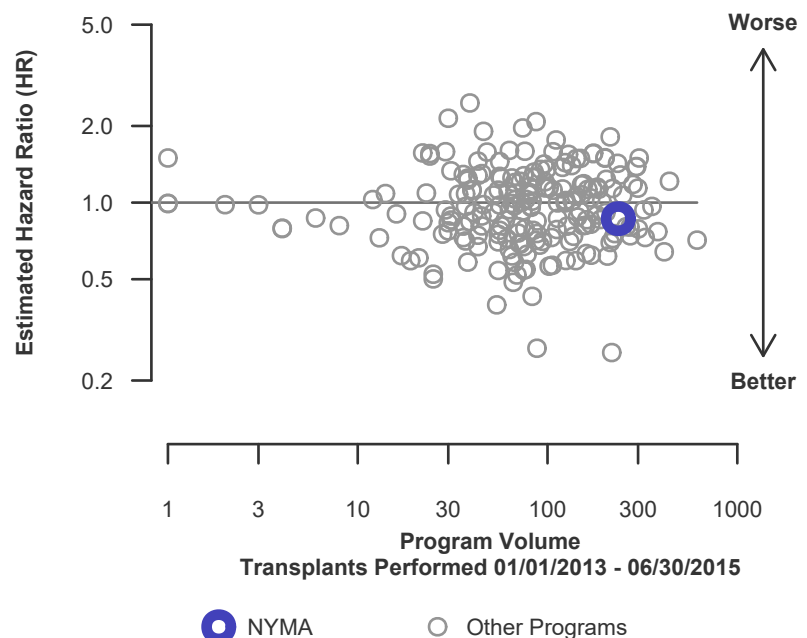
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.53, 1.28], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 14% lower risk of patient death compared to an average program, but NYMA's performance could plausibly range from 47% reduced risk up to 28% increased risk.

**Figure C17D. Adult (18+) 3-year patient death HR estimate (deceased donor grafts)**



**Figure C18D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)**





## C. Transplant Information

**Table C13L. Adult (18+) 3-year patient survival (living donor graft recipients)**

**Single organ transplants performed between 01/01/2013 and 06/30/2015**

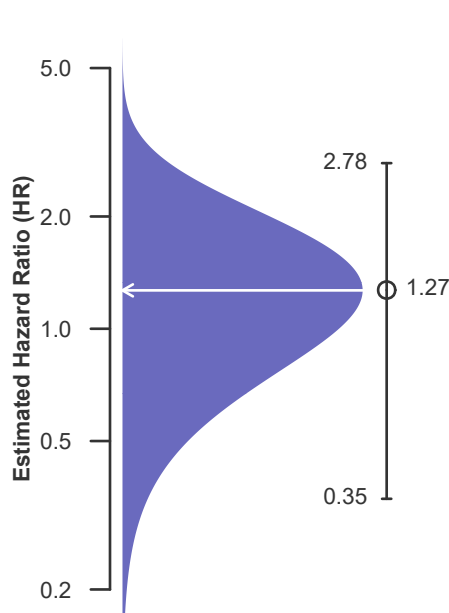
**Retransplants excluded**

	NYMA	U.S.
Number of transplants evaluated	53	11,819
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	96.23%	96.60%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	97.81%	--
Number of observed deaths during the first 3 years after transplant	2	402
Number of expected deaths during the first 3 years after transplant	1.16	--
Estimated hazard ratio*	1.27	--
95% credible interval for the hazard ratio**	[0.35, 2.78]	--

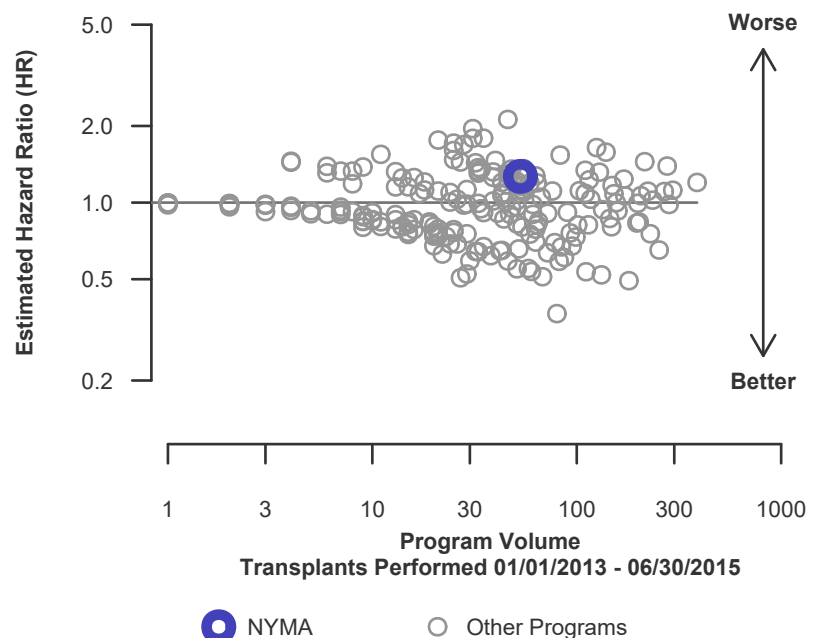
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.35, 2.78], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 27% higher risk of patient death compared to an average program, but NYMA's performance could plausibly range from 65% reduced risk up to 178% increased risk.

**Figure C17L. Adult (18+) 3-year patient death HR estimate (living donor grafts)**



**Figure C18L. Adult (18+) 3-year patient death HR program comparison (living donor grafts)**





## C. Transplant Information

**Table C14. Pediatric (<18) 1-month patient survival**

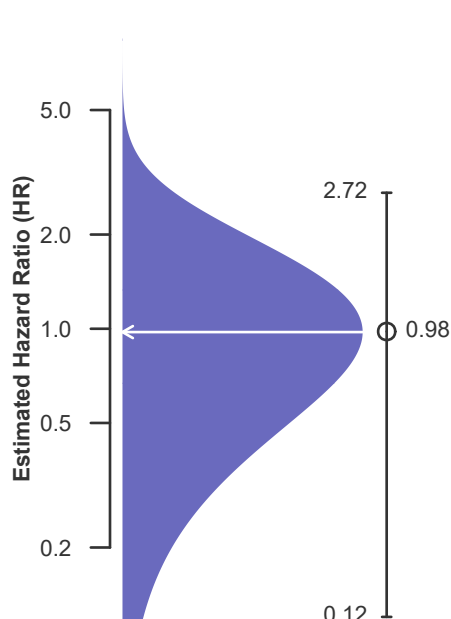
**Single organ transplants performed between 07/01/2015 and 12/31/2017**  
**Retransplants excluded**

	NYMA	U.S.
Number of transplants evaluated	21	1,843
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.78%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.76%	--
Number of observed deaths during the first month after transplant	0	4
Number of expected deaths during the first month after transplant	0.05	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.72]	--

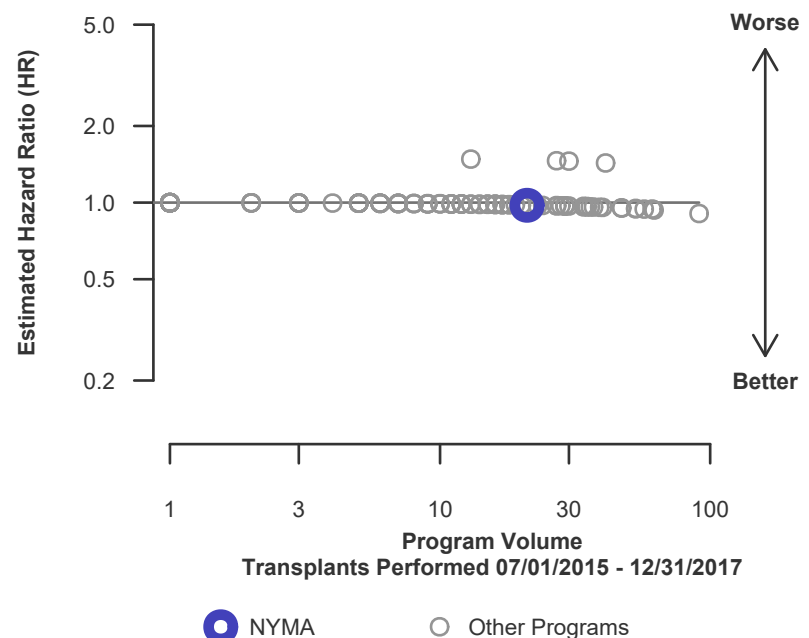
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.12, 2.72], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 2% lower risk of patient death compared to an average program, but NYMA's performance could plausibly range from 88% reduced risk up to 172% increased risk.

**Figure C19. Pediatric (<18) 1-month patient death HR estimate**



**Figure C20. Pediatric (<18) 1-month patient death HR program comparison**





## C. Transplant Information

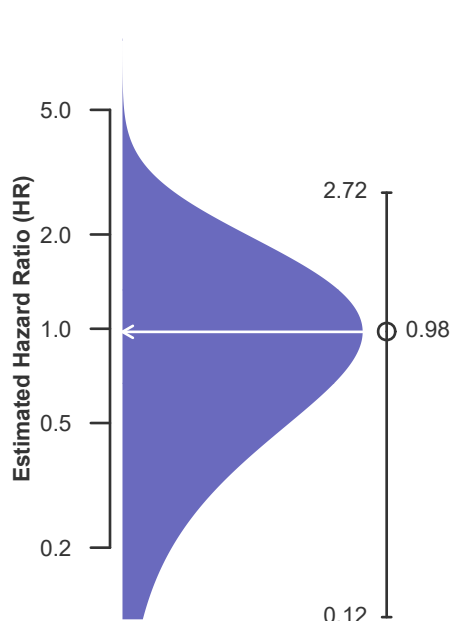
**Table C14D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients)**  
**Single organ transplants performed between 07/01/2015 and 12/31/2017**  
**Retransplants excluded**

	NYMA	U.S.
Number of transplants evaluated	19	1,235
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.76%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.76%	--
Number of observed deaths during the first month after transplant	0	3
Number of expected deaths during the first month after transplant	0.05	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.72]	--

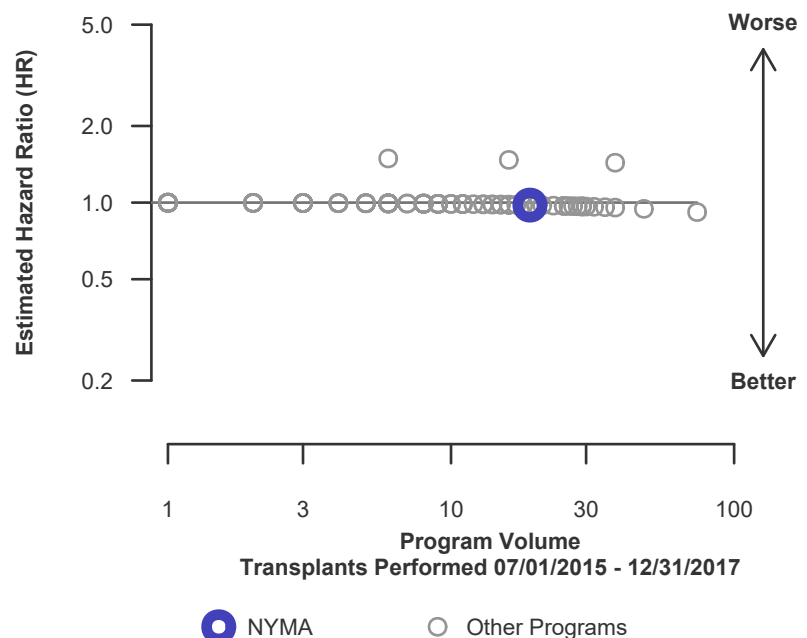
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.12, 2.72], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 2% lower risk of patient death compared to an average program, but NYMA's performance could plausibly range from 88% reduced risk up to 172% increased risk.

**Figure C19D. Pediatric (<18) 1-month patient death HR estimate (deceased donor grafts)**



**Figure C20D. Pediatric (<18) 1-month patient death HR program comparison (deceased donor grafts)**





## C. Transplant Information

**Table C14L. Pediatric (<18) 1-month patient survival (living donor graft recipients)**

**Single organ transplants performed between 07/01/2015 and 12/31/2017**

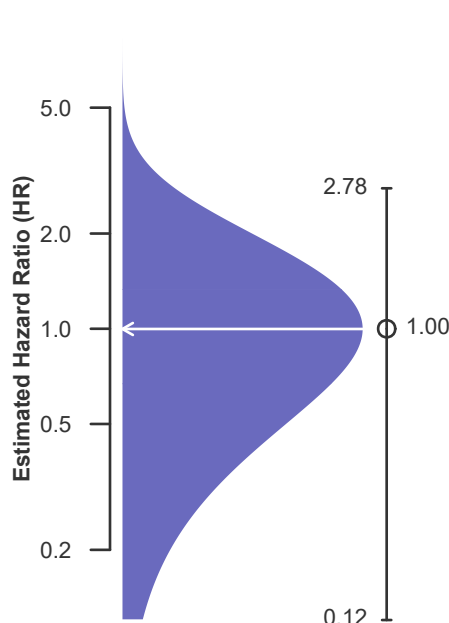
**Retransplants excluded**

	NYMA	U.S.
Number of transplants evaluated	2	608
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.84%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.84%	--
Number of observed deaths during the first month after transplant	0	1
Number of expected deaths during the first month after transplant	0.00	--
Estimated hazard ratio*	1.00	--
95% credible interval for the hazard ratio**	[0.12, 2.78]	--

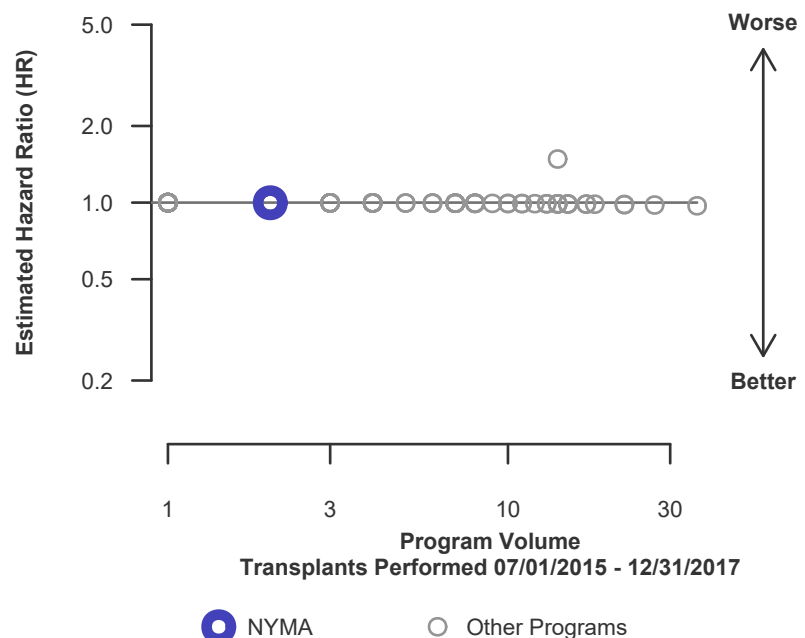
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.12, 2.78], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but NYMA's performance could plausibly range from 88% reduced risk up to 178% increased risk.

**Figure C19L. Pediatric (<18) 1-month patient death HR estimate (living donor grafts)**



**Figure C20L. Pediatric (<18) 1-month patient death HR program comparison (living donor grafts)**







## C. Transplant Information

**Table C15. Pediatric (<18) 1-year patient survival**

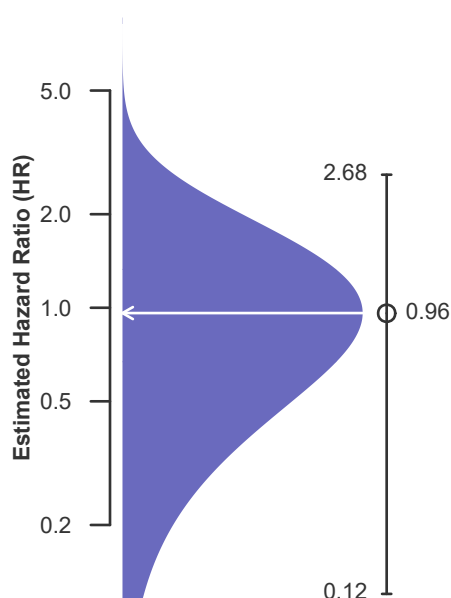
**Single organ transplants performed between 07/01/2015 and 12/31/2017**  
**Retransplants excluded**

	NYMA	U.S.
Number of transplants evaluated	21	1,843
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.66%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.60%	--
Number of observed deaths during the first year after transplant	0	6
Number of expected deaths during the first year after transplant	0.08	--
Estimated hazard ratio*	0.96	--
95% credible interval for the hazard ratio**	[0.12, 2.68]	--

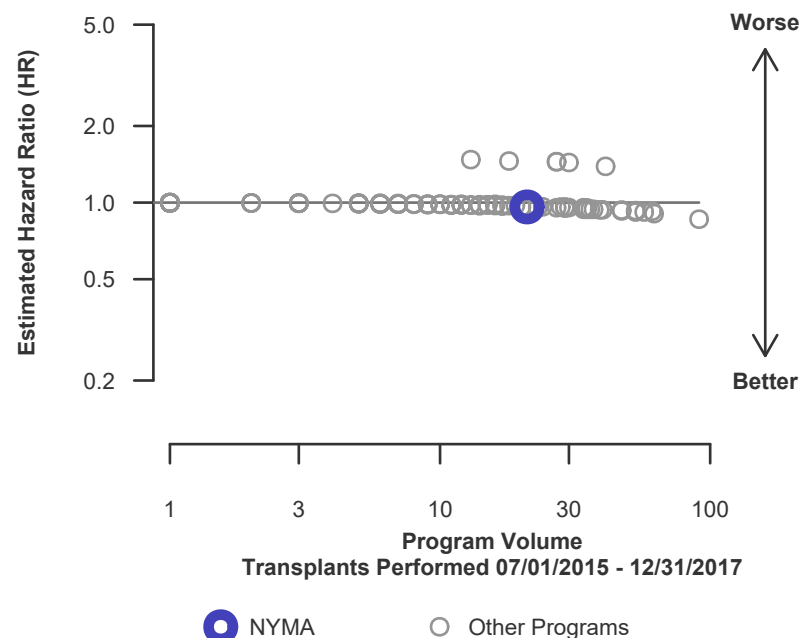
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.12, 2.68], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 4% lower risk of patient death compared to an average program, but NYMA's performance could plausibly range from 88% reduced risk up to 168% increased risk.

**Figure C21. Pediatric (<18) 1-year patient death HR estimate**



**Figure C22. Pediatric (<18) 1-year patient death HR program comparison**







## C. Transplant Information

**Table C15D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients)**

**Single organ transplants performed between 07/01/2015 and 12/31/2017**

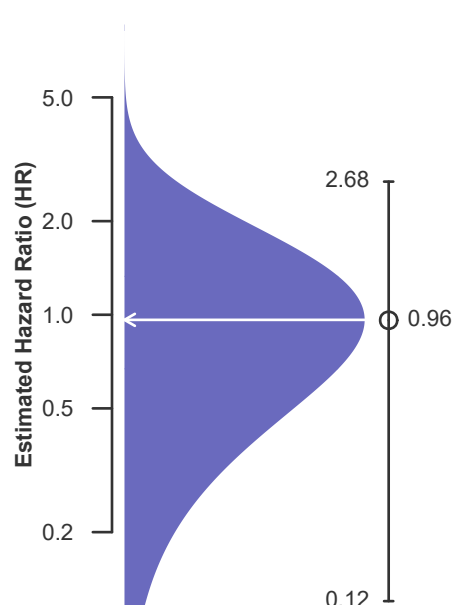
**Retransplants excluded**

	NYMA	U.S.
Number of transplants evaluated	19	1,235
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.57%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.57%	--
Number of observed deaths during the first year after transplant	0	5
Number of expected deaths during the first year after transplant	0.08	--
Estimated hazard ratio*	0.96	--
95% credible interval for the hazard ratio**	[0.12, 2.68]	--

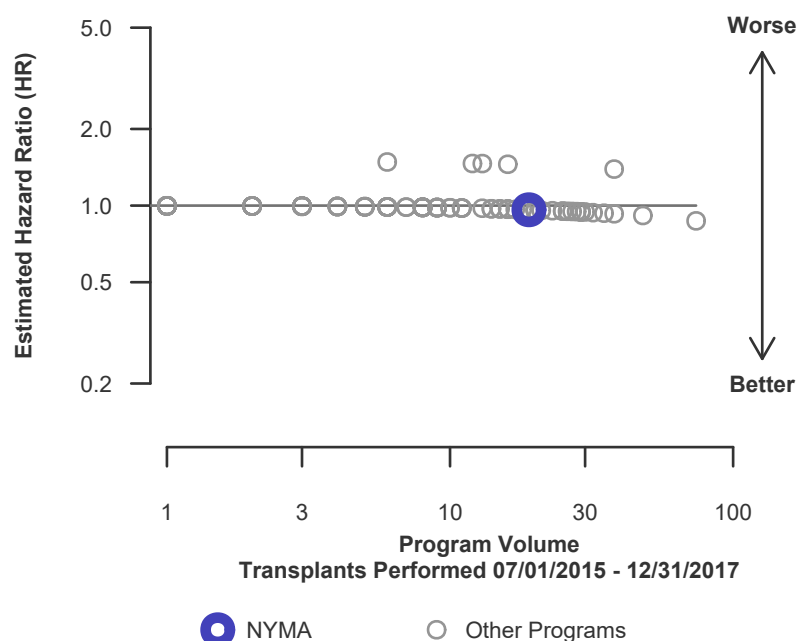
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.12, 2.68], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 4% lower risk of patient death compared to an average program, but NYMA's performance could plausibly range from 88% reduced risk up to 168% increased risk.

**Figure C21D. Pediatric (<18) 1-year patient death HR estimate (deceased donor grafts)**



**Figure C22D. Pediatric (<18) 1-year patient death HR program comparison (deceased donor grafts)**





## C. Transplant Information

**Table C15L. Pediatric (<18) 1-year patient survival (living donor graft recipients)**

**Single organ transplants performed between 07/01/2015 and 12/31/2017**

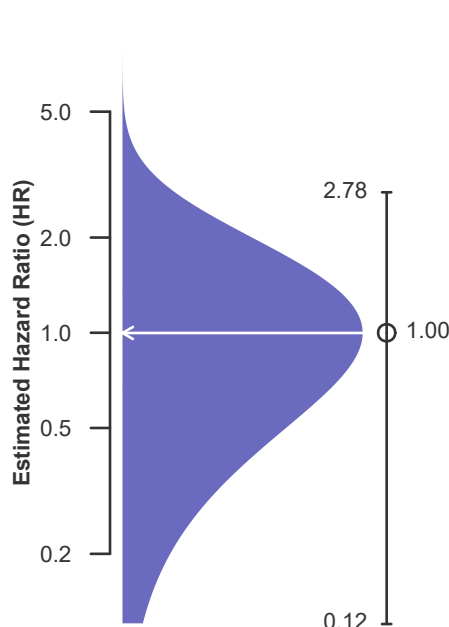
**Retransplants excluded**

	NYMA	U.S.
Number of transplants evaluated	2	608
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.84%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.84%	--
Number of observed deaths during the first year after transplant	0	1
Number of expected deaths during the first year after transplant	0.00	--
Estimated hazard ratio*	1.00	--
95% credible interval for the hazard ratio**	[0.12, 2.78]	--

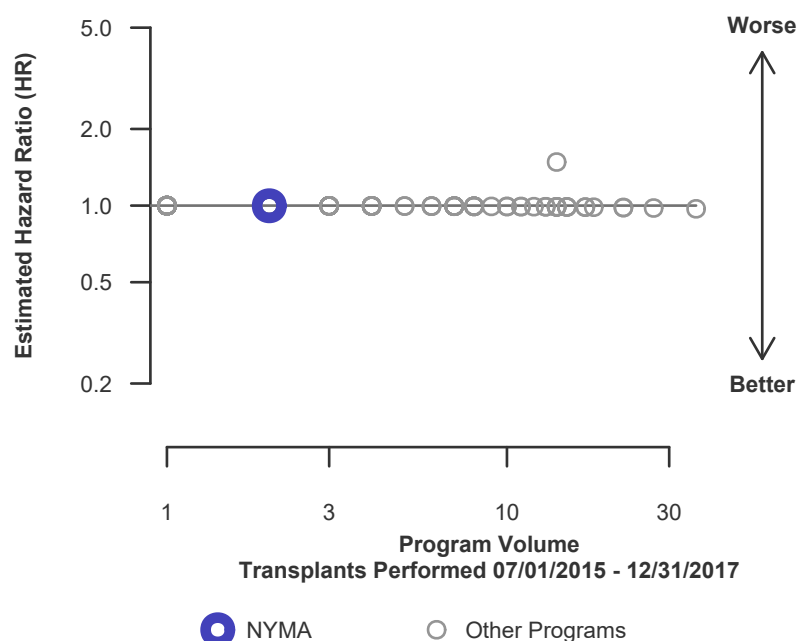
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.12, 2.78], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but NYMA's performance could plausibly range from 88% reduced risk up to 178% increased risk.

**Figure C21L. Pediatric (<18) 1-year patient death HR estimate (living donor grafts)**



**Figure C22L. Pediatric (<18) 1-year patient death HR program comparison (living donor grafts)**





## C. Transplant Information

**Table C16. Pediatric (<18) 3-year patient survival**

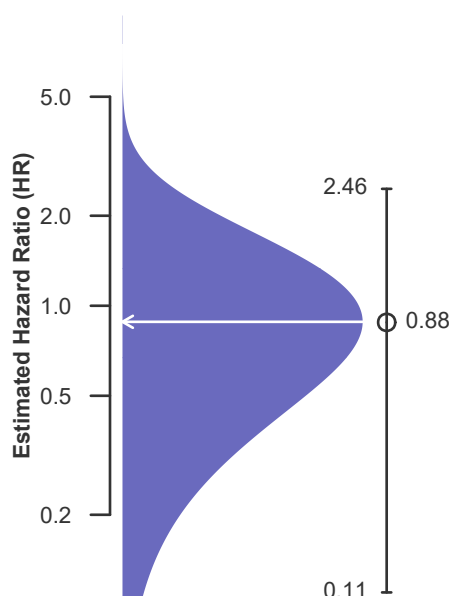
**Single organ transplants performed between 01/01/2013 and 06/30/2015**  
**Retransplants excluded**

	NYMA	U.S.
Number of transplants evaluated	19	1,838
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	98.59%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	98.62%	--
Number of observed deaths during the first 3 years after transplant	0	26
Number of expected deaths during the first 3 years after transplant	0.26	--
Estimated hazard ratio*	0.88	--
95% credible interval for the hazard ratio**	[0.11, 2.46]	--

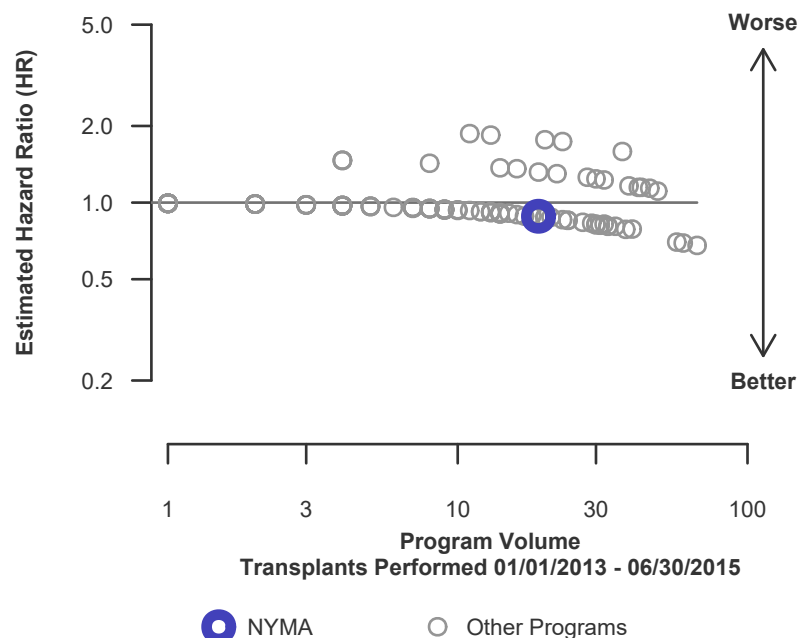
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.11, 2.46], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 12% lower risk of patient death compared to an average program, but NYMA's performance could plausibly range from 89% reduced risk up to 146% increased risk.

**Figure C23. Pediatric (<18) 3-year patient death HR estimate**



**Figure C24. Pediatric (<18) 3-year patient death HR program comparison**





## C. Transplant Information

**Table C16D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients)**

**Single organ transplants performed between 01/01/2013 and 06/30/2015**

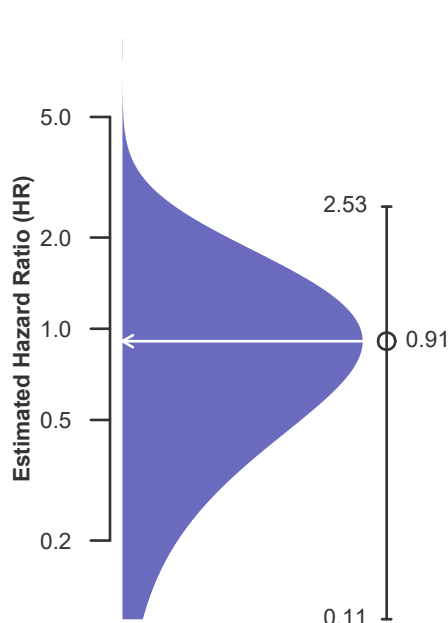
**Retransplants excluded**

	NYMA	U.S.
Number of transplants evaluated	15	1,217
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	98.69%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	98.69%	--
Number of observed deaths during the first 3 years after transplant	0	16
Number of expected deaths during the first 3 years after transplant	0.20	--
Estimated hazard ratio*	0.91	--
95% credible interval for the hazard ratio**	[0.11, 2.53]	--

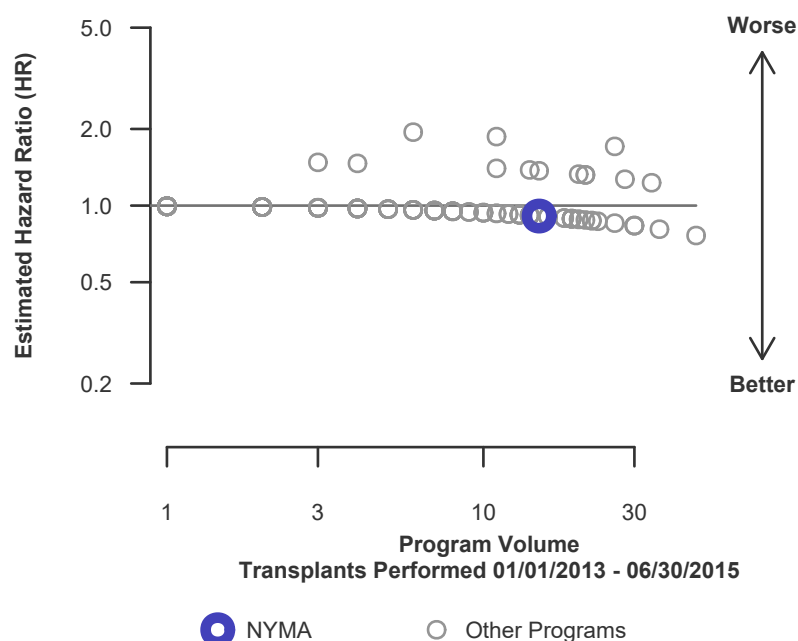
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.11, 2.53], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 9% lower risk of patient death compared to an average program, but NYMA's performance could plausibly range from 89% reduced risk up to 153% increased risk.

**Figure C23D. Pediatric (<18) 3-year patient death HR estimate (deceased donor grafts)**



**Figure C24D. Pediatric (<18) 3-year patient death HR program comparison (deceased donor grafts)**





## C. Transplant Information

**Table C16L. Pediatric (<18) 3-year patient survival (living donor graft recipients)**

**Single organ transplants performed between 01/01/2013 and 06/30/2015**

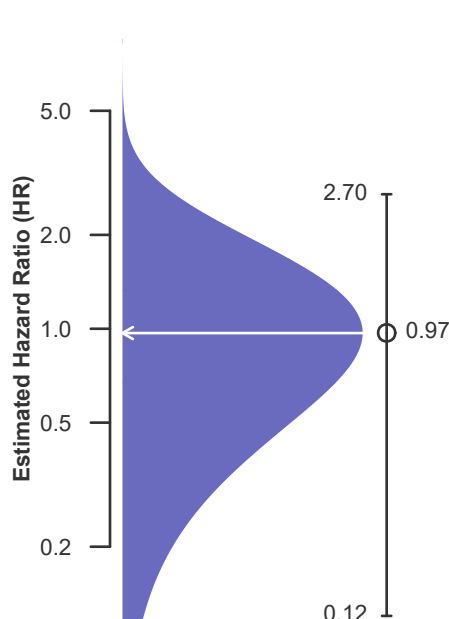
**Retransplants excluded**

	NYMA	U.S.
Number of transplants evaluated	4	621
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	98.39%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	98.39%	--
Number of observed deaths during the first 3 years after transplant	0	10
Number of expected deaths during the first 3 years after transplant	0.06	--
Estimated hazard ratio*	0.97	--
95% credible interval for the hazard ratio**	[0.12, 2.70]	--

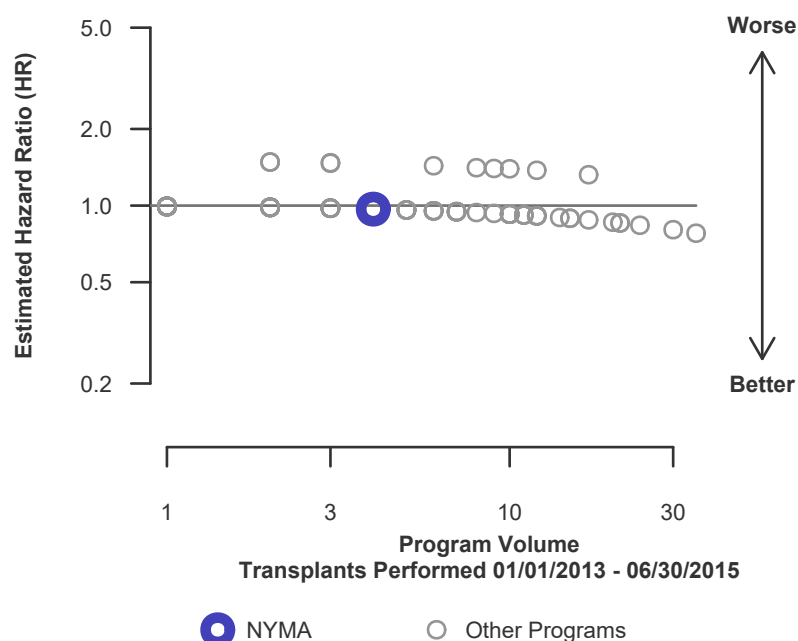
\* The hazard ratio provides an estimate of how Montefiore Medical Center (NYMA)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMA's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.12, 2.70], indicates the location of NYMA's true hazard ratio with 95% probability. The best estimate is 3% lower risk of patient death compared to an average program, but NYMA's performance could plausibly range from 88% reduced risk up to 170% increased risk.

**Figure C23L. Pediatric (<18) 3-year patient death HR estimate (living donor grafts)**



**Figure C24L. Pediatric (<18) 3-year patient death HR program comparison (living donor grafts)**





## C. Transplant Information

Table C17. Multi-organ transplant graft survival: 07/01/2015 - 12/31/2017

### Adult (18+) Transplants

Transplant Type	First-Year Outcomes					
	Transplants Performed		Kidney Graft Failures		Estimated Kidney Graft Survival	
	NYMA-TX1	USA	NYMA-TX1	USA	NYMA-TX1	USA
Kidney-Heart	7	397	1	49	85.7%	87.2%
Kidney-Liver	7	1,755	0	197	100.0%	88.3%
Kidney-Pancreas	19	1,927	1	65	94.7%	96.4%

### Pediatric (<18) Transplants

Transplant Type	First-Year Outcomes					
	Transplants Performed		Kidney Graft Failures		Estimated Kidney Graft Survival	
	NYMA-TX1	USA	NYMA-TX1	USA	NYMA-TX1	USA
Kidney-Liver	1	41	0	3	100.0%	89.8%

Table C18. Multi-organ transplant patient survival: 07/01/2015 - 12/31/2017

### Adult (18+) Transplants

Transplant Type	First-Year Outcomes					
	Transplants Performed		Patient Deaths		Estimated Patient Survival	
	NYMA-TX1	USA	NYMA-TX1	USA	NYMA-TX1	USA
Kidney-Heart	7	397	1	35	85.7%	90.8%
Kidney-Liver	7	1,755	0	156	100.0%	90.6%
Kidney-Pancreas	19	1,927	1	39	94.7%	97.8%

### Pediatric (<18) Transplants

Transplant Type	First-Year Outcomes					
	Transplants Performed		Patient Deaths		Estimated Patient Survival	
	NYMA-TX1	USA	NYMA-TX1	USA	NYMA-TX1	USA
Kidney-Liver	1	41	0	2	100.0%	93.7%



## D. Living Donor Information

**Table D1. Living donor summary: 07/01/2015 - 06/30/2018**

Living Donor Follow-Up	This Center			United States		
	07/2015- 06/2016	07/2016- 06/2017	07/2017- 12/2017	07/2015- 06/2016	07/2016- 06/2017	07/2017- 12/2017
<b>Number of Living Donors</b>	21	29	13	5,644	5,727	3,007
<b>6-Month Follow-Up</b>						
Donors due for follow-up	21	29	13	5,641	5,724	3,006
Timely clinical data	9 42.9%	14 48.3%	6 46.2%	4,840 85.8%	5,094 89.0%	2,628 87.4%
Timely lab data	9 42.9%	14 48.3%	6 46.2%	4,601 81.6%	4,869 85.1%	2,547 84.7%
<b>12-Month Follow-Up</b>						
Donors due for follow-up	21	29		5,639	5,723	
Timely clinical data	6 28.6%	8 27.6%		4,647 82.4%	4,805 84.0%	
Timely lab data	6 28.6%	8 27.6%		4,349 77.1%	4,541 79.3%	
<b>24-Month Follow-Up</b>						
Donors due for follow-up	21			5,635		
Timely clinical data	5 23.8%			4,345 77.1%		
Timely lab data	5 23.8%			3,958 70.2%		

Follow-up completion standards through 2 years post-donation were implemented in policy on February 1, 2013.