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## COVID-19 Guide

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### Adjustments to Transplant Program and OPO Evaluation Metrics

The Scientific Registry of Transplant Recipients (SRTR), under contract from the Health Resources and Services Administration (HRSA), is charged with evaluating the performance of the nation's transplant system through publication of semi-annual transplant program-specific reports (PSRs) and organ procurement organization (OPO)-specific reports (OSRs). These reports contain performance metrics covering various time periods. For OPOs, these metrics include eligible death conversion rates and deceased donor organ yield. For transplant programs, they include pre-transplant mortality rates (formerly called waitlist mortality rates), transplant rates, organ offer acceptance rates, patient mortality after listing, and 1-month, 90-day, 1-year, 1-year conditional on 90-day, and 3-year posttransplant outcomes including graft survival and patient survival.

In response to the current global pandemic, SRTR modified the evaluation metrics for transplant programs and OPOs for the reports released in January 2021, July 2021, January 2022, July 2022, January 2023 and July 2023. These reports made adjustments to transplant program and OPO performance metrics so that data during the time around the declaration of a national public health emergency on March 13, 2020, were not included in the metrics.

Modifications for the January 2024 reporting cycle were considered at the Analytic Methods Subcommittee of the SRTR Review Committee (SRC) at its meeting on March 24, 2021, and the full SRC meetings April 27, 2021 and on January 11, 2022. Both the Analytic Methods Subcommittee and the full SRC recommended an ongoing carve out of the first quarter of the pandemic (March 13, 2020 through June 12, 2020) from adjusted performance metrics, as detailed below. These recommendations were reviewed by HRSA's Division of Transplantation, which oversees SRTR. HRSA approved these recommendations, which SRTR will implement for the January 2024 reporting cycle. These changes will remain in force beyond the January 2024 reporting cycle, unless otherwise amended:

Posttransplant Outcomes (including 1-month, 90-day, 1-year, 1-year conditional on 90-day, and 3-year graft and patient survival): Evaluation cohorts will exclude transplants performed between March 13, 2020 and June 12, 2020, inclusive of March 13 and June 12. Patients given transplants before March 13, 2020 will have follow-up censored on March 12, 2020. Patients given transplants after June 12, 2020 will resume normal follow-up. Follow-up will not resume for patients given transplants before March 13, 2020 who are alive with function on June 12, 2020; however, this may be reconsidered as SRTR continues to explore moving to a period-prevalent methodology:

1-month, 90-day, 1-year & 1-year conditional on 90-day Patient and Graft Survival Evaluations: Transplants 7/1/2020-12/31/2022, follow-up through 6/30/2023.

3-year Patient and Graft Survival Evaluations: Transplants 1/1/2018-3/12/2020, follow-up through 3/12/2020. Transplants 6/13/2020-6/30/2020; follow-up through 6/30/2023.

Pre-Transplant Mortality Rate (formerly called Waitlist Mortality Rate): These evaluations are based on normal reporting cohorts.

Days after listing (and before transplant) between 7/1/2021 and 6/30/2023.



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Transplant Rate: These evaluations are based on normal reporting cohorts.

Candidates on the waitlist 7/1/2021-6/30/2023.

Overall Rate of Mortality After Listing: These evaluations are based on normal reporting cohorts.

Evaluation period: 7/1/2021-6/30/2023.

Offer Acceptance Rate: These evaluations are based on normal reporting cohorts.

Offers received 7/1/2022-6/30/2023.

These decisions will apply to the evaluations released in the SRTR's semi-annual program-specific reports scheduled for release on January 9, 2024. These changes have been communicated to the leadership of the Organ Procurement and Transplantation Network's (OPTN) Membership and Professional Standards Committee (MSPC). These decisions will then be re-evaluated as more information becomes available in preparation for the release scheduled for July 2024.

As with the July 2023 reports, SRTR will continue to report descriptive data beyond March 12, 2020, e.g., waitlist counts, transplant counts, recipient characteristics, donor counts, donor characteristics, etc., but will alter data for performance evaluation metrics as described above.



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This report contains a wide range of useful information about the kidney transplant program at Cedars-Sinai Medical Center. 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 24.6 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 pre-transplant mortality rate (previously called the waiting list 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 this table and figures is to describe risk of death once candidates are listed rather than while they are listed, but before they are transplanted. 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>.

Survival from listing is presented in Table B6 and Figures B7-B9. These data are presented in the same way as the pre-transplant mortality rate data in the previous section. The intent of this table and figures is to describe risk of death once candidates are listed rather than while they are listed, including after a transplant. As with transplant rates, mortality rates should be interpreted carefully taking into consideration the interval displayed in Figure B8. 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 B7 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 B8 and B9 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 B8 and B9 presents the percent of candidates who received a deceased donor transplant by each time point. Table B10 presents data on the time it took for different percentages of patients to be transplanted for candidates added to the list between 07/01/2017 and 12/31/2022. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this program was 0.4 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 06/30/2023 to calculate a particular percentile of transplant times.

Table B11 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 B10 shows the distribution of program offer acceptance rates as well as the offer acceptance rate for this program. Figures B11 - B14 similarly show offer acceptance rates for subsets



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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.

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-C14 (tables C5-C10 for Pancreas) 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-C14 present data on graft survival, Tables C15-C20 (tables C11-C20 for Pancreas) 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 C21 and C22 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).



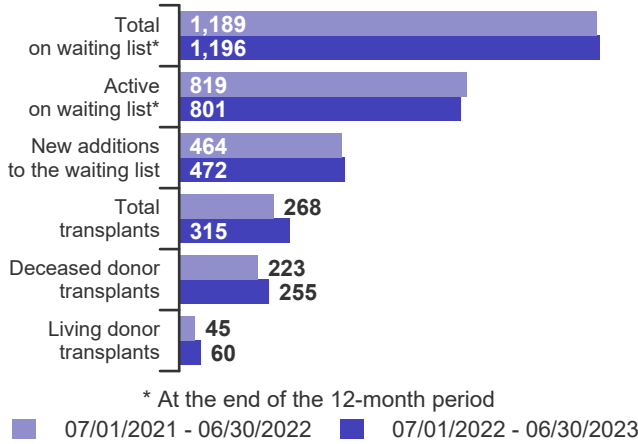
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## A. Program Summary

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

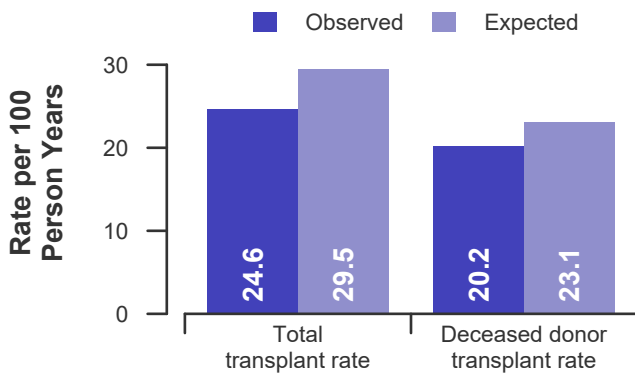


**Table A1. Census of transplant recipients**

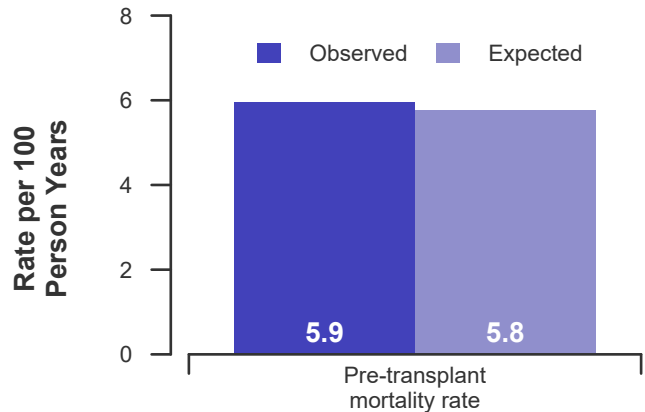
Recipients	07/01/2021-06/30/2022	07/01/2022-06/30/2023
Transplanted at this center	268	315
Followed by this center*	2,080	2,076
...transplanted at this program	2,045	2,038
...transplanted elsewhere	35	38

\* 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.

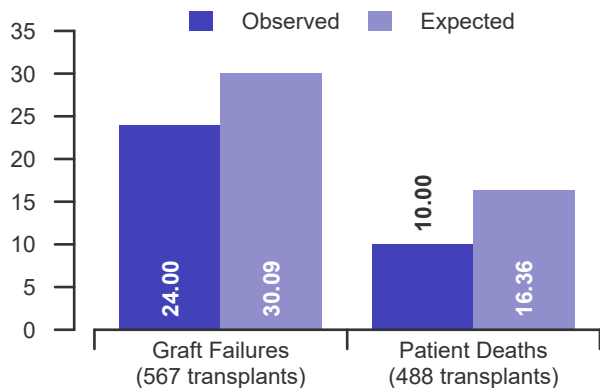
**Figure A2. Transplant rates 07/01/2021 - 06/30/2023**



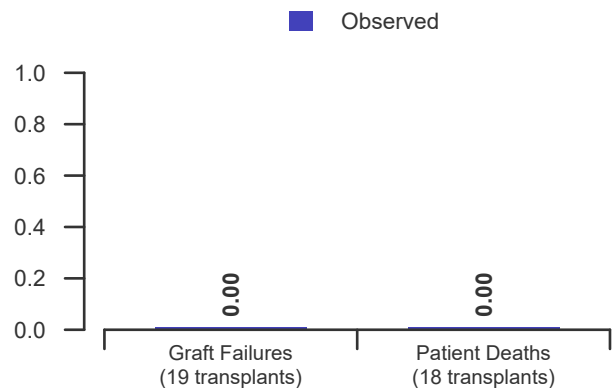
**Figure A3. Pre-transplant mortality rates 07/01/2021 - 06/30/2023**



**Figure A4. First-year adult graft and patient survival: 07/01/2020 - 12/31/2022**



**Figure A5. First-year pediatric graft and patient survival: 07/01/2020 - 12/31/2022**







## B. Waiting List Information

**Table B1. Waiting list activity summary: 07/01/2021 - 06/30/2023**

Waiting List Registrations	Counts for this center		Activity for 07/01/2022 to 06/30/2023 as percent of registrants on waiting list on 07/01/2022		
	07/01/2021-06/30/2022	07/01/2022-06/30/2023	This Center (%)	OPTN Region (%)	U.S. (%)
<b>On waiting list at start</b>	1,153	1,189	100.0	100.0	100.0
<b>Additions</b>					
New listings at this center	464	472	39.7	34.8	47.4
<b>Removals</b>					
Transferred to another center	4	4	0.3	0.7	1.1
Received living donor transplant*	44	60	5.0	4.4	6.3
Received deceased donor transplant*	223	254	21.4	15.9	21.6
Died	62	62	5.2	5.0	4.4
Transplanted at another center	29	35	2.9	2.7	4.7
Deteriorated	21	20	1.7	3.0	4.9
Recovered	5	4	0.3	0.2	0.3
Other reasons	40	26	2.2	3.6	5.1
<b>On waiting list at end of period</b>	1,189	1,196	100.6	99.4	98.9

\* 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 07/01/2022 and 06/30/2023

Demographic Characteristic	New Waiting List Registrations 07/01/2022 to 06/30/2023 (%)			All Waiting List Registrations on 06/30/2023 (%)		
	This Center (N=472)	OPTN Region (N=7,331)	U.S. (N=45,281)	This Center (N=1,196)	OPTN Region (N=20,953)	U.S. (N=94,494)
<b>All (%)</b>	100.0	100.0	100.0	100.0	100.0	100.0
<b>Ethnicity/Race (%)*</b>						
White	27.1	26.7	40.0	22.0	21.5	35.5
African-American	13.8	10.4	30.5	15.3	10.4	31.3
Hispanic/Latino	41.1	42.1	19.8	46.1	44.0	21.5
Asian	17.6	18.0	8.0	15.4	21.1	9.9
Other	0.4	2.8	1.7	1.3	3.0	1.8
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
<b>Age (%)</b>						
<2 years	0.2	0.1	0.2	0.3	0.1	0.1
2-11 years	0.8	0.9	0.9	1.4	0.7	0.6
12-17 years	3.4	1.9	1.4	5.1	1.6	1.1
18-34 years	8.1	11.6	10.1	10.1	10.9	9.6
35-49 years	22.9	24.1	23.8	26.9	27.2	25.8
50-64 years	37.5	40.9	41.1	38.0	44.0	43.8
65-69 years	14.4	12.9	13.6	10.9	11.3	12.5
70+ years	12.7	7.6	9.0	7.3	4.2	6.5
<b>Gender (%)</b>						
Male	62.3	63.3	61.9	61.1	62.8	62.2
Female	37.7	36.7	38.1	38.9	37.2	37.8

\* 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 07/01/2022 and 06/30/2023

Medical Characteristic	New Waiting List Registrations 07/01/2022 to 06/30/2023 (%)			All Waiting List Registrations on 06/30/2023 (%)		
	This Center (N=472)	OPTN Region (N=7,331)	U.S. (N=45,281)	This Center (N=1,196)	OPTN Region (N=20,953)	U.S. (N=94,494)
<b>All (%)</b>	100.0	100.0	100.0	100.0	100.0	100.0
<b>Blood Type (%)</b>						
O	48.9	52.1	49.5	58.2	56.5	54.5
A	30.7	30.4	31.7	29.6	26.6	26.8
B	16.9	13.8	15.0	9.6	14.4	16.2
AB	3.4	3.7	3.8	2.6	2.5	2.5
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
<b>Previous Transplant (%)</b>						
Yes	15.9	10.8	12.4	18.0	10.2	13.4
No	84.1	89.2	87.6	82.0	89.8	86.6
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
<b>Initial CPRA (%)</b>						
0-9%	42.8	46.0	45.1	68.8	70.7	65.8
10-79%	12.7	11.9	15.0	11.4	12.8	14.3
80+%	8.7	6.4	7.5	7.9	5.8	7.0
Unknown	35.8	35.8	32.3	12.0	10.8	13.0
<b>Primary Disease (%)*</b>						
Glomerular Diseases	20.6	19.7	18.2	22.1	18.3	18.0
Tubular and Interstitial Diseases	5.1	2.9	3.6	5.0	3.0	3.7
Polycystic Kidneys	4.2	5.4	6.7	4.8	5.5	6.8
Congenital, Familial, Metabolic	2.3	2.1	2.0	2.3	2.0	1.9
Diabetes	31.6	35.7	35.2	33.1	41.3	37.2
Renovascular & Vascular Diseases	0.0	0.0	0.1	0.1	0.1	0.1
Neoplasms	0.8	0.3	0.5	0.7	0.2	0.4
Hypertensive Nephrosclerosis	12.7	15.2	20.1	13.6	15.1	20.5
Other	22.5	18.3	13.3	18.1	14.1	11.2
Missing*	0.2	0.5	0.3	0.2	0.4	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.



## B. Waiting List Information

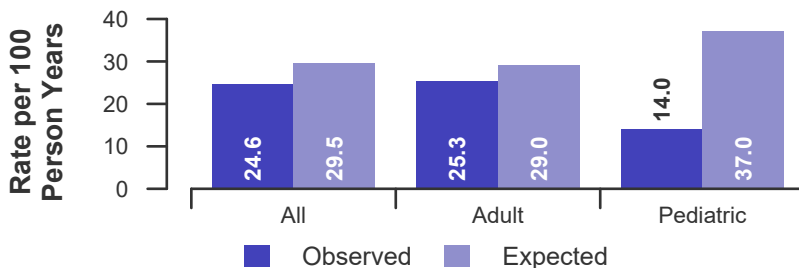
**Table B4. Transplant rates: 07/01/2021 - 06/30/2023**

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
<b>All Candidates</b>				
Count on waiting list at start*	1,153	7,239	21,355	95,920
Person Years**	2,357.7	14,562.4	41,996.3	190,344.1
Removals for Transplant	581	2,833	8,266	51,007
<b>Adult (18+) Candidates</b>				
Count on waiting list at start*	1,092	7,105	20,899	94,262
Person Years**	2,214.9	14,246.6	41,039.8	186,898.2
Removals for transplant	561	2,720	7,961	49,303
<b>Pediatric (&lt;18) Candidates</b>				
Count on waiting list at start*	61	134	456	1,658
Person Years**	142.8	315.7	956.4	3,446.0
Removals for transplant	20	113	305	1,704

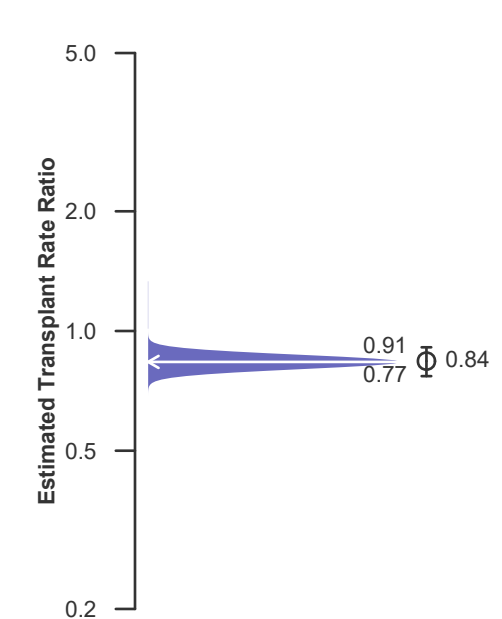
\* Counts in this table may be lower than similar counts in other waiting list tables, such as Table B1. A small percentage (~1%) of patients are found to have died or been transplanted before being removed from the waiting list, so these patients are excluded if the event occurs prior to the start of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

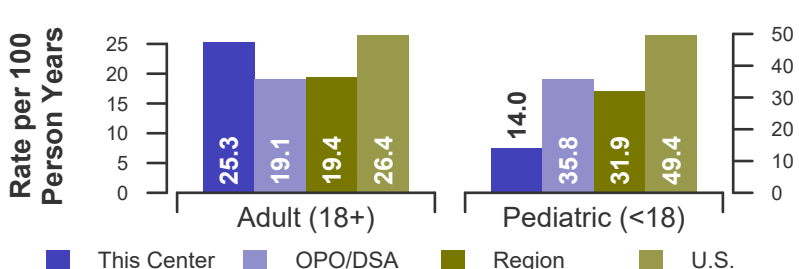
**Figure B1. Observed and expected transplant rates: 07/01/2021 - 06/30/2023**



**Figure B2. Transplant rate ratio estimate**



**Figure B3. Observed adult (18+) and pediatric (<18) transplant rates: 07/01/2021 - 06/30/2023**





## B. Waiting List Information

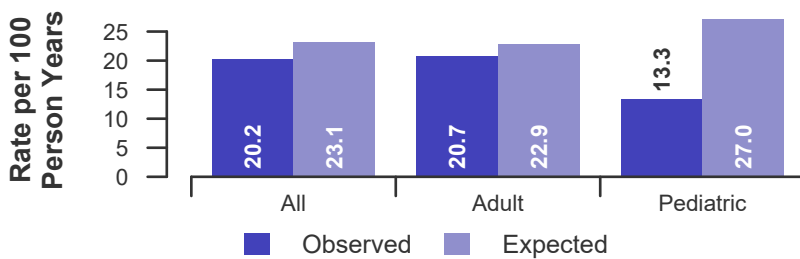
**Table B4D. Deceased donor transplant rates: 07/01/2021 - 06/30/2023**

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
<b>All Candidates</b>				
Count on waiting list at start*	1,153	7,239	21,355	95,920
Person Years**	2,357.7	14,562.4	41,996.3	190,344.1
Removals for Transplant	477	2,276	6,477	39,192
<b>Adult (18+) Candidates</b>				
Count on waiting list at start*	1,092	7,105	20,899	94,262
Person Years**	2,214.9	14,246.6	41,039.8	186,898.2
Removals for transplant	458	2,177	6,246	37,972
<b>Pediatric (&lt;18) Candidates</b>				
Count on waiting list at start*	61	134	456	1,658
Person Years**	142.8	315.7	956.4	3,446.0
Removals for transplant	19	99	231	1,220

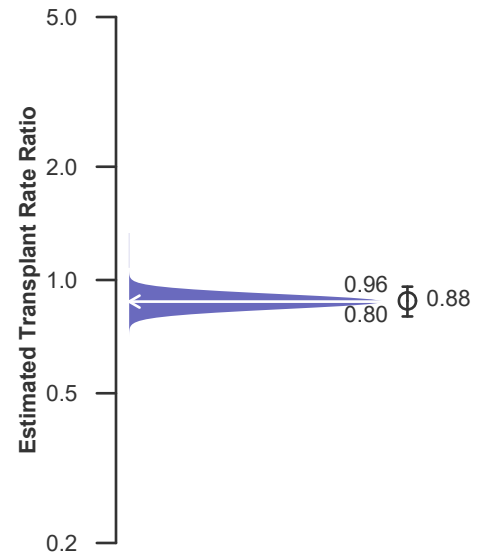
\* Counts in this table may be lower than similar counts in other waiting list tables, such as Table B1. A small percentage (~1%) of patients are found to have died or been transplanted before being removed from the waiting list, so these patients are excluded if the event occurs prior to the start of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

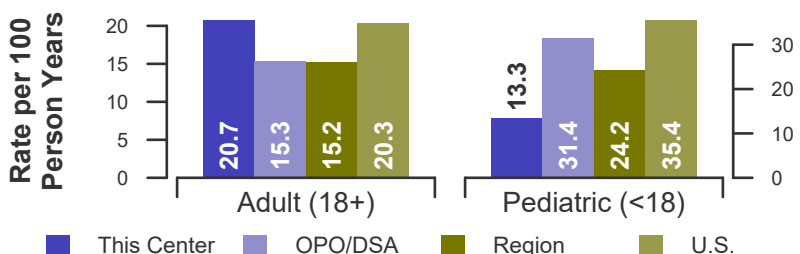
**Figure B1D. Observed and expected deceased donor transplant rates: 07/01/2021 - 06/30/2023**



**Figure B2D. Deceased donor transplant rate ratio estimate**



**Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 07/01/2021 - 06/30/2023**





## B. Waiting List Information

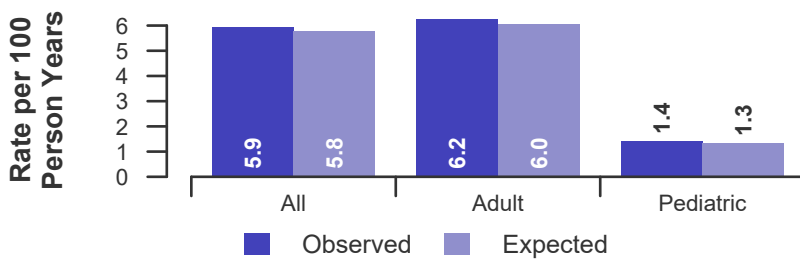
**Table B5. Pre-transplant mortality rates: 07/01/2021 - 06/30/2023**

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
<b>All Candidates</b>				
Count on waiting list at start*	1,153	7,239	21,355	95,920
Person Years**	2,454.2	15,436.5	44,493.0	206,669.1
Number of deaths	146	828	2,637	12,027
<b>Adult (18+) Candidates</b>				
Count on waiting list at start*	1,092	7,105	20,899	94,262
Person Years**	2,310.6	15,118.1	43,508.6	203,095.3
Number of deaths	144	825	2,633	11,980
<b>Pediatric (&lt;18) Candidates</b>				
Count on waiting list at start*	61	134	456	1,658
Person Years**	143.5	318.4	984.4	3,573.8
Number of deaths	2	3	4	47

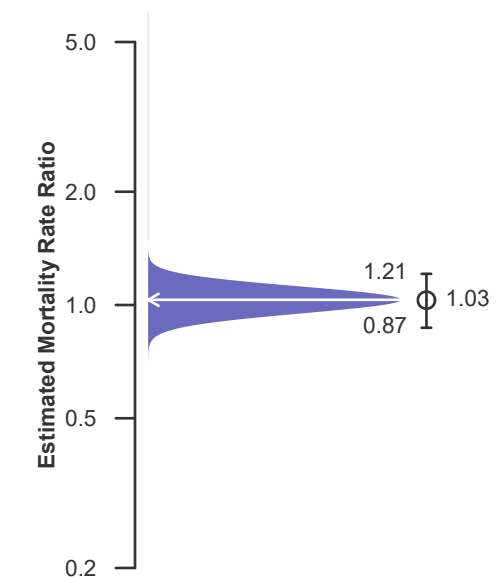
\* Counts in this table may be lower than similar counts in other waiting list tables, such as Table B1. A small percentage (~1%) of patients are found to have died or been transplanted before being removed from the waiting list, so these patients are excluded if the event occurs prior to the start of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

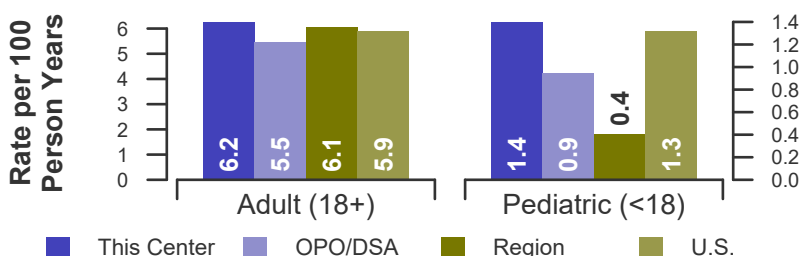
**Figure B4. Observed and expected pre-transplant mortality rates: 07/01/2021 - 06/30/2023**



**Figure B5. Pre-transplant mortality rate ratio estimate**



**Figure B6. Observed adult (18+) and pediatric (<18) pre-transplant mortality rates: 07/01/2021 - 06/30/2023**





## B. Waiting List Information

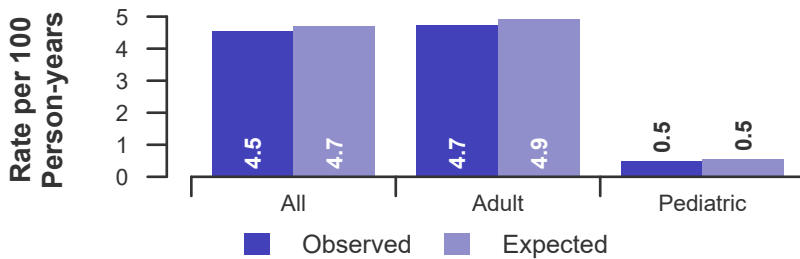
**Table B6. Rates of patient mortality after listing: 07/01/2021 - 06/30/2023**

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
<b>All Patients</b>				
Count at risk during the evaluation period	3,207	18,338	53,594	314,413
Person-years*	4,655.5	26,818.0	79,475.7	464,808.0
Number of Deaths	211	1,325	3,941	23,649
<b>Adult (18+) Patients</b>				
Count at risk during the evaluation period	3,073	17,720	51,806	305,285
Person-years*	4,452.5	25,890.4	76,723.4	450,734.0
Number of Deaths	210	1,319	3,928	23,554
<b>Pediatric (&lt;18) Patients</b>				
Count at risk during the evaluation period	134	618	1,788	9,128
Person-years*	203.0	927.6	2,752.2	14,074.0
Number of Deaths	1	6	13	95

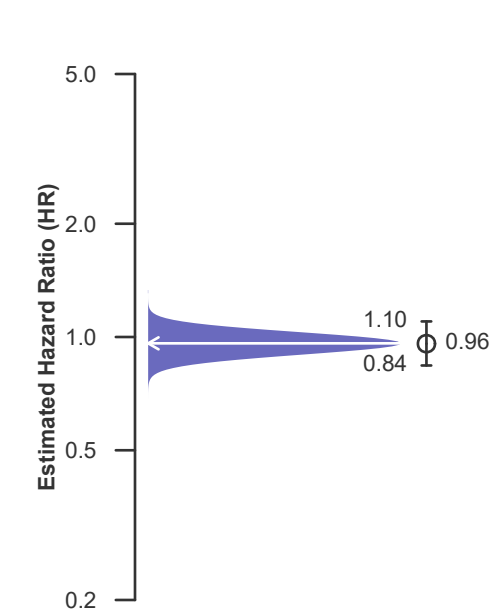
\* Person-years are calculated as days (converted to fractional years). The number of days from 07/01/2021, or from the date of first wait listing until death, reaching 7 years after listing or June 30, 2023.

\*\* Patient mortality after listing describes the relative survival experience of patients after listing. It depends on many factors, some of which are outside of the control of the transplant program. For example, availability of organs may not be the same in every part of the country.

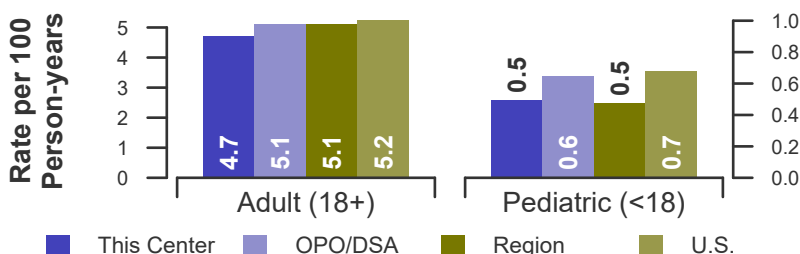
**Figure B7. Observed and expected rates of patient mortality after listing: 07/01/2021 - 06/30/2023**



**Figure B8. HR estimate of patient mortality after listing**



**Figure B9. Observed adult (18+) and pediatric (<18) rates of patient mortality after listing: 07/01/2021 - 06/30/2023**





## B. Waiting List Information

**Table B7. Waiting list candidate status after listing**  
Candidates registered on waiting list between 01/01/2021 and 12/31/2021

Waiting list status (survival status)	This Center (N=450)			U.S. (N=41,483)		
	Months Since Listing			Months Since Listing		
	6	12	18	6	12	18
<b>Alive on waiting list (%)</b>	75.1	63.1	50.2	73.8	60.1	49.7
<b>Died on the waiting list without transplant (%)</b>	2.0	3.6	4.7	1.5	2.6	3.5
<b>Removed without transplant (%):</b>						
Condition worsened (status unknown)	0.4	0.9	1.1	0.7	1.6	2.7
Condition improved (status unknown)	0.9	0.9	1.1	0.1	0.2	0.3
Refused transplant (status unknown)	0.0	0.0	0.0	0.0	0.1	0.1
Other	0.4	1.1	2.0	0.8	1.7	2.9
<b>Transplant (living donor from waiting list only) (%):</b>						
Functioning (alive)	3.1	6.7	6.4	5.3	8.5	7.2
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	0.0	0.0	0.0	0.1	0.1
Status Yet Unknown**	0.0	0.2	2.2	0.1	0.3	3.4
<b>Transplant (deceased donor) (%):</b>						
Functioning (alive)	17.3	21.3	22.4	15.1	19.2	15.7
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	0.1	0.1	0.1
Died	0.7	0.7	0.9	0.4	0.8	1.1
Status Yet Unknown*	0.0	1.6	8.9	1.9	4.3	12.5
<b>Lost or Transferred (status unknown) (%)</b>	0.0	0.0	0.0	0.2	0.5	0.8
<b>TOTAL (%)</b>	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	2.7	4.2	5.6	1.9	3.4	4.7
Total % known died or removed as unstable	3.1	5.1	6.7	2.5	5.0	7.3
Total % removed for transplant	21.1	30.4	40.9	22.9	33.2	40.1
Total % with known functioning transplant (alive)	20.4	28.0	28.9	20.4	27.7	22.9

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





## B. Waiting List Information

**Table B8. Percent of candidates with deceased donor transplants: demographic characteristics**  
Candidates registered on the waiting list between 07/01/2017 and 06/30/2020

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>	928	8.9	22.6	30.8	35.7	101,966	4.8	20.4	28.3	34.3
<b>Ethnicity/Race*</b>										
White	255	11.0	25.5	31.0	33.3	39,336	4.8	21.4	29.5	35.2
African-American	138	6.5	22.5	31.9	39.1	31,795	4.9	20.6	29.0	35.3
Hispanic/Latino	361	8.6	22.4	30.5	36.3	20,127	5.1	19.8	27.2	33.3
Asian	159	8.8	20.1	30.8	34.0	8,708	3.0	15.3	22.5	28.5
Other	15	6.7	6.7	26.7	46.7	2,000	6.2	24.2	32.1	37.8
Unknown	0	--	--	--	--	0	--	--	--	--
<b>Age</b>										
<2 years	2	0.0	0.0	0.0	0.0	113	7.1	39.8	61.9	73.5
2-11 years	9	0.0	0.0	0.0	11.1	795	7.2	49.6	66.7	73.8
12-17 years	24	0.0	12.5	20.8	25.0	1,432	7.4	46.6	59.9	65.0
18-34 years	97	7.2	24.7	37.1	42.3	9,879	4.9	22.5	32.3	40.4
35-49 years	211	8.5	22.7	31.8	37.9	24,886	4.5	20.0	28.2	34.7
50-64 years	359	8.1	19.2	26.7	31.5	43,195	4.8	18.8	26.1	31.9
65-69 years	150	12.0	30.7	38.7	43.3	13,952	4.5	19.3	26.5	31.9
70+ years	76	14.5	26.3	31.6	32.9	7,714	5.1	21.8	28.9	33.5
<b>Gender</b>										
Male	573	10.1	23.7	30.7	35.1	63,044	5.0	19.7	27.2	33.1
Female	355	7.0	20.8	31.0	36.6	38,922	4.5	21.5	30.2	36.4

\* 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 B9. Percent of candidates with deceased donor transplants: medical characteristics**  
Candidates registered on the waiting list between 07/01/2017 and 06/30/2020

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>	928	8.9	22.6	30.8	35.7	101,966	4.8	20.4	28.3	34.3
<b>Blood Type</b>										
O	437	9.8	21.1	27.2	31.1	50,773	4.2	17.2	24.0	29.5
A	315	6.7	20.0	27.6	32.1	31,813	6.0	24.7	34.3	41.2
B	128	9.4	30.5	43.0	51.6	15,507	3.3	17.6	25.0	30.8
AB	48	14.6	33.3	52.1	58.3	3,873	8.7	37.9	49.0	55.0
<b>Previous Transplant</b>										
Yes	189	4.8	21.7	35.4	40.2	13,464	3.2	19.2	28.0	34.0
No	739	10.0	22.9	29.6	34.5	88,502	5.0	20.6	28.4	34.4
<b>Peak PRA/CPRA</b>										
0-9%	714	11.1	23.7	29.8	33.6	80,298	5.1	20.0	27.5	33.5
10-79%	105	1.9	18.1	22.9	28.6	13,145	4.0	19.3	27.7	34.0
80+%	109	1.8	20.2	45.0	56.0	8,395	3.2	26.3	37.2	43.3
Unknown	0	--	--	--	--	1	100.0	100.0	100.0	100.0
<b>Primary Disease*</b>										
Glomerular Diseases	204	2.9	15.7	26.5	30.9	18,428	4.0	21.6	31.0	38.3
Tubular & Interstitial Diseases	67	13.4	38.8	47.8	47.8	3,883	6.0	22.7	29.8	35.5
Polycystic Kidneys	49	4.1	12.2	18.4	24.5	6,820	3.9	19.7	29.2	36.8
Congenital, Familial, Metabolic	18	0.0	27.8	33.3	50.0	1,944	5.1	31.3	42.5	49.7
Diabetes	291	3.4	12.7	21.3	27.5	37,915	3.4	15.9	22.4	27.4
Renovascular & Vascular Diseases	2	50.0	50.0	50.0	50.0	169	4.7	22.5	31.4	38.5
Neoplasms	7	14.3	14.3	42.9	42.9	339	7.7	28.6	38.9	42.2
Hypertensive Nephrosclerosis	83	7.2	25.3	28.9	37.3	20,490	5.3	21.5	29.9	36.7
Other	206	23.3	39.3	46.1	48.5	11,630	9.7	29.2	37.2	42.2
Missing*	1	0.0	0.0	0.0	0.0	348	2.0	9.5	17.5	22.7

\* 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 B10. Time to transplant for waiting list candidates\***

Candidates registered on the waiting list between 07/01/2017 and 12/31/2022

Percentile	Center	Months to Transplant**		U.S.
		OPO/DSA	Region	
5th	0.4	0.8	0.9	0.7
10th	1.4	2.5	2.5	1.8
25th	8.8	12.9	11.1	7.6
50th (median time to transplant)	33.0	Not Observed	52.7	31.3
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 06/30/2023. 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 B11. Offer Acceptance Practices: 07/01/2022 - 06/30/2023**

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
<b>Overall</b>				
Number of Offers	60,018	376,842	642,432	3,093,430
Number of Acceptances	211	1,061	3,055	19,212
Expected Acceptances	137.3	869.4	2,410.6	19,211.3
Offer Acceptance Ratio*	1.53	1.22	1.27	1.00
95% Credible Interval**	[1.33, 1.74]	--	--	--
<b>Low-KDRI Donors (KDRI &lt; 1.05)</b>				
Number of Offers	8,718	57,389	100,832	403,899
Number of Acceptances	53	313	996	5,874
Expected Acceptances	36.9	291.4	886.4	5,881.4
Offer Acceptance Ratio*	1.41	1.07	1.12	1.00
95% Credible Interval**	[1.06, 1.81]	--	--	--
<b>Medium-KDRI Donors (1.05 &lt; KDRI &lt; 1.75)</b>				
Number of Offers	38,815	243,596	433,260	1,972,323
Number of Acceptances	127	607	1,685	10,697
Expected Acceptances	79.4	485.6	1,297.1	10,689.1
Offer Acceptance Ratio*	1.59	1.25	1.30	1.00
95% Credible Interval**	[1.32, 1.87]	--	--	--
<b>High-KDRI Donors (KDRI &gt; 1.75)</b>				
Number of Offers	12,485	75,857	108,340	717,197
Number of Acceptances	31	141	374	2,639
Expected Acceptances	21.0	92.3	227.1	2,640.4
Offer Acceptance Ratio*	1.43	1.52	1.64	1.00
95% Credible Interval**	[0.99, 1.96]	--	--	--
<b>Hard-to-Place Kidneys (Over 100 Offers)</b>				
Number of Offers	57,054	349,753	589,900	2,692,000
Number of Acceptances	29	115	512	3,554
Expected Acceptances	36.3	162.1	459.9	3,731.4
Offer Acceptance Ratio*	0.81	0.71	1.11	0.95
95% Credible Interval**	[0.55, 1.12]	--	--	--

\* The offer acceptance ratio estimates the relative offer acceptance practice of Cedars-Sinai Medical Center compared to the national offer acceptance practice. A ratio above one indicates the program accepts more offers compared to national offer acceptance practices (e.g., an offer acceptance ratio of 1.25 indicates a center accepts 25% more offers than is expected based on national offer acceptance practices), while a ratio below one indicates the program accepts fewer offers compared to national offer acceptance practices (e.g., an offer acceptance ratio of 0.75 indicates a center accepts 25% fewer offers than is expected based on national offer acceptance practices).

\*\* As an example, the 95% Credible Interval for the overall offer acceptance ratio, [1.33, 1.74], indicates the location of CACS's true offer acceptance ratio with 95% probability. The best estimate is 53% more likely to accept an offer compared to national acceptance behavior, but CACS's performance could plausibly range from 33% higher acceptance up to 74% higher acceptance.



## B. Waiting List Information

Figure B10. Offer acceptance: Overall

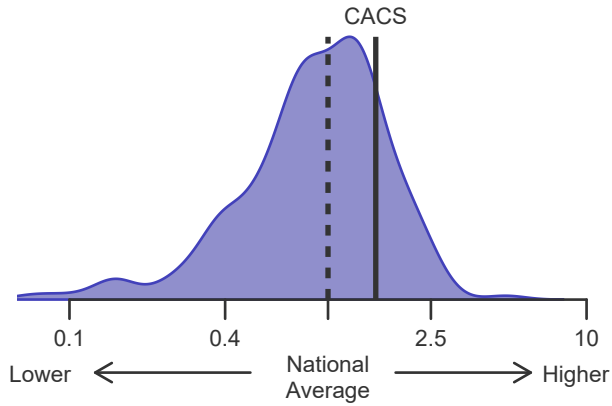


Figure B11. Offer acceptance: Low-KDRI

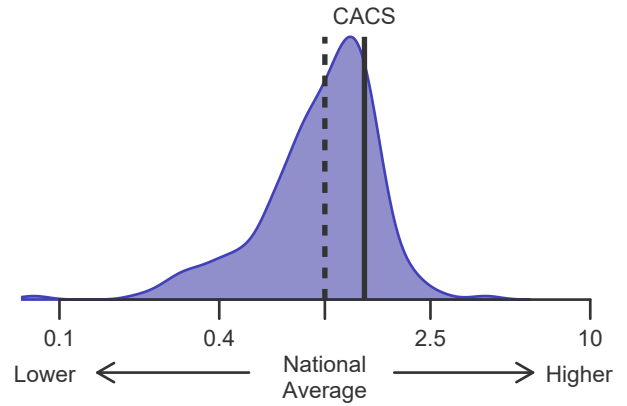


Figure B12. Offer acceptance: Medium-KDRI

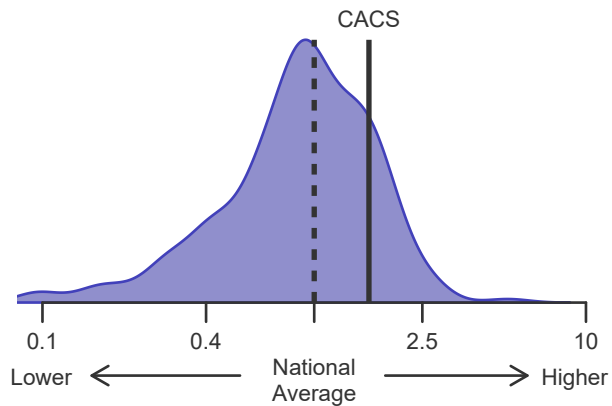


Figure B13. Offer acceptance: High-KDRI

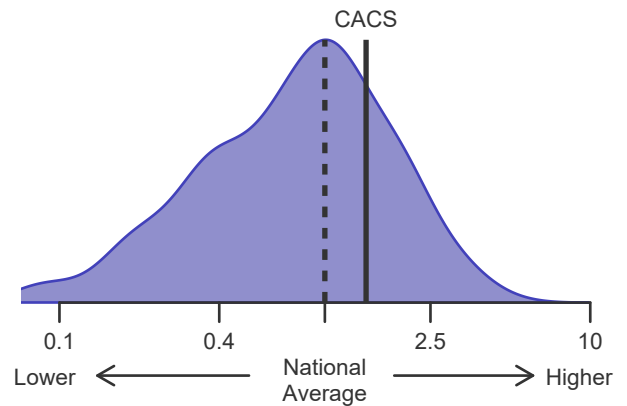
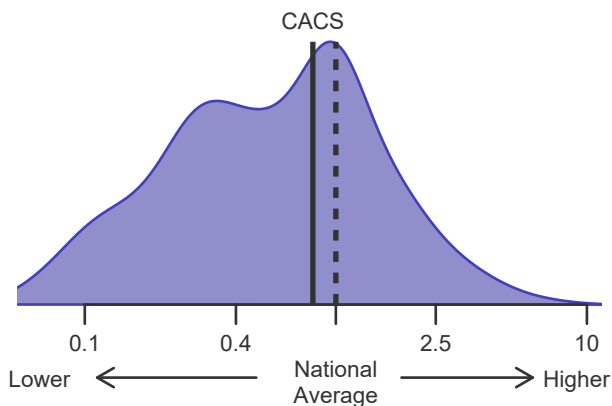


Figure B14. Offer acceptance: Offer number > 100





## C. Transplant Information

**Table C1D. Deceased donor transplant recipient demographic characteristics**  
Patients transplanted between 07/01/2022 and 06/30/2023

Characteristic	Percentage in each category		
	Center (N=255)	Region (N=3,358)	U.S. (N=20,676)
<b>Ethnicity/Race (%)*</b>			
White	15.7	23.9	34.6
African-American	18.0	10.1	34.2
Hispanic/Latino	44.7	43.7	20.7
Asian	21.2	19.1	8.7
Other	0.4	3.3	1.8
Unknown	0.0	0.0	0.0
<b>Age (%)</b>			
<2 years	0.4	0.0	0.1
2-11 years	0.8	1.0	1.0
12-17	2.7	1.6	1.4
18-34	11.8	12.2	9.6
35-49 years	17.3	22.7	23.5
50-64 years	36.9	38.3	39.5
65-69 years	17.3	13.5	13.6
70+ years	12.9	10.6	11.3
<b>Gender (%)</b>			
Male	61.2	60.4	60.5
Female	38.8	39.6	39.5

\* 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 07/01/2022 and 06/30/2023

Characteristic	Percentage in each category		
	Center (N=60)	Region (N=933)	U.S. (N=6,069)
<b>Ethnicity/Race (%)*</b>			
White	45.0	45.4	61.3
African-American	8.3	5.6	12.3
Hispanic/Latino	26.7	30.0	17.5
Asian	16.7	16.1	7.5
Other	3.3	2.9	1.4
Unknown	0.0	0.0	0.0
<b>Age (%)</b>			
<2 years	0.0	0.0	0.1
2-11 years	0.0	1.8	1.7
12-17	1.7	1.5	1.8
18-34	11.7	17.8	15.2
35-49 years	30.0	25.0	25.9
50-64 years	35.0	33.5	35.3
65-69 years	8.3	10.9	9.9
70+ years	13.3	9.4	10.1
<b>Gender (%)</b>			
Male	68.3	59.8	62.0
Female	31.7	40.2	38.0

\* 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 C2D. Deceased donor transplant recipient medical characteristics**  
Patients transplanted between 07/01/2022 and 06/30/2023

Characteristic	Percentage in each category		
	Center (N=255)	Region (N=3,358)	U.S. (N=20,676)
<b>Blood Type (%)</b>			
O	45.1	49.0	46.8
A	27.5	31.9	33.5
B	22.4	14.4	14.9
AB	5.1	4.7	4.8
<b>Previous Transplant (%)</b>			
Yes	13.7	11.9	12.3
No	86.3	88.1	87.7
<b>Peak PRA/CPRA Prior to Transplant (%)</b>			
0-9%	58.8	52.7	51.2
10-79%	20.8	23.4	23.7
80+ %	11.8	16.5	17.9
Unknown	8.6	7.4	7.2
<b>Body Mass Index (%)</b>			
0-20	16.1	11.6	8.9
21-25	35.3	32.4	27.3
26-30	29.8	31.2	31.0
31-35	13.3	17.3	21.4
36-40	5.5	5.4	8.5
41+	0.0	0.7	1.4
Unknown	0.0	1.4	1.6
<b>Primary Disease (%)*</b>			
Glomerular Diseases	18.8	23.8	20.3
Tubular and Interstitial Disease	2.0	2.9	3.8
Polycystic Kidneys	6.7	5.7	6.8
Congenital, Familial, Metabolic	3.5	3.0	2.4
Diabetes	29.0	30.9	30.8
Renovascular & Vascular Diseases	0.0	0.1	0.1
Neoplasms	0.8	0.5	0.5
Hypertensive Nephrosclerosis	15.3	15.7	23.3
Other Kidney	23.5	16.8	11.8
Missing*	0.4	0.5	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 07/01/2022 and 06/30/2023

Characteristic	Percentage in each category		
	Center (N=60)	Region (N=933)	U.S. (N=6,069)
<b>Blood Type (%)</b>			
O	51.7	43.2	43.0
A	25.0	38.6	38.3
B	15.0	12.9	13.8
AB	8.3	5.4	4.9
<b>Previous Transplant (%)</b>			
Yes	13.3	9.6	11.2
No	86.7	90.4	88.8
<b>Peak PRA/CPRA Prior to Transplant (%)</b>			
0-9%	66.7	65.6	66.0
10-79%	25.0	24.3	22.9
80+ %	6.7	4.8	4.6
Unknown	1.7	5.3	6.4
<b>Body Mass Index (%)</b>			
0-20	21.7	14.9	12.5
21-25	38.3	35.2	29.6
26-30	30.0	27.4	29.3
31-35	10.0	17.0	19.8
36-40	0.0	4.8	7.3
41+	0.0	0.4	1.1
Unknown	0.0	0.2	0.3
<b>Primary Disease (%)*</b>			
Glomerular Diseases	43.3	34.0	29.2
Tubular and Interstitial Disease	0.0	3.4	4.6
Polycystic Kidneys	5.0	11.0	11.5
Congenital, Familial, Metabolic	3.3	3.1	3.3
Diabetes	18.3	22.7	24.7
Renovascular & Vascular Diseases	0.0	0.3	0.1
Neoplasms	0.0	0.0	0.7
Hypertensive Nephrosclerosis	15.0	12.2	15.0
Other Kidney	13.3	12.0	10.4
Missing*	1.7	1.2	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 07/01/2022 and 06/30/2023

Donor Characteristic	Percentage in each category		
	Center (N=255)	Region (N=3,358)	U.S. (N=20,676)
<b>Cause of Death (%)</b>			
Deceased: Stroke	23.1	21.7	20.6
Deceased: MVA	15.3	15.0	12.7
Deceased: Other	61.6	63.2	66.7
<b>Ethnicity/Race (%)*</b>			
White	25.1	33.5	54.4
African-American	11.0	8.5	14.6
Hispanic/Latino	20.8	22.0	12.1
Asian	5.5	6.0	2.8
Other	0.8	3.1	1.3
Not Reported	36.9	27.0	14.8
<b>Age (%)</b>			
<2 years	0.0	1.0	0.6
2-11 years	2.4	2.3	2.1
12-17	5.9	3.3	3.5
18-34	30.6	32.7	30.6
35-49 years	36.5	36.0	34.9
50-64 years	18.8	21.4	25.6
65-69 years	4.3	2.7	2.2
70+ years	1.6	0.6	0.5
<b>Gender (%)</b>			
Male	65.9	67.3	64.2
Female	34.1	32.7	35.8
<b>Blood Type (%)</b>			
O	47.1	51.2	48.5
A	37.3	34.1	36.2
B	11.0	11.0	11.7
AB	4.7	3.8	3.5
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 C3L. Living donor characteristics**  
Transplants performed between 07/01/2022 and 06/30/2023

Donor Characteristic	Percentage in each category		
	Center (N=60)	Region (N=933)	U.S. (N=6,069)
<b>Ethnicity/Race (%)*</b>			
White	50.0	48.8	65.2
African-American	3.3	3.3	7.1
Hispanic/Latino	8.3	8.7	6.2
Asian	13.3	11.4	5.2
Other	3.3	2.5	1.8
Not Reported	21.7	25.4	14.5
<b>Age (%)</b>			
0-11 years	0.0	0.0	0.0
12-17	0.0	0.0	0.0
18-34	16.7	23.9	24.1
35-49 years	38.3	36.3	38.3
50-64 years	31.7	33.1	31.5
65-69 years	10.0	5.5	4.5
70+ years	3.3	1.2	1.5
<b>Gender (%)</b>			
Male	35.0	36.9	36.8
Female	65.0	63.1	63.2
<b>Blood Type (%)</b>			
O	66.7	58.7	60.2
A	23.3	30.7	29.1
B	8.3	8.9	8.7
AB	1.7	1.7	2.0
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 07/01/2022 and 06/30/2023

Transplant Characteristic	Percentage in each category		
	Center (N=255)	Region (N=3,358)	U.S. (N=20,676)
<b>Cold Ischemic Time (Hours): Local (%)</b>			
Deceased: 0-11 hr	16.4	20.7	20.0
Deceased: 12-21 hr	61.2	53.1	52.2
Deceased: 22-31 hr	21.7	22.7	23.8
Deceased: 32-41 hr	0.7	2.9	2.8
Deceased: 42+ hr	0.0	0.3	0.6
Not Reported	0.0	0.4	0.7
<b>Cold Ischemic Time (Hours): Shared (%)</b>			
Deceased: 0-11 hr	7.8	8.5	8.2
Deceased: 12-21 hr	68.9	46.9	48.8
Deceased: 22-31 hr	22.3	37.7	33.5
Deceased: 32-41 hr	0.0	6.4	7.3
Deceased: 42+ hr	1.0	0.2	1.2
Not Reported	0.0	0.3	1.0
<b>Level of Mismatch (%)</b>			
<b>A Locus Mismatches (%)</b>			
0	13.3	12.9	12.1
1	40.4	40.9	39.2
2	46.3	46.0	48.5
Not Reported	0.0	0.1	0.2
<b>B Locus Mismatches (%)</b>			
0	5.5	7.2	6.9
1	22.0	25.8	25.0
2	72.5	66.9	67.9
Not Reported	0.0	0.1	0.2
<b>DR Locus Mismatches (%)</b>			
0	14.9	15.0	16.3
1	47.8	47.6	47.4
2	37.3	37.2	36.2
Not Reported	0.0	0.1	0.2
<b>Total Mismatches (%)</b>			
0	5.1	4.6	4.6
1	0.4	1.3	1.2
2	5.1	4.7	4.6
3	11.8	14.4	14.3
4	27.5	28.3	27.7
5	34.5	31.7	32.5
6	15.7	14.9	15.1
Not Reported	0.0	0.1	0.2
<b>Procedure Type (%)</b>			
Single organ	83.1	91.9	94.0
Multi organ	16.9	8.1	6.0
<b>Dialysis in First Week After Transplant (%)</b>			
Yes	47.8	42.0	33.6
No	52.2	58.0	66.0
Not Reported	0.0	0.0	0.4
<b>Donor Location (%)</b>			
Local Donation Service Area (DSA)	59.6	53.2	39.2
Another Donation Service Area (DSA)	40.4	46.8	60.8
<b>Median Time in Hospital After Transplant</b>	7.0 Days	4.0 Days	5.0 Days



## C. Transplant Information

**Table C4L. Living donor transplant characteristics**  
Transplants performed between 07/01/2022 and 06/30/2023

Transplant Characteristic	Percentage in each category		
	Center (N=60)	Region (N=933)	U.S. (N=6,069)
<b>Relation with Donor (%)</b>			
Related	51.7	42.4	37.0
Unrelated	48.3	56.1	62.2
Not Reported	0.0	1.5	0.8
<b>Level of Mismatch (%)</b>			
<b>A Locus Mismatches (%)</b>			
0	25.0	21.2	16.2
1	48.3	46.3	47.7
2	26.7	28.8	32.2
Not Reported	0.0	3.6	3.9
<b>B Locus Mismatches (%)</b>			
0	15.0	12.9	9.5
1	48.3	42.0	40.1
2	36.7	41.5	46.5
Not Reported	0.0	3.6	3.9
<b>DR Locus Mismatches (%)</b>			
0	21.7	19.0	15.2
1	51.7	46.4	47.2
2	26.7	31.0	33.8
Not Reported	0.0	3.6	3.9
<b>Total Mismatches (%)</b>			
0	15.0	7.7	4.8
1	3.3	4.2	3.4
2	10.0	13.8	11.8
3	23.3	21.1	21.3
4	16.7	16.2	17.6
5	21.7	22.6	24.4
6	10.0	10.7	12.8
Not Reported	0.0	3.6	3.9
<b>Procedure Type (%)</b>			
Single organ	100.0	100.0	100.0
Multi organ	0.0	0.0	0.0
<b>Dialysis in First Week After Transplant (%)</b>			
Yes	10.0	3.2	2.6
No	90.0	96.8	97.2
Not Reported	0.0	0.0	0.2
<b>Median Time in Hospital After Transplant</b>	4.0 Days	3.0 Days	4.0 Days



## C. Transplant Information

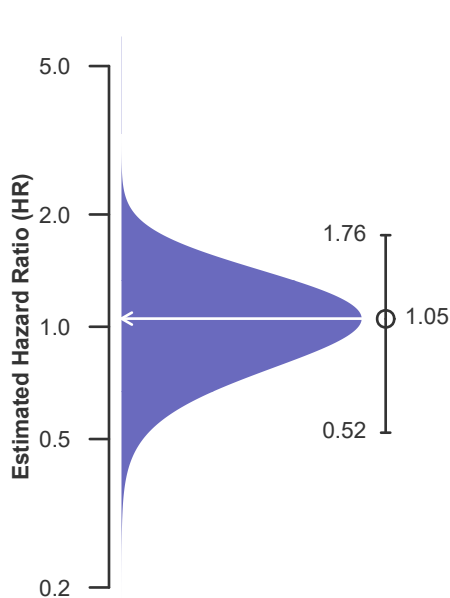
**Table C5. Adult (18+) 1-month survival with a functioning graft**  
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	567	57,238
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	98.41% [97.39%-99.45%]	98.46% [98.36%-98.56%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.52%	--
Number of observed graft failures (including deaths) during the first month after transplant	9	883
Number of expected graft failures (including deaths) during the first month after transplant	8.46	--
Estimated hazard ratio*	1.05	--
95% credible interval for the hazard ratio**	[0.52, 1.76]	--

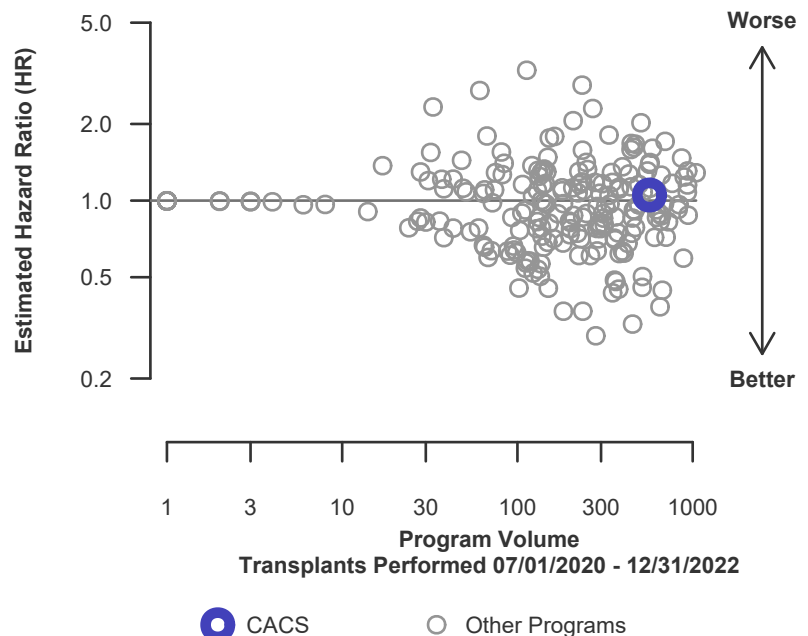
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.52, 1.76], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 5% higher risk of graft failure compared to an average program, but CACS's performance could plausibly range from 48% reduced risk up to 76% 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 07/01/2020 and 12/31/2022

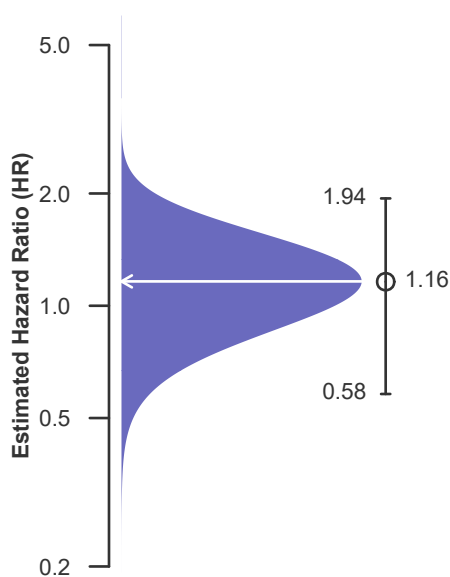
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	430	43,108
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	97.91% [96.56%-99.27%]	98.21% [98.09%-98.34%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.28%	--
Number of observed graft failures (including deaths) during the first month after transplant	9	771
Number of expected graft failures (including deaths) during the first month after transplant	7.46	--
Estimated hazard ratio*	1.16	--
95% credible interval for the hazard ratio**	[0.58, 1.94]	--

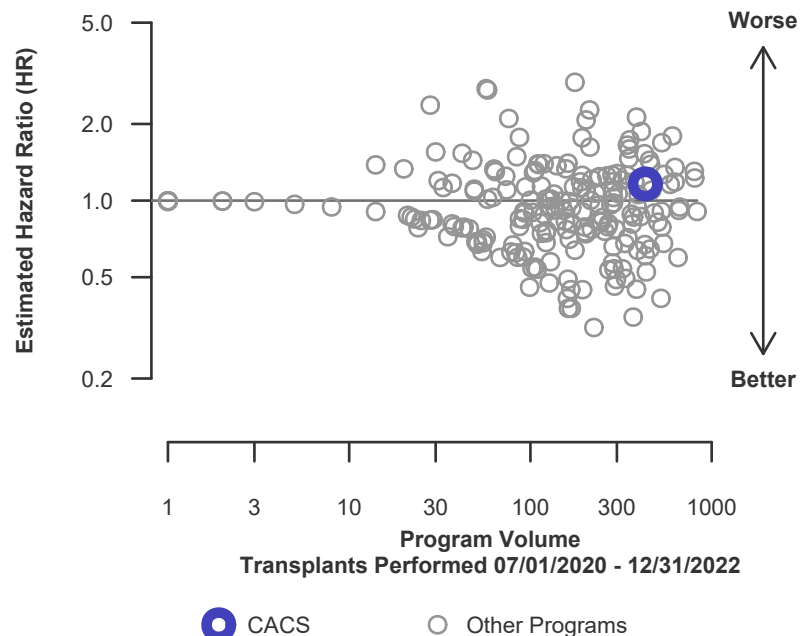
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.58, 1.94], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 16% higher risk of graft failure compared to an average program, but CACS's performance could plausibly range from 42% reduced risk up to 94% 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 07/01/2020 and 12/31/2022

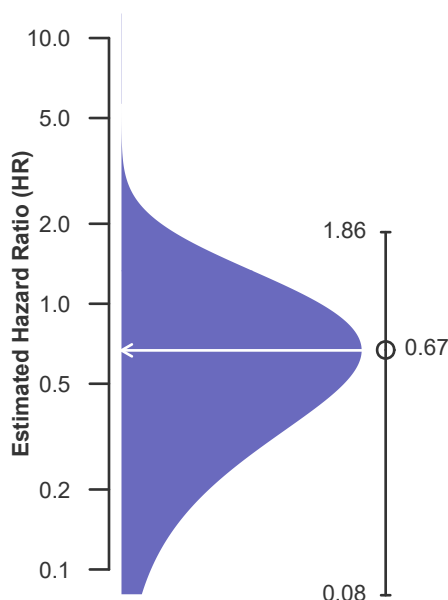
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	137	14,130
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.21% [99.06%-99.35%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.28%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	112
Number of expected graft failures (including deaths) during the first month after transplant	1.00	--
Estimated hazard ratio*	0.67	--
95% credible interval for the hazard ratio**	[0.08, 1.86]	--

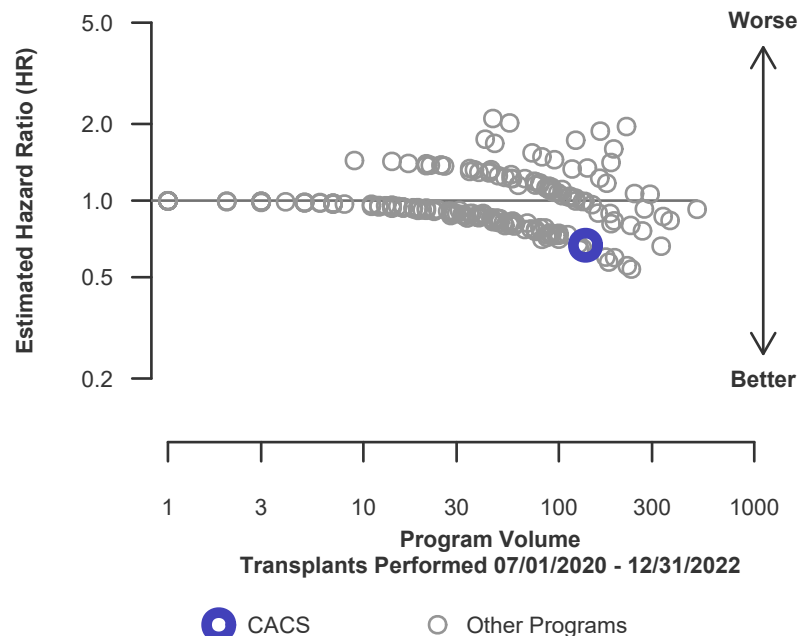
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.08, 1.86], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 33% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 92% reduced risk up to 86% 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

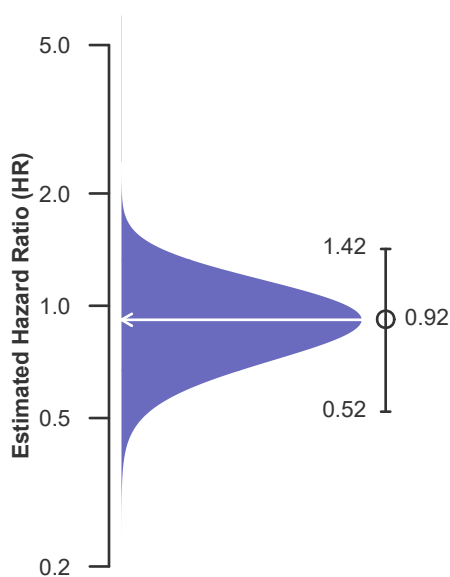
**Table C6. Adult (18+) 90-Day survival with a functioning graft**  
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	567	57,238
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	97.53% [96.26%-98.82%]	97.19% [97.05%-97.32%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	97.29%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	14	1,609
Number of expected graft failures (including deaths) during the first 90 days after transplant	15.45	--
Estimated hazard ratio*	0.92	--
95% credible interval for the hazard ratio**	[0.52, 1.42]	--

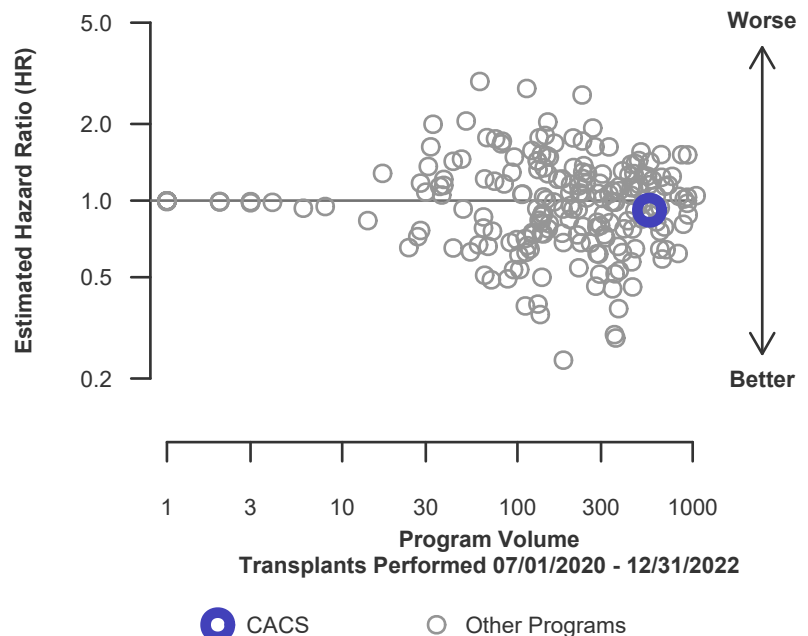
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.52, 1.42], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 8% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 48% reduced risk up to 42% increased risk.

**Figure C3. Adult (18+) 90-Day graft failure HR estimate**



**Figure C4. Adult (18+) 90-Day graft failure HR program comparison**





## C. Transplant Information

**Table C6D. Adult (18+) 90-Day survival with a functioning deceased donor graft**

Single organ transplants performed between 07/01/2020 and 12/31/2022

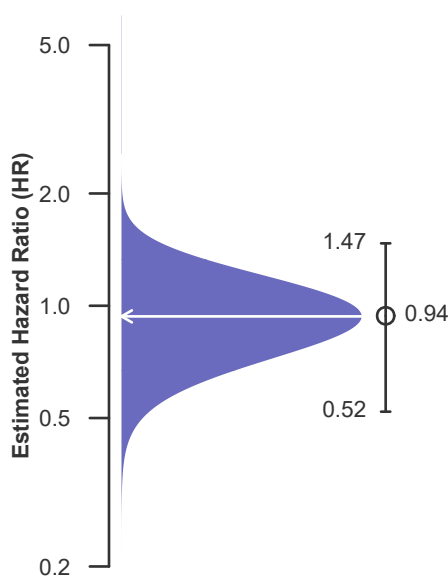
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	430	43,108
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	96.98% [95.37%-98.61%]	96.64% [96.47%-96.81%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	96.76%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	13	1,448
Number of expected graft failures (including deaths) during the first 90 days after transplant	14.02	--
Estimated hazard ratio*	0.94	--
95% credible interval for the hazard ratio**	[0.52, 1.47]	--

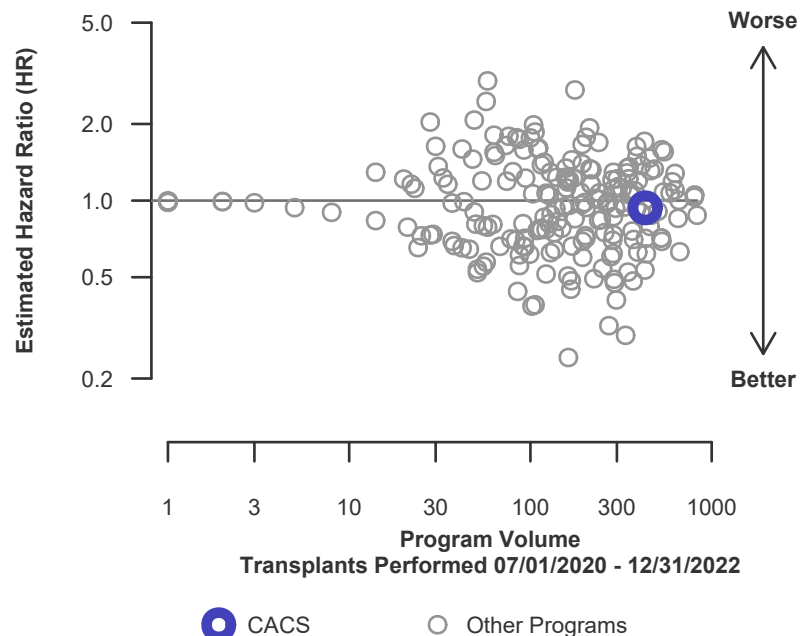
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.52, 1.47], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 6% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 48% reduced risk up to 47% increased risk.

**Figure C3D. Adult (18+) 90-Day deceased donor graft failure HR estimate**



**Figure C4D. Adult (18+) 90-Day deceased donor graft failure HR program comparison**





## C. Transplant Information

**Table C6L. Adult (18+) 90-Day survival with a functioning living donor graft**

Single organ transplants performed between 07/01/2020 and 12/31/2022

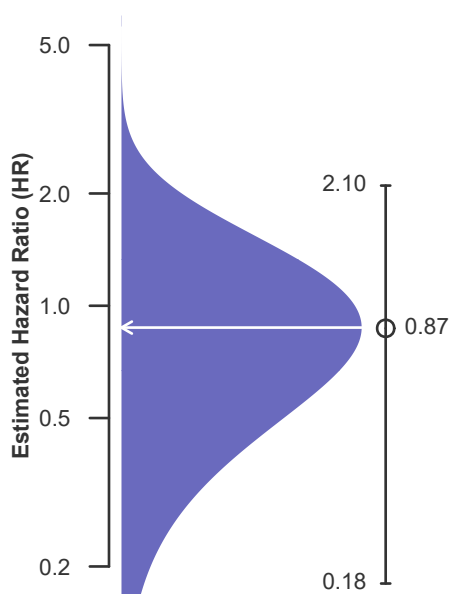
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	137	14,130
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	99.27% [97.85%-100.00%]	98.86% [98.69%-99.04%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	98.96%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	1	161
Number of expected graft failures (including deaths) during the first 90 days after transplant	1.43	--
Estimated hazard ratio*	0.87	--
95% credible interval for the hazard ratio**	[0.18, 2.10]	--

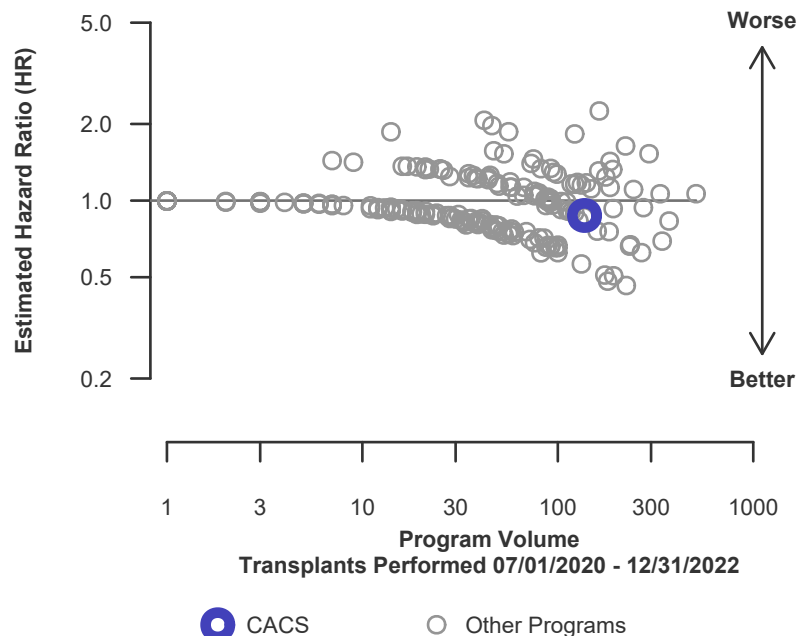
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.18, 2.10], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 13% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 82% reduced risk up to 110% increased risk.

**Figure C3L. Adult (18+) 90-Day living donor graft failure HR estimate**



**Figure C4L. Adult (18+) 90-Day living donor graft failure HR program comparison**





## C. Transplant Information

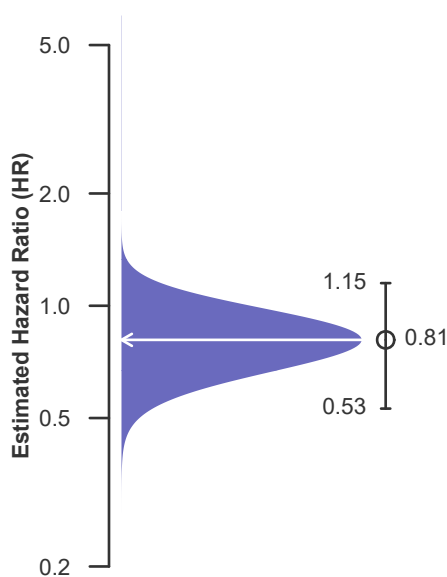
**Table C7. Adult (18+) 1-year survival with a functioning graft**  
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	567	57,238
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	95.46% [93.69%-97.27%]	94.09% [93.89%-94.30%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	94.29%	--
Number of observed graft failures (including deaths) during the first year after transplant	24	3,146
Number of expected graft failures (including deaths) during the first year after transplant	30.09	--
Estimated hazard ratio*	0.81	--
95% credible interval for the hazard ratio**	[0.53, 1.15]	--

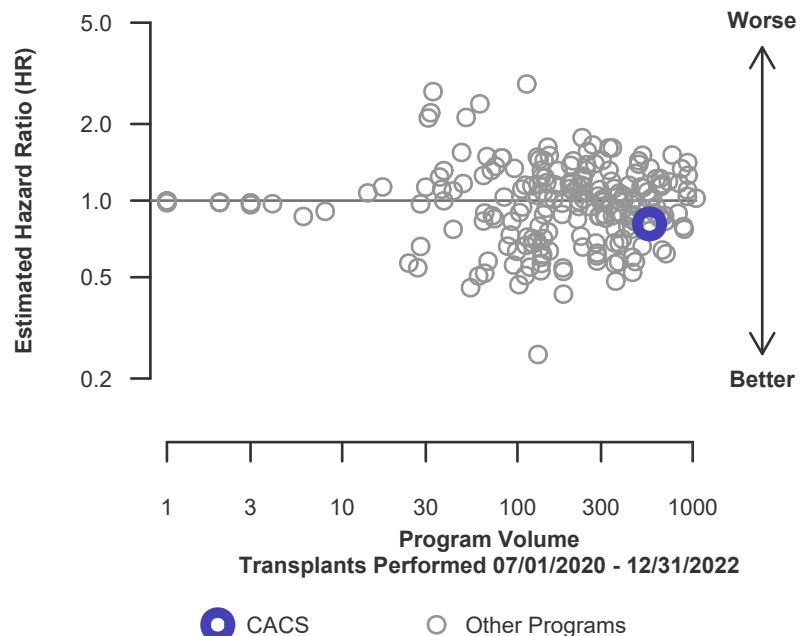
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.53, 1.15], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 19% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 47% reduced risk up to 15% increased risk.

**Figure C5. Adult (18+) 1-year graft failure HR estimate**



**Figure C6. Adult (18+) 1-year graft failure HR program comparison**





## C. Transplant Information

**Table C7D. Adult (18+) 1-year survival with a functioning deceased donor graft**

Single organ transplants performed between 07/01/2020 and 12/31/2022

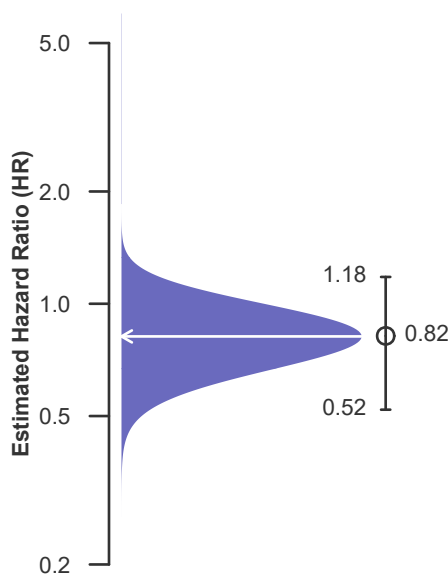
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	430	43,108
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	94.47% [92.24%-96.77%]	92.92% [92.67%-93.17%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	93.16%	--
Number of observed graft failures (including deaths) during the first year after transplant	22	2,836
Number of expected graft failures (including deaths) during the first year after transplant	27.36	--
Estimated hazard ratio*	0.82	--
95% credible interval for the hazard ratio**	[0.52, 1.18]	--

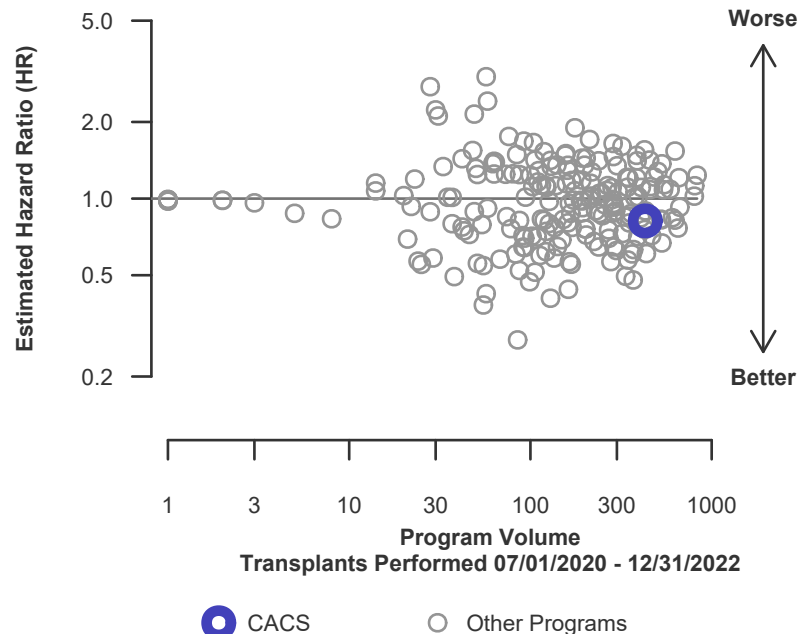
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.52, 1.18], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 18% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 48% reduced risk up to 18% increased risk.

**Figure C5D. Adult (18+) 1-year deceased donor graft failure HR estimate**



**Figure C6D. Adult (18+) 1-year deceased donor graft failure HR program comparison**







## C. Transplant Information

**Table C7L. Adult (18+) 1-year survival with a functioning living donor graft**

Single organ transplants performed between 07/01/2020 and 12/31/2022

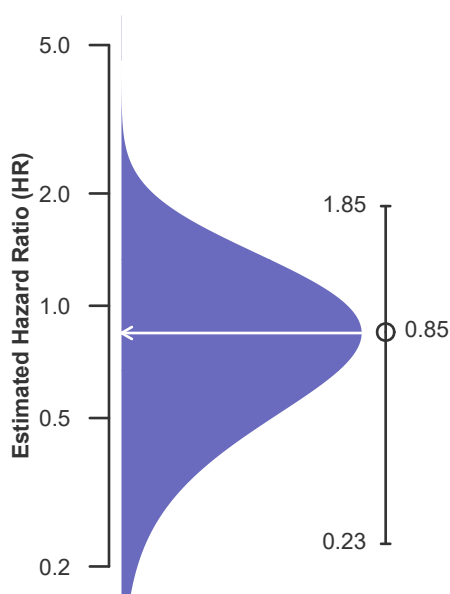
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	137	14,130
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	98.54% [96.55%-100.00%]	97.65% [97.39%-97.91%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.85%	--
Number of observed graft failures (including deaths) during the first year after transplant	2	310
Number of expected graft failures (including deaths) during the first year after transplant	2.73	--
Estimated hazard ratio*	0.85	--
95% credible interval for the hazard ratio**	[0.23, 1.85]	--

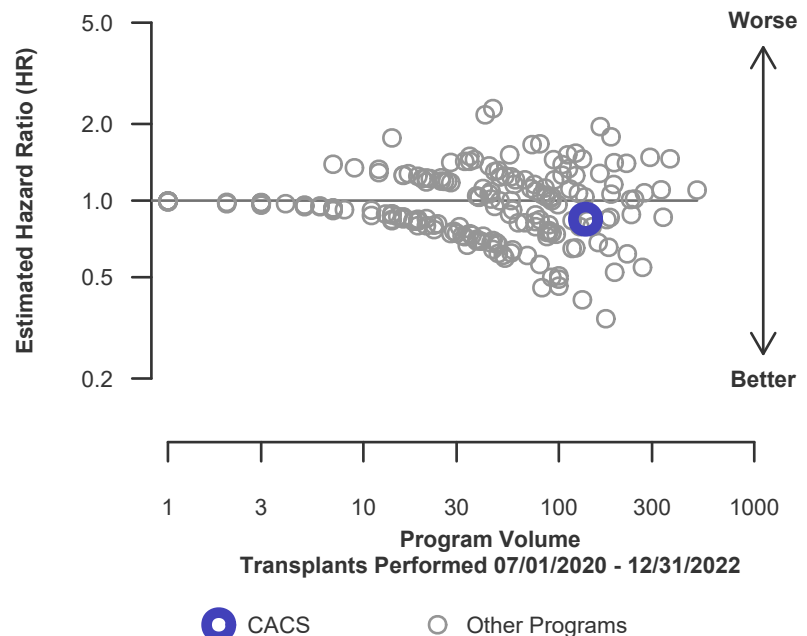
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.23, 1.85], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 15% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 77% reduced risk up to 85% increased risk.

**Figure C5L. Adult (18+) 1-year living donor graft failure HR estimate**



**Figure C6L. Adult (18+) 1-year living donor graft failure HR program comparison**





## C. Transplant Information

**Table C8. Adult (18+) 1-year Conditional survival with a functioning graft**

Single organ transplants performed between 07/01/2020 and 12/31/2022

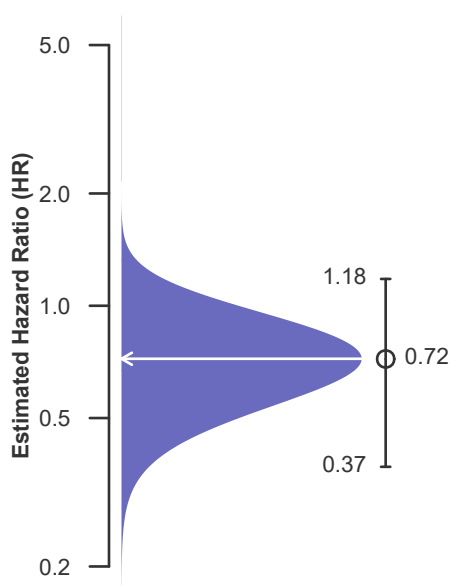
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	553	55,629
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] (unadjusted for patient and donor characteristics)	97.88% [97.33%-98.43%]	96.81% [96.74%-96.89%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	96.92%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	10	1,537
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	14.65	--
Estimated hazard ratio*	0.72	--
95% credible interval for the hazard ratio**	[0.37, 1.18]	--

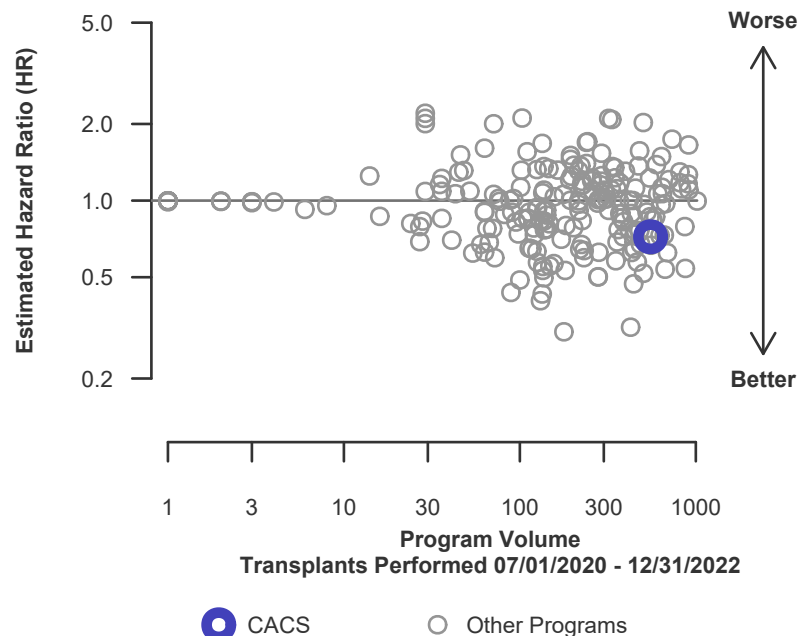
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.37, 1.18], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 28% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 63% reduced risk up to 18% increased risk.

**Figure C7. Adult (18+) 1-year Conditional graft failure HR estimate**



**Figure C8. Adult (18+) 1-year Conditional graft failure HR program comparison**





## C. Transplant Information

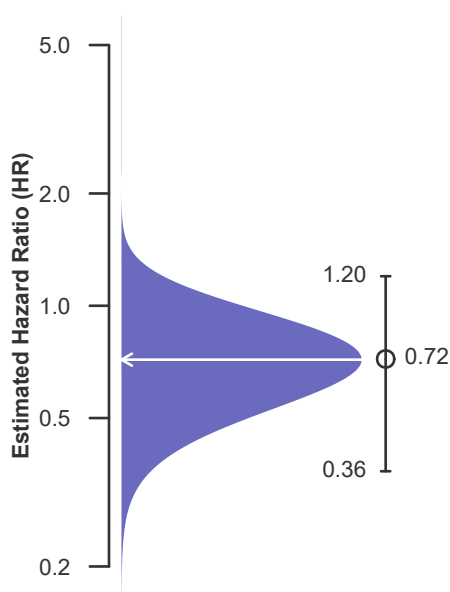
**Table C8D. Adult (18+) 1-year Conditional survival with a functioning deceased donor graft**  
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	417	41,660
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] (unadjusted for patient and donor characteristics)	97.42% [96.71%-98.13%]	96.15% [96.06%-96.24%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	96.28%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	9	1,388
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	13.34	--
Estimated hazard ratio*	0.72	--
95% credible interval for the hazard ratio**	[0.36, 1.20]	--

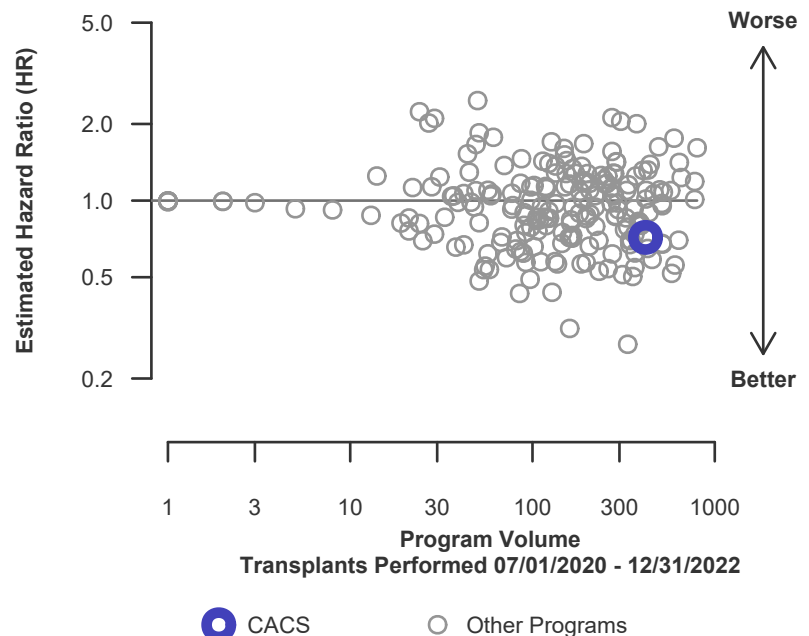
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.36, 1.20], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 28% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 64% reduced risk up to 20% increased risk.

**Figure C7D. Adult (18+) 1-year Conditional deceased donor graft failure HR estimate**



**Figure C8D. Adult (18+) 1-year Conditional deceased donor graft failure HR program comparison**





## C. Transplant Information

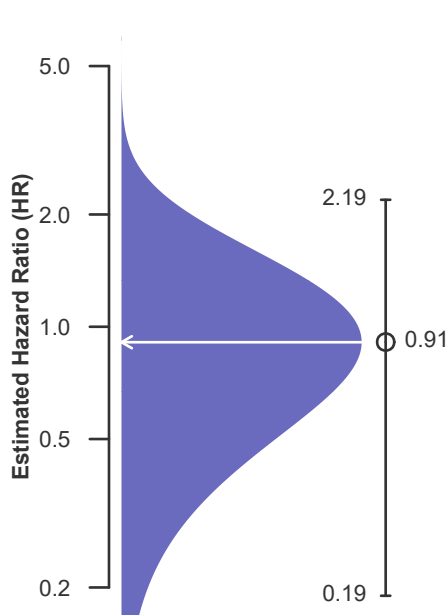
**Table C8L. Adult (18+) 1-year Conditional survival with a functioning living donor graft**  
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	136	13,969
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] (unadjusted for patient and donor characteristics)	99.26% [98.67%-100.00%]	98.78% [98.69%-98.87%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	98.88%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	1	149
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	1.30	--
Estimated hazard ratio*	0.91	--
95% credible interval for the hazard ratio**	[0.19, 2.19]	--

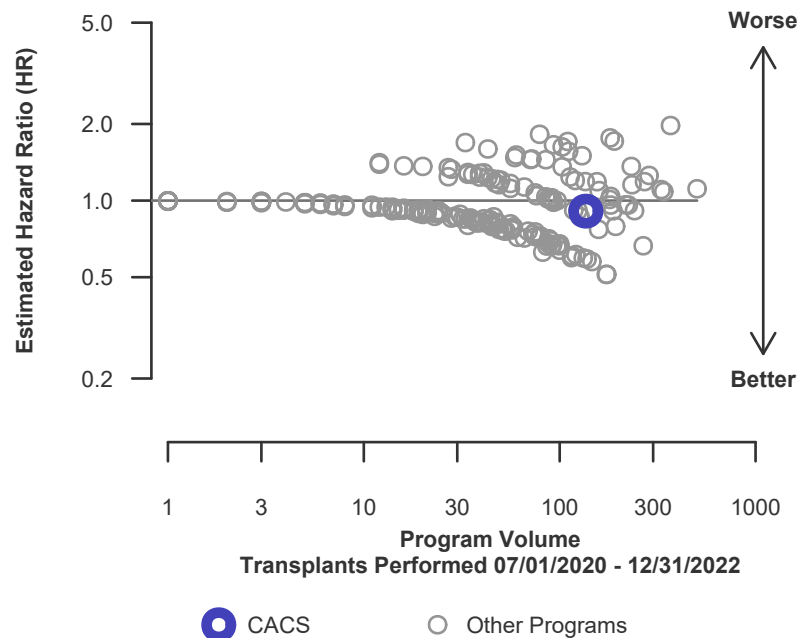
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.19, 2.19], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 9% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 81% reduced risk up to 119% increased risk.

**Figure C7L. Adult (18+) 1-year Conditional living donor graft failure HR estimate**



**Figure C8L. Adult (18+) 1-year Conditional living donor graft failure HR program comparison**





## C. Transplant Information

**Table C9. Adult (18+) 3-year survival with a functioning graft**

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020

Deaths and retransplants are considered graft failures

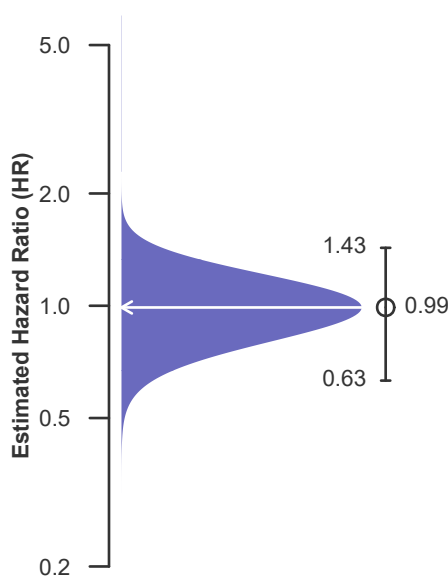
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	488	46,644
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	89.62% [82.43%-97.43%]	89.99% [89.01%-90.98%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	89.83%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	21	2,201
Number of expected graft failures (including deaths) during the first 3 years after transplant	21.24	--
Estimated hazard ratio*	0.99	--
95% credible interval for the hazard ratio**	[0.63, 1.43]	--

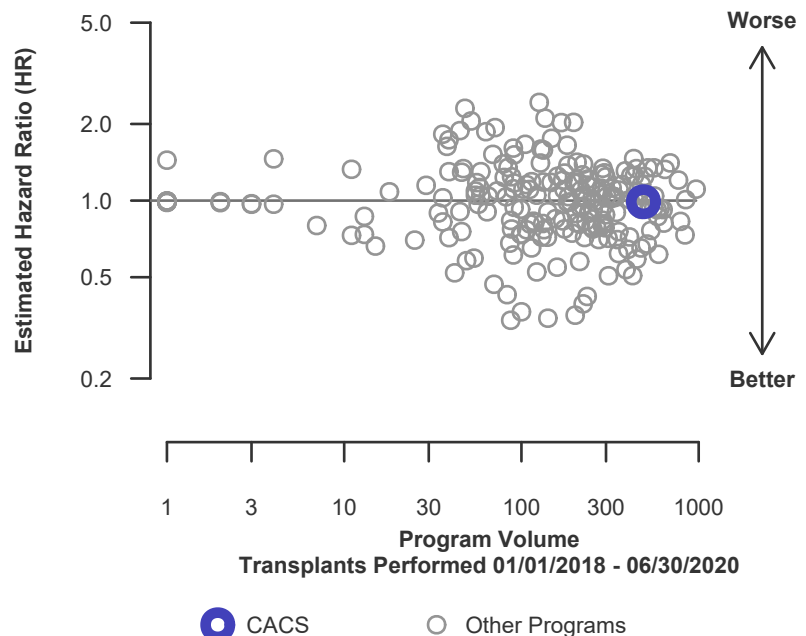
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.63, 1.43], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 1% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 37% reduced risk up to 43% increased risk.

**Figure C9. Adult (18+) 3-year graft failure HR estimate**



**Figure C10. Adult (18+) 3-year graft failure HR program comparison**





## C. Transplant Information

**Table C9D. Adult (18+) 3-year survival with a functioning deceased donor graft**

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020

Deaths and retransplants are considered graft failures

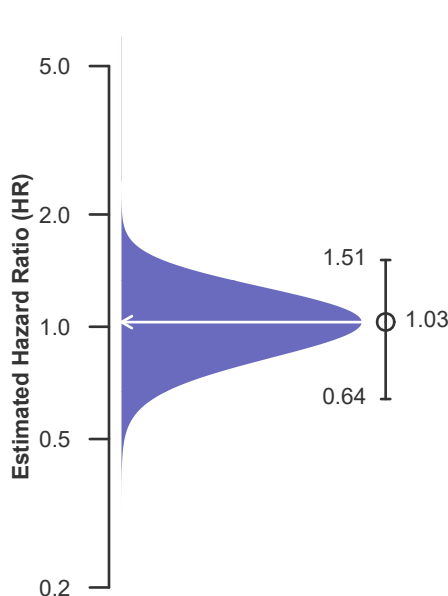
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	341	32,331
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	86.92% [77.05%-98.06%]	87.59% [86.33%-88.87%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	87.30%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	19	1,898
Number of expected graft failures (including deaths) during the first 3 years after transplant	18.41	--
Estimated hazard ratio*	1.03	--
95% credible interval for the hazard ratio**	[0.64, 1.51]	--

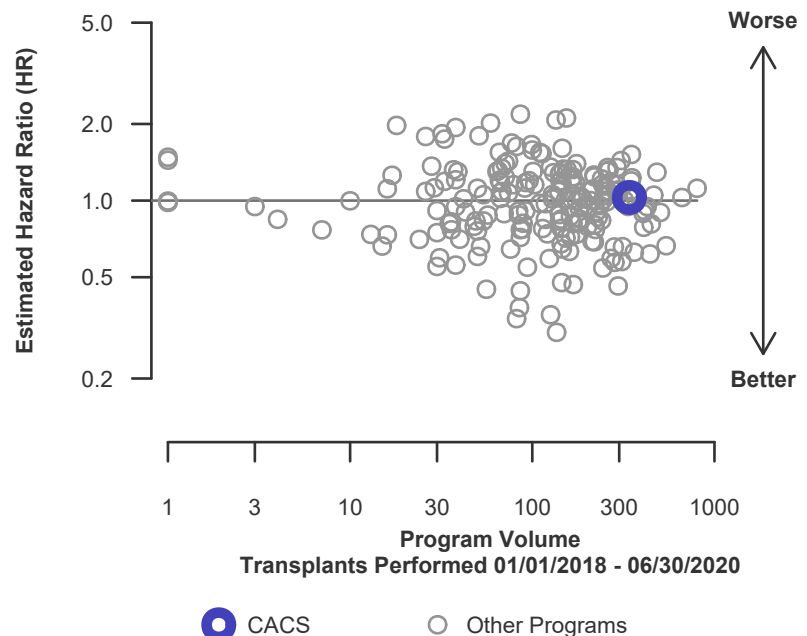
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.64, 1.51], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 3% higher risk of graft failure compared to an average program, but CACS's performance could plausibly range from 36% reduced risk up to 51% increased risk.

**Figure C9D. Adult (18+) 3-year deceased donor graft failure HR estimate**



**Figure C10D. Adult (18+) 3-year deceased donor graft failure HR program comparison**





## C. Transplant Information

**Table C9L. Adult (18+) 3-year survival with a functioning living donor graft**

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020

Deaths and retransplants are considered graft failures

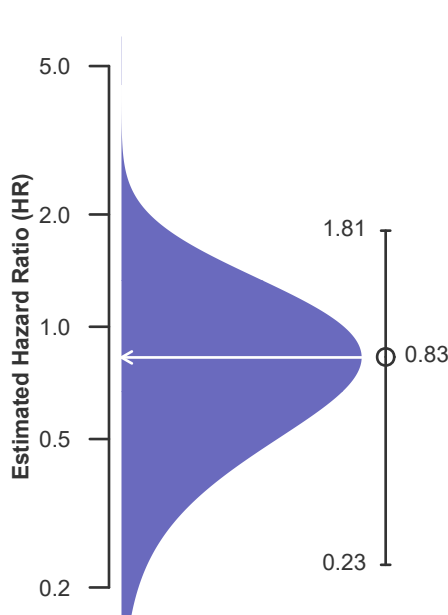
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	147	14,313
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	95.30% [87.86%-100.00%]	95.58% [94.34%-96.83%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	95.70%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	2	303
Number of expected graft failures (including deaths) during the first 3 years after transplant	2.83	--
Estimated hazard ratio*	0.83	--
95% credible interval for the hazard ratio**	[0.23, 1.81]	--

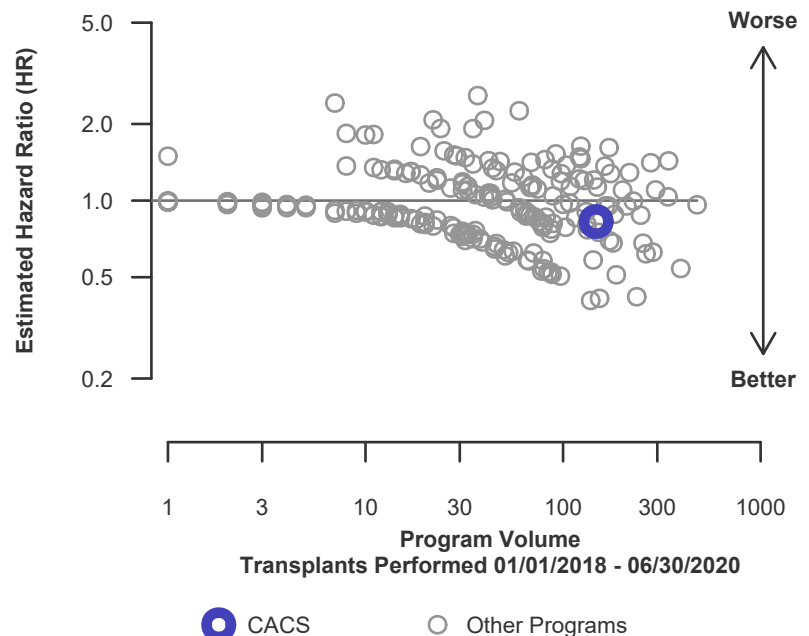
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.23, 1.81], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 17% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 77% reduced risk up to 81% increased risk.

**Figure C9L. Adult (18+) 3-year living donor graft failure HR estimate**



**Figure C10L. Adult (18+) 3-year living donor graft failure HR program comparison**







## C. Transplant Information

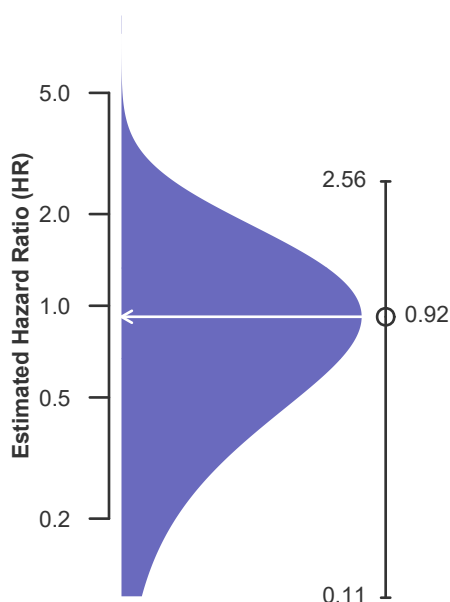
**Table C10. Pediatric (<18) 1-month survival with a functioning graft**  
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	19	2,201
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.96% [98.53%-99.38%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.09%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	23
Number of expected graft failures (including deaths) during the first month after transplant	0.17	--
Estimated hazard ratio*	0.92	--
95% credible interval for the hazard ratio**	[0.11, 2.56]	--

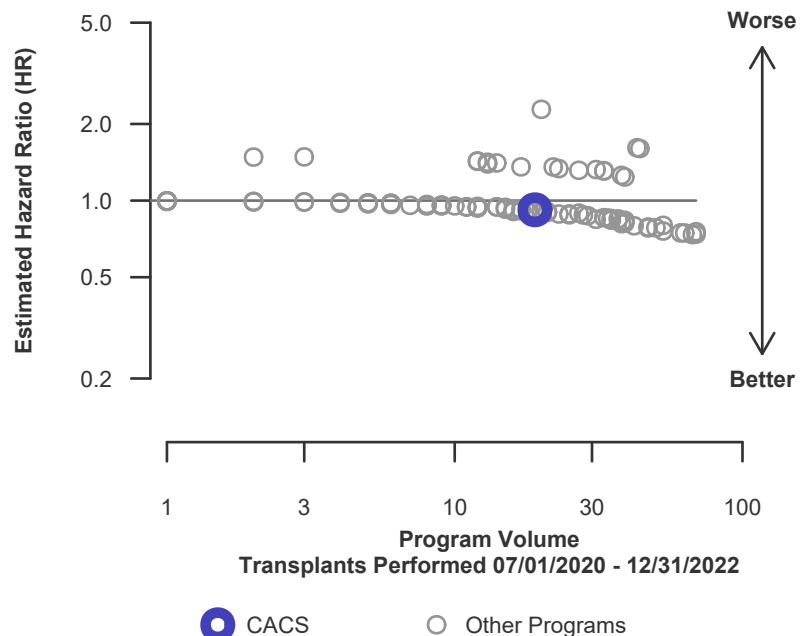
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.11, 2.56], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 8% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 89% reduced risk up to 156% increased risk.

**Figure C11. Pediatric (<18) 1-month graft failure HR estimate**



**Figure C12. Pediatric (<18) 1-month graft failure HR program comparison**







## C. Transplant Information

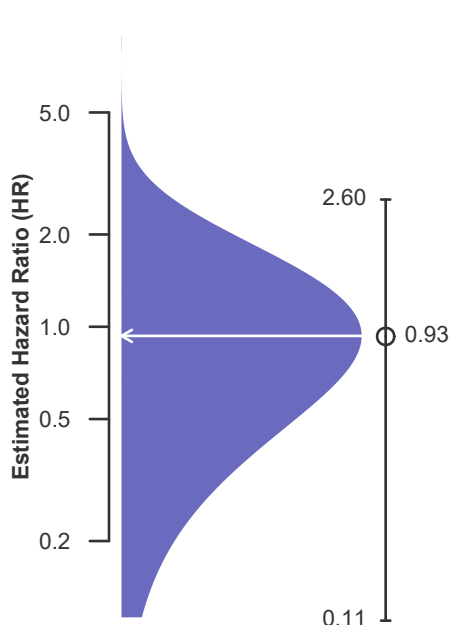
**Table C10D. Pediatric (<18) 1-month survival with a functioning deceased donor graft**  
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	17	1,559
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.17% [98.72%-99.62%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.17%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	13
Number of expected graft failures (including deaths) during the first month after transplant	0.14	--
Estimated hazard ratio*	0.93	--
95% credible interval for the hazard ratio**	[0.11, 2.60]	--

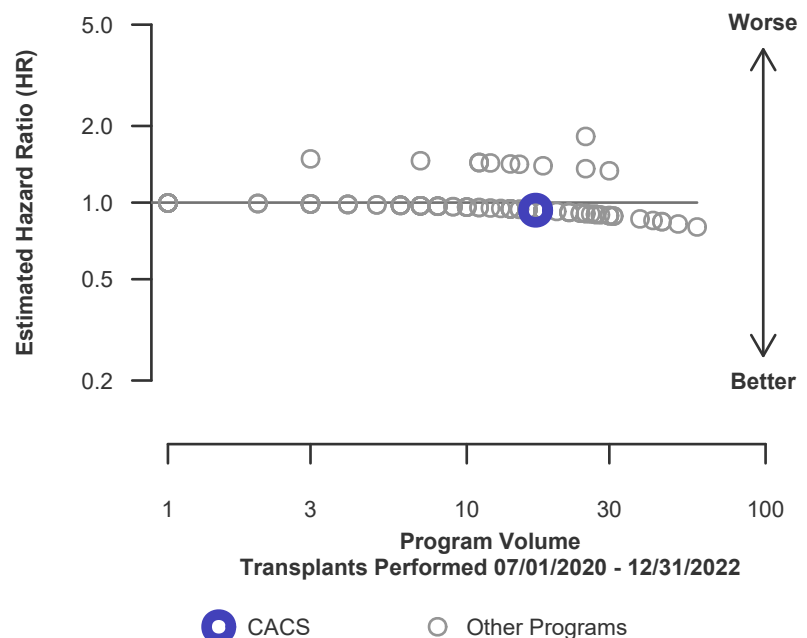
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.11, 2.60], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 7% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 89% reduced risk up to 160% increased risk.

**Figure C11D. Pediatric (<18) 1-month deceased donor graft failure HR estimate**



**Figure C12D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison**





## C. Transplant Information

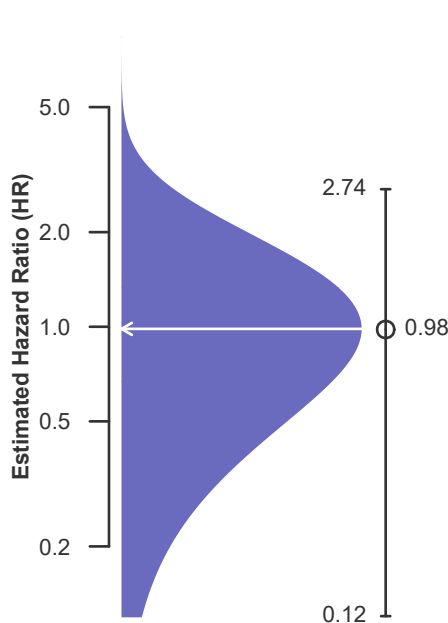
**Table C10L. Pediatric (<18) 1-month survival with a functioning living donor graft**  
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	2	642
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.44% [97.49%-99.40%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.44%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	10
Number of expected graft failures (including deaths) during the first month after transplant	0.03	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.74]	--

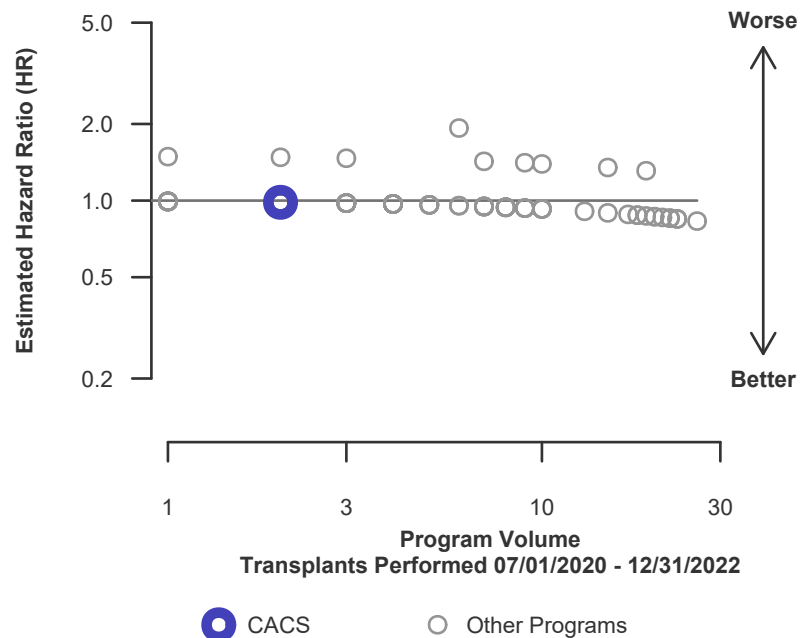
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.12, 2.74], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 2% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 174% increased risk.

**Figure C11L. Pediatric (<18) 1-month living donor graft failure HR estimate**



**Figure C12L. Pediatric (<18) 1-month living donor graft failure HR program comparison**





## C. Transplant Information

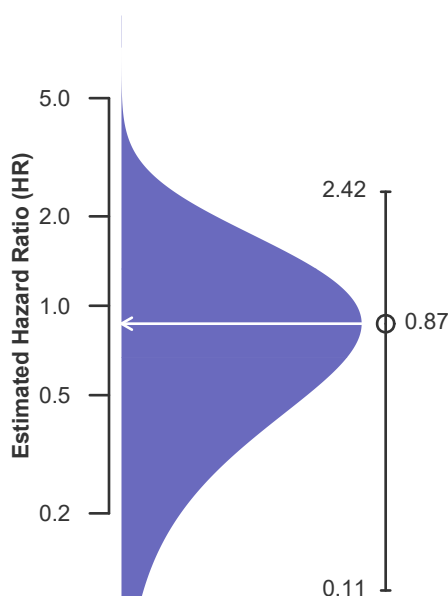
**Table C11. Pediatric (<18) 90-Day survival with a functioning graft**  
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	19	2,201
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.41% [97.89%-98.93%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	98.44%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	35
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.30	--
Estimated hazard ratio*	0.87	--
95% credible interval for the hazard ratio**	[0.11, 2.42]	--

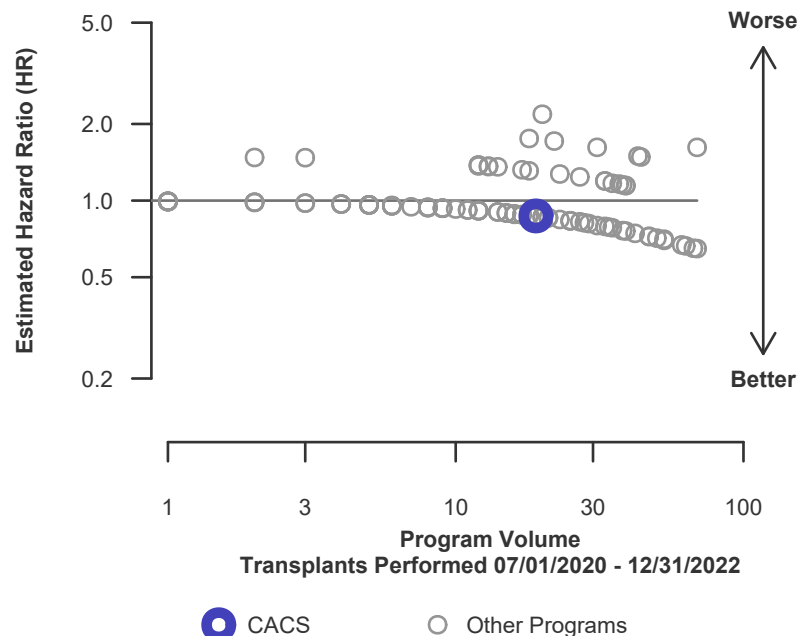
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.11, 2.42], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 13% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 89% reduced risk up to 142% increased risk.

**Figure C13. Pediatric (<18) 90-Day graft failure HR estimate**



**Figure C14. Pediatric (<18) 90-Day graft failure HR program comparison**





## C. Transplant Information

**Table C11D. Pediatric (<18) 90-Day survival with a functioning deceased donor graft**

Single organ transplants performed between 07/01/2020 and 12/31/2022

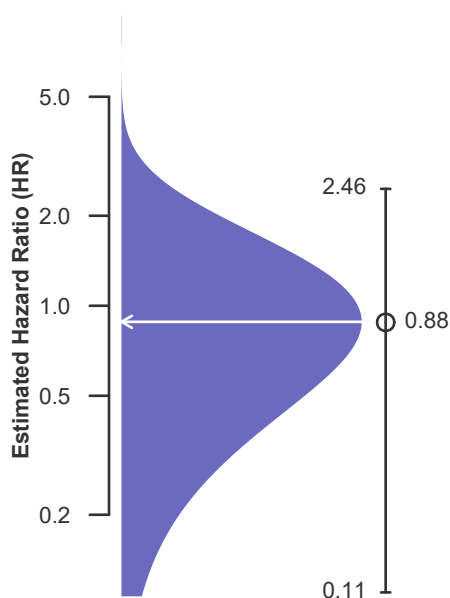
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	17	1,559
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.46% [97.85%-99.07%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	98.46%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	24
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.26	--
Estimated hazard ratio*	0.88	--
95% credible interval for the hazard ratio**	[0.11, 2.46]	--

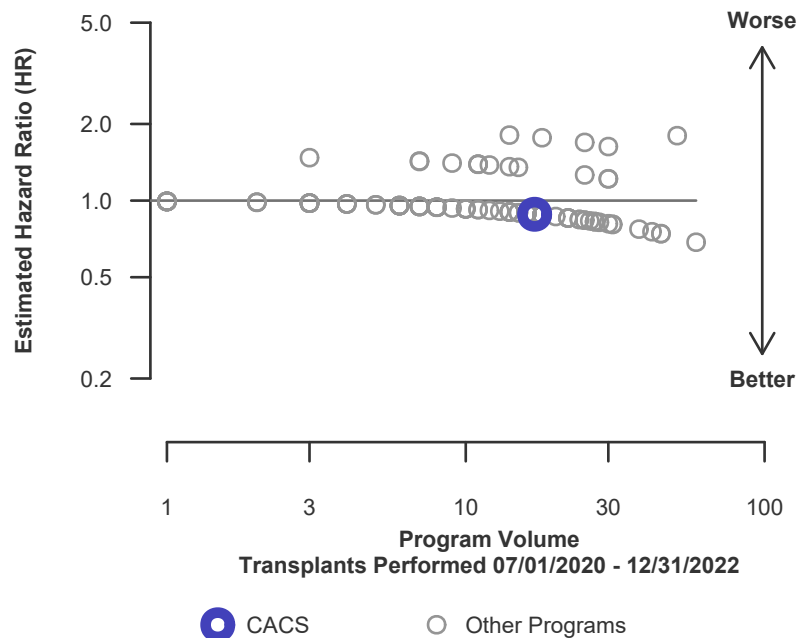
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 CACS's graft failure 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 CACS's true hazard ratio with 95% probability. The best estimate is 12% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 89% reduced risk up to 146% increased risk.

**Figure C13D. Pediatric (<18) 90-Day deceased donor graft failure HR estimate**



**Figure C14D. Pediatric (<18) 90-Day deceased donor graft failure HR program comparison**





## C. Transplant Information

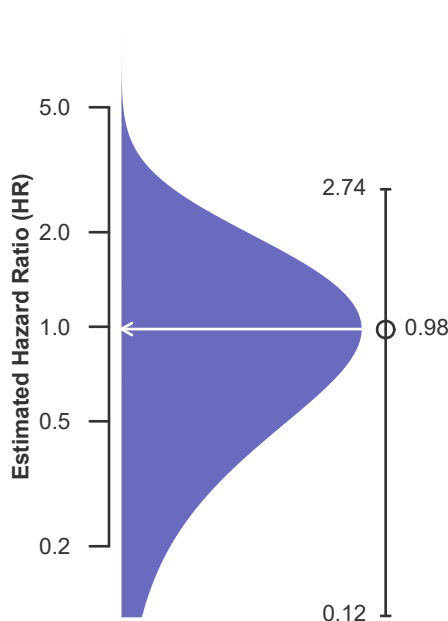
**Table C11L. Pediatric (<18) 90-Day survival with a functioning living donor graft**  
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	2	642
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.29% [97.29%-99.30%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	98.29%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	11
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.03	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.74]	--

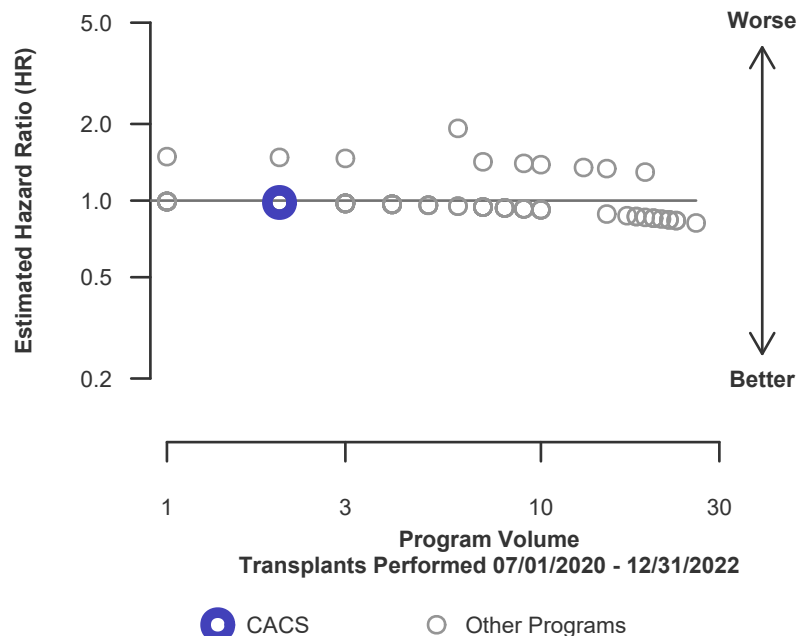
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.12, 2.74], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 2% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 174% increased risk.

**Figure C13L. Pediatric (<18) 90-Day living donor graft failure HR estimate**



**Figure C14L. Pediatric (<18) 90-Day living donor graft failure HR program comparison**





## C. Transplant Information

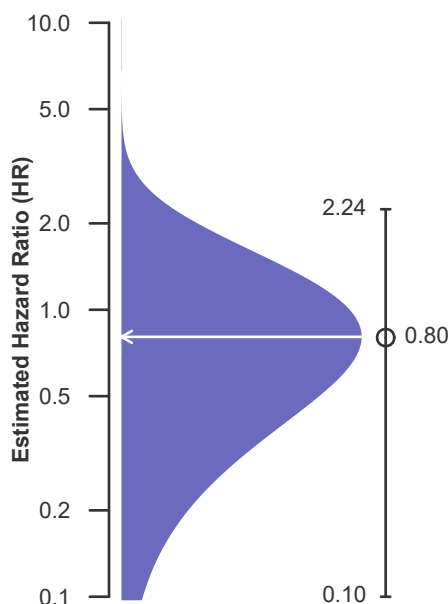
**Table C12. Pediatric (<18) 1-year survival with a functioning graft**  
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	19	2,201
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	97.30% [96.60%-98.00%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.24%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	56
Number of expected graft failures (including deaths) during the first year after transplant	0.49	--
Estimated hazard ratio*	0.80	--
95% credible interval for the hazard ratio**	[0.10, 2.24]	--

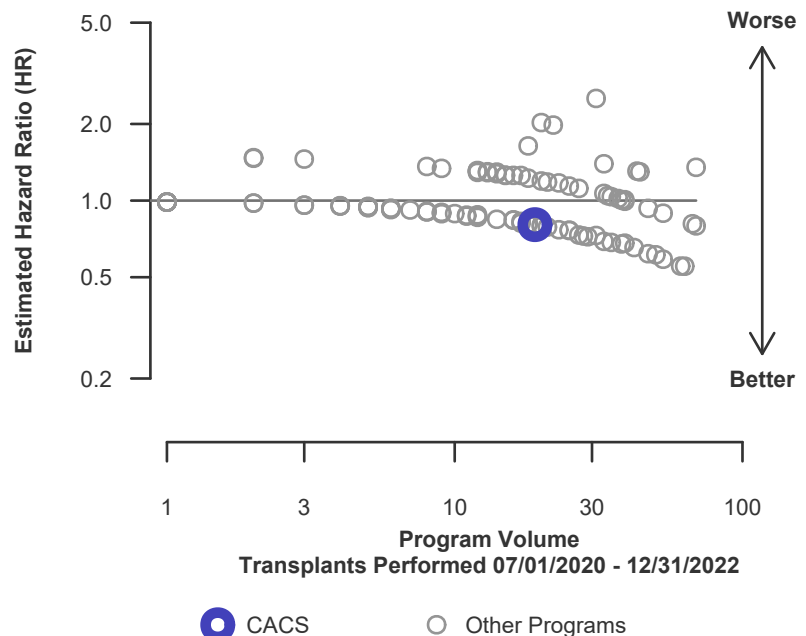
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.10, 2.24], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 20% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 90% reduced risk up to 124% increased risk.

**Figure C15. Pediatric (<18) 1-year graft failure HR estimate**



**Figure C16. Pediatric (<18) 1-year graft failure HR program comparison**





## C. Transplant Information

**Table C12D. Pediatric (<18) 1-year survival with a functioning deceased donor graft**

Single organ transplants performed between 07/01/2020 and 12/31/2022

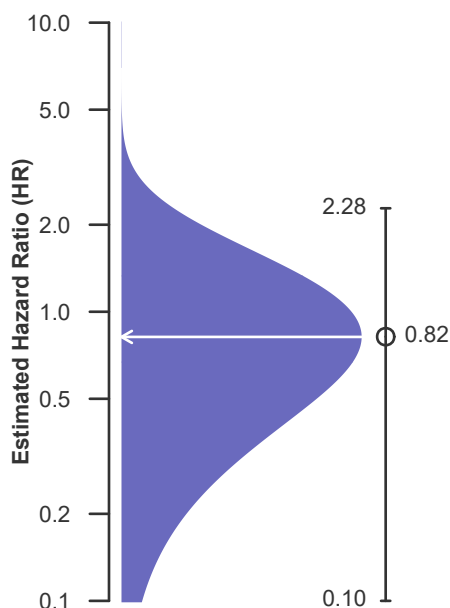
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	17	1,559
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	97.20% [96.36%-98.05%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.20%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	41
Number of expected graft failures (including deaths) during the first year after transplant	0.44	--
Estimated hazard ratio*	0.82	--
95% credible interval for the hazard ratio**	[0.10, 2.28]	--

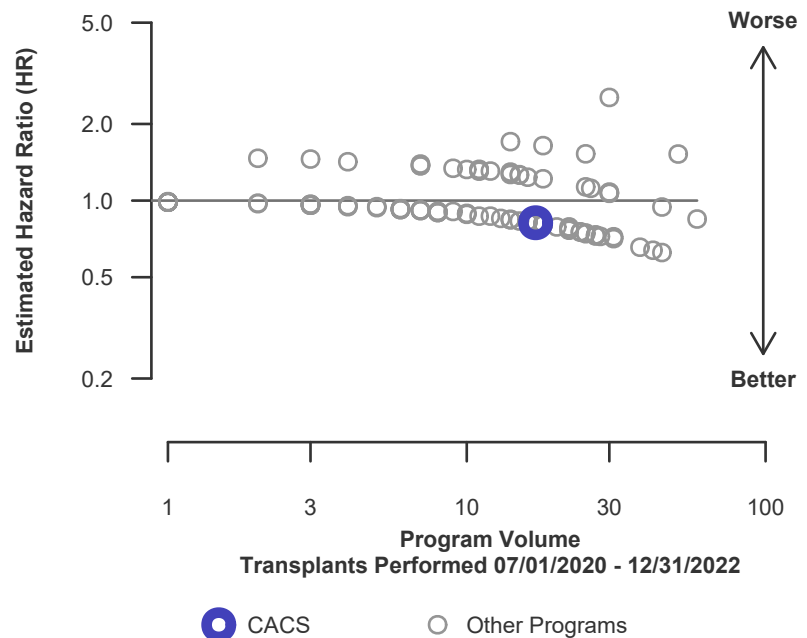
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.10, 2.28], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 18% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 90% reduced risk up to 128% increased risk.

**Figure C15D. Pediatric (<18) 1-year deceased donor graft failure HR estimate**



**Figure C16D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison**







## C. Transplant Information

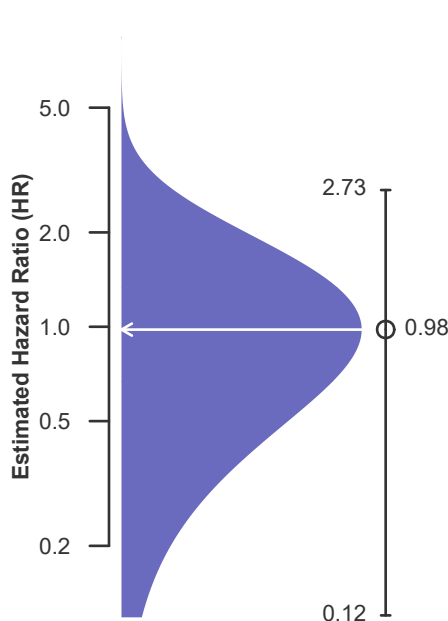
**Table C12L. Pediatric (<18) 1-year survival with a functioning living donor graft**  
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	2	642
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	97.52% [96.29%-98.78%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.53%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	15
Number of expected graft failures (including deaths) during the first year after transplant	0.04	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.73]	--

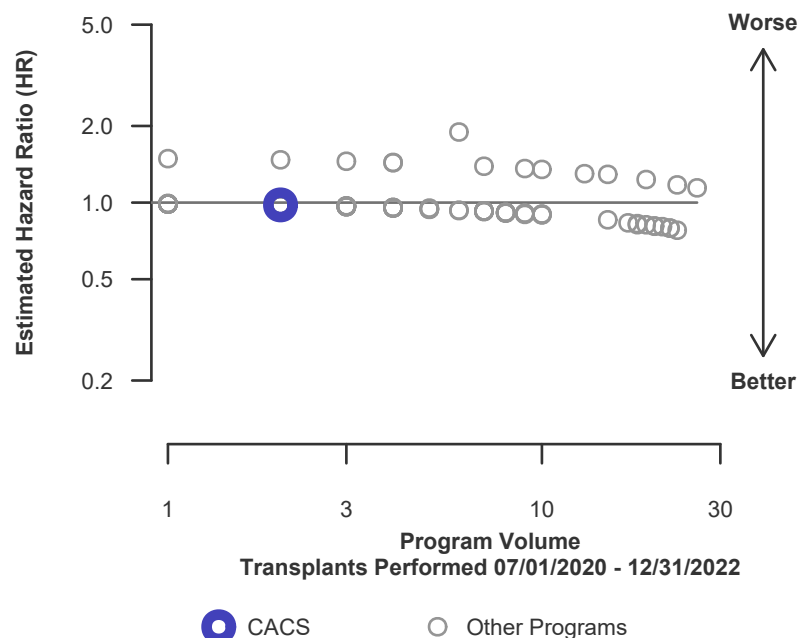
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.12, 2.73], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 2% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 173% increased risk.

**Figure C15L. Pediatric (<18) 1-year living donor graft failure HR estimate**



**Figure C16L. Pediatric (<18) 1-year living donor graft failure HR program comparison**







## C. Transplant Information

**Table C13. Pediatric (<18) 1-year Conditional survival with a functioning graft**

Single organ transplants performed between 07/01/2020 and 12/31/2022

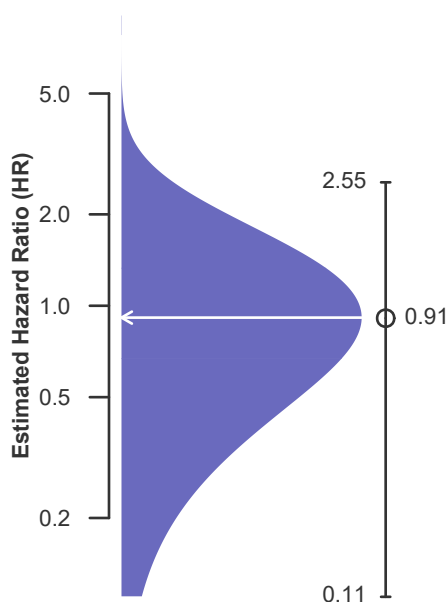
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	19	2,166
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.87% [98.68%-99.06%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	98.77%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	21
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.19	--
Estimated hazard ratio*	0.91	--
95% credible interval for the hazard ratio**	[0.11, 2.55]	--

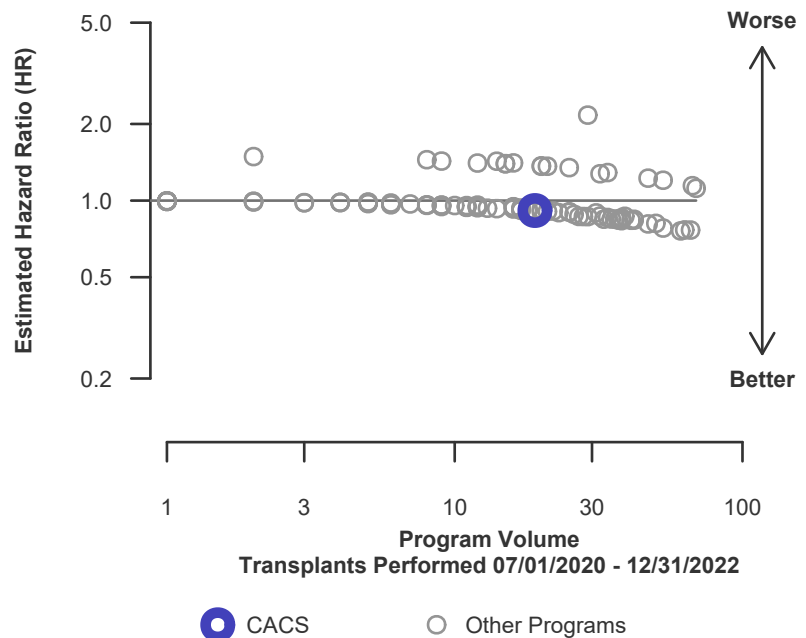
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.11, 2.55], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 9% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 89% reduced risk up to 155% increased risk.

**Figure C17. Pediatric (<18) 1-year Conditional graft failure HR estimate**



**Figure C18. Pediatric (<18) 1-year Conditional graft failure HR program comparison**





## C. Transplant Information

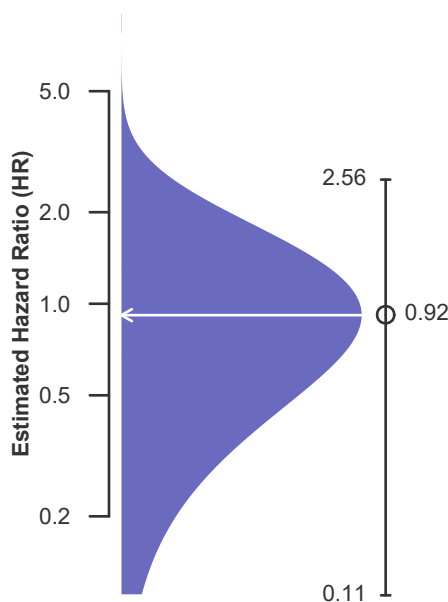
**Table C13D. Pediatric (<18) 1-year Conditional survival with a functioning deceased donor graft**  
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	17	1,535
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.72% [98.47%-98.97%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	98.72%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	17
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.18	--
Estimated hazard ratio*	0.92	--
95% credible interval for the hazard ratio**	[0.11, 2.56]	--

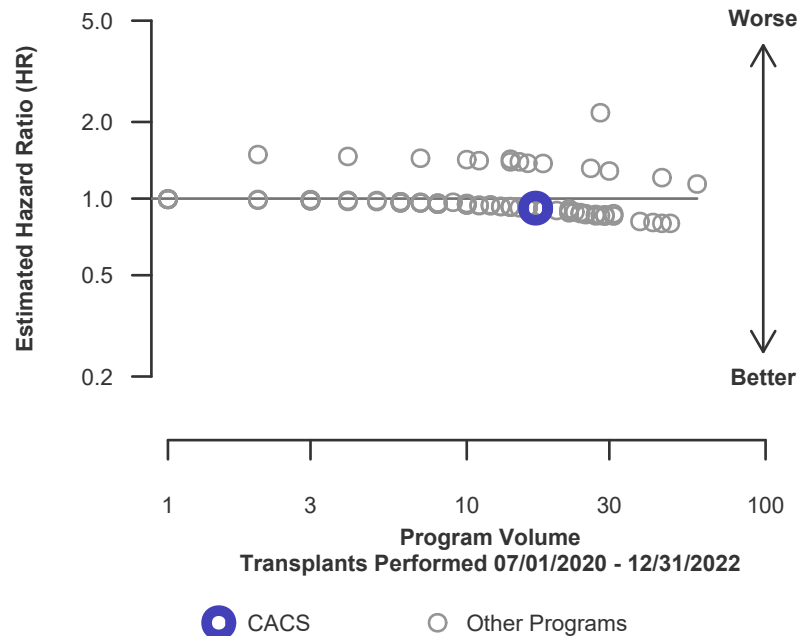
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.11, 2.56], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 8% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 89% reduced risk up to 156% increased risk.

**Figure C17D. Pediatric (<18) 1-year Conditional deceased donor graft failure HR estimate**



**Figure C18D. Pediatric (<18) 1-year Conditional deceased donor graft failure HR program comparison**





## C. Transplant Information

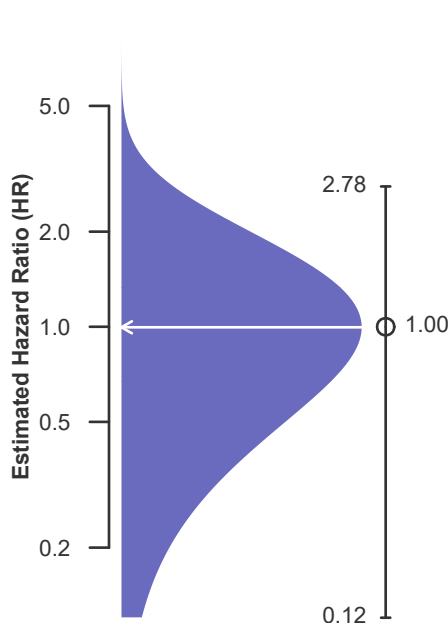
**Table C13L. Pediatric (<18) 1-year Conditional survival with a functioning living donor graft**  
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	2	631
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.22% [98.97%-99.48%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	99.23%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	4
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.01	--
Estimated hazard ratio*	1.00	--
95% credible interval for the hazard ratio**	[0.12, 2.78]	--

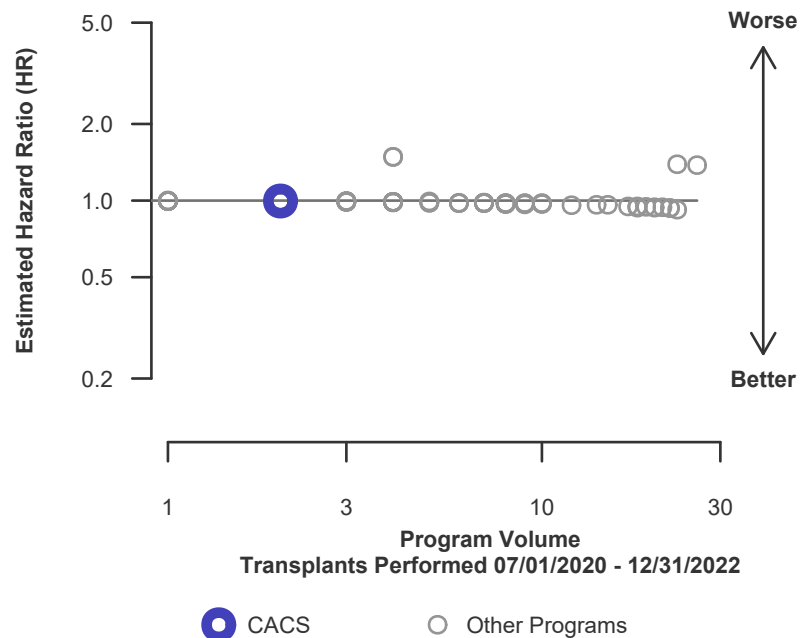
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 CACS's graft failure 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 CACS's true hazard ratio with 95% probability. The best estimate is 0% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 178% increased risk.

**Figure C17L. Pediatric (<18) 1-year Conditional living donor graft failure HR estimate**



**Figure C18L. Pediatric (<18) 1-year Conditional living donor graft failure HR program comparison**





## C. Transplant Information

**Table C14. Pediatric (<18) 3-year survival with a functioning graft**

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020

Deaths and retransplants are considered graft failures

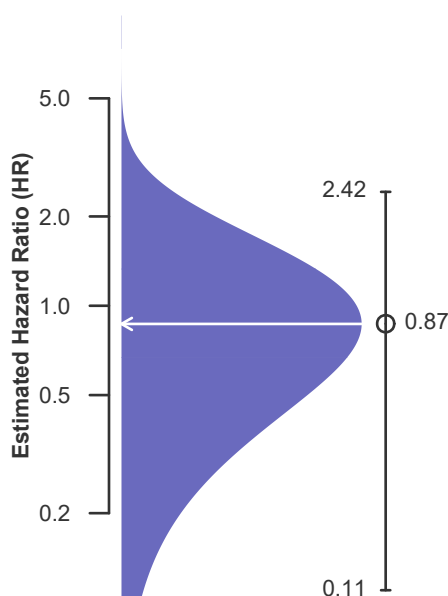
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	12	1,883
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	96.67% [95.47%-97.88%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	96.29%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	41
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.30	--
Estimated hazard ratio*	0.87	--
95% credible interval for the hazard ratio**	[0.11, 2.42]	--

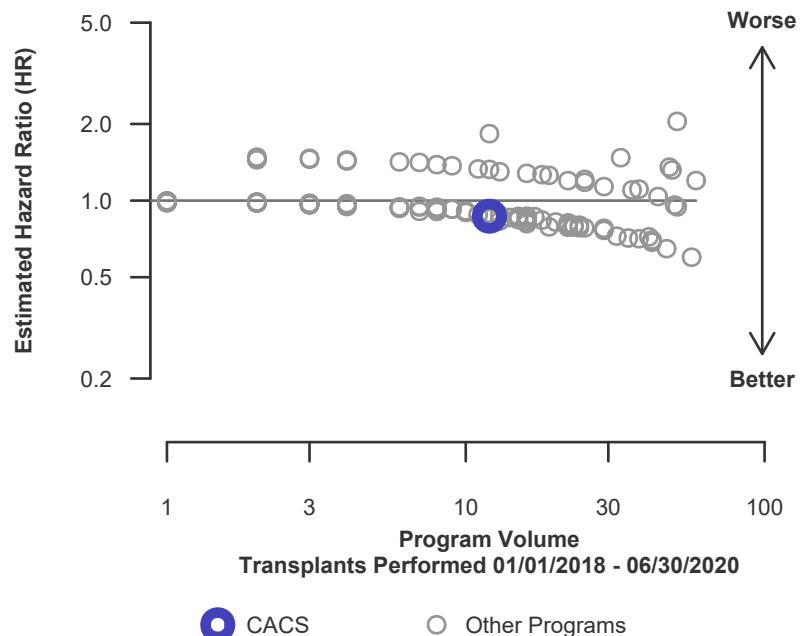
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.11, 2.42], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 13% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 89% reduced risk up to 142% increased risk.

**Figure C19. Pediatric (<18) 3-year graft failure HR estimate**



**Figure C20. Pediatric (<18) 3-year graft failure HR program comparison**





## C. Transplant Information

**Table C14D. Pediatric (<18) 3-year survival with a functioning deceased donor graft**

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020

Deaths and retransplants are considered graft failures

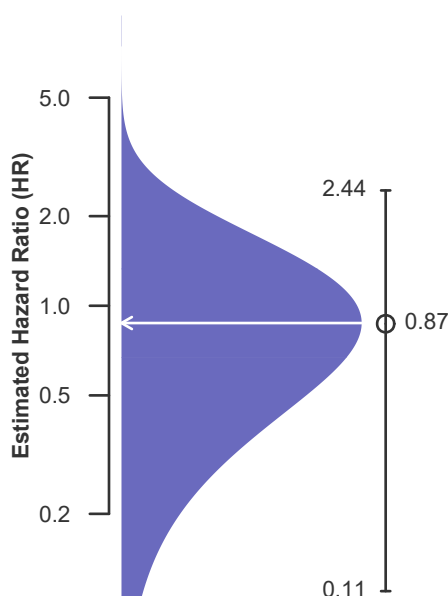
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	11	1,261
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	96.16% [94.49%-97.85%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	96.16%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	30
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.29	--
Estimated hazard ratio*	0.87	--
95% credible interval for the hazard ratio**	[0.11, 2.44]	--

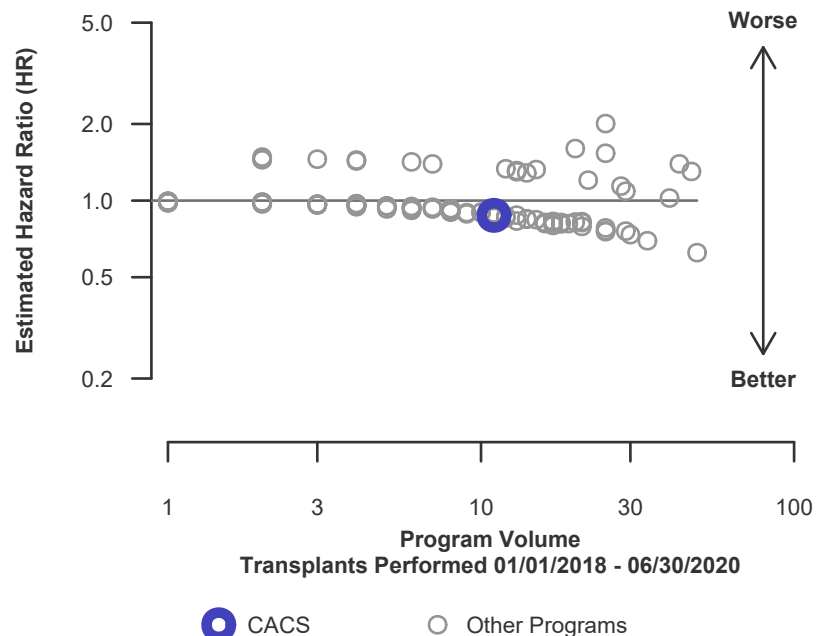
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.11, 2.44], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 13% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 89% reduced risk up to 144% increased risk.

**Figure C19D. Pediatric (<18) 3-year deceased donor graft failure HR estimate**



**Figure C20D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison**





## C. Transplant Information

**Table C14L. Pediatric (<18) 3-year survival with a functioning living donor graft**

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020

Deaths and retransplants are considered graft failures

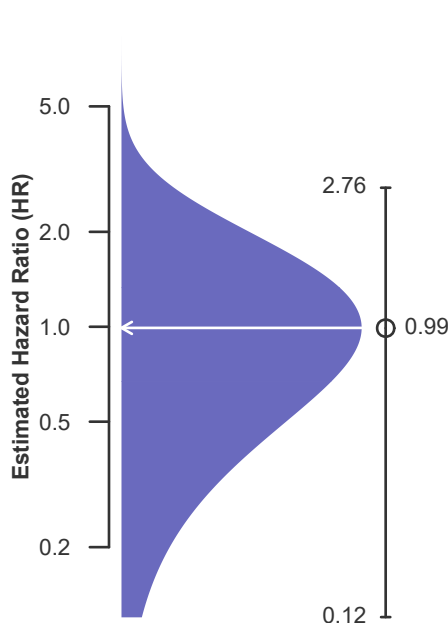
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	1	622
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	97.68% [96.27%-99.11%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	97.68%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	11
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.02	--
Estimated hazard ratio*	0.99	--
95% credible interval for the hazard ratio**	[0.12, 2.76]	--

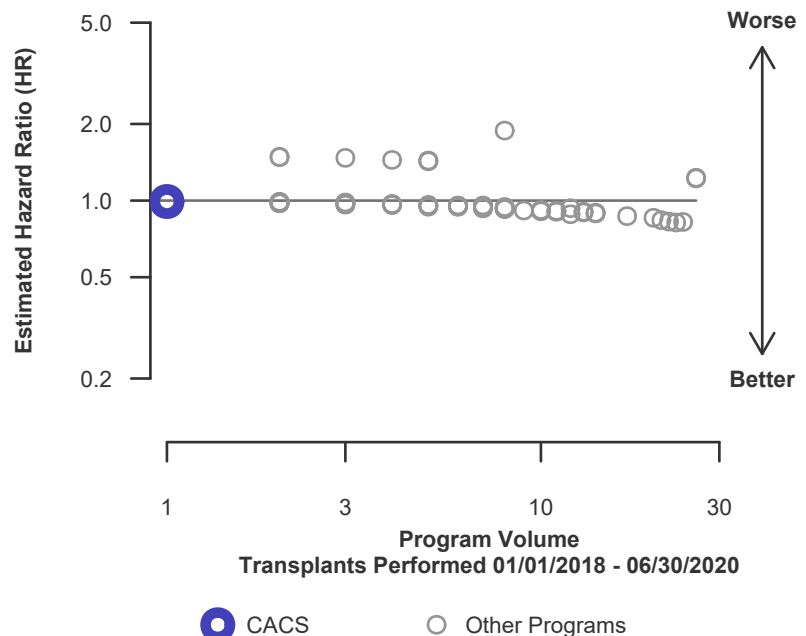
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 CACS'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 CACS's true hazard ratio with 95% probability. The best estimate is 1% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 176% increased risk.

**Figure C19L. Pediatric (<18) 3-year living donor graft failure HR estimate**



**Figure C20L. Pediatric (<18) 3-year living donor graft failure HR program comparison**





## C. Transplant Information

**Table C15. Adult (18+) 1-month patient survival**

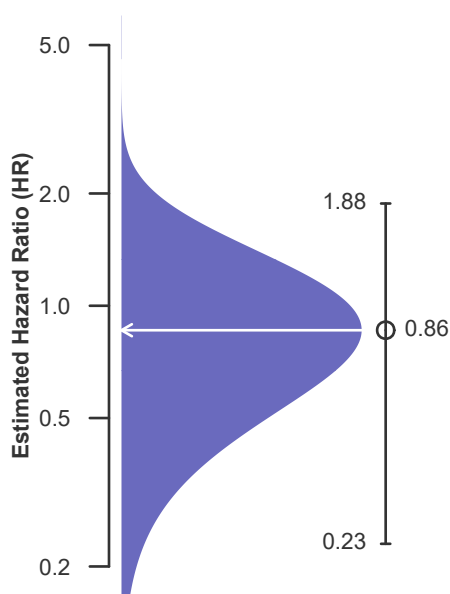
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	488	51,321
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	99.59% [99.02%-100.00%]	99.46% [99.39%-99.52%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.46%	--
Number of observed deaths during the first month after transplant	2	279
Number of expected deaths during the first month after transplant	2.65	--
Estimated hazard ratio*	0.86	--
95% credible interval for the hazard ratio**	[0.23, 1.88]	--

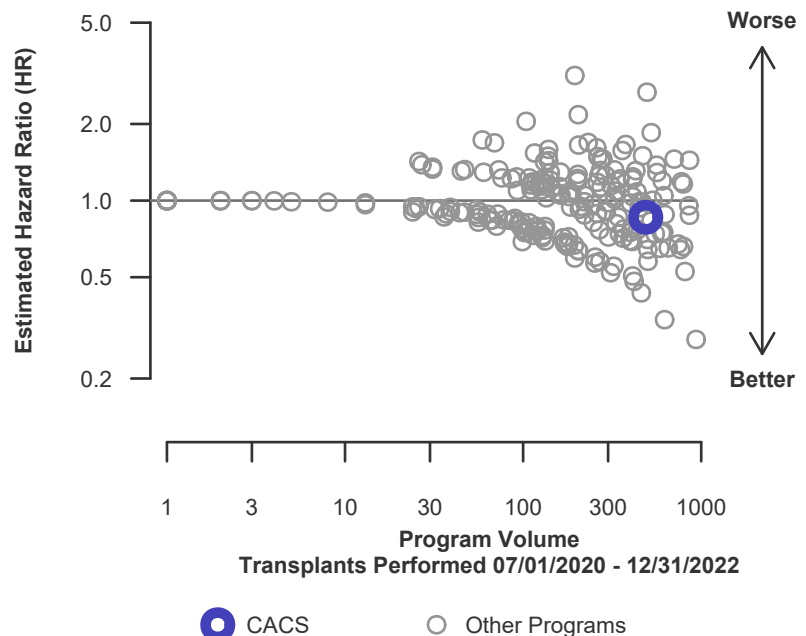
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.23, 1.88], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 14% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 77% reduced risk up to 88% increased risk.

**Figure C21. Adult (18+) 1-month patient death HR estimate**



**Figure C22. Adult (18+) 1-month patient death HR program comparison**







## C. Transplant Information

**Table C15D. Adult (18+) 1-month patient survival (deceased donor graft recipients)**

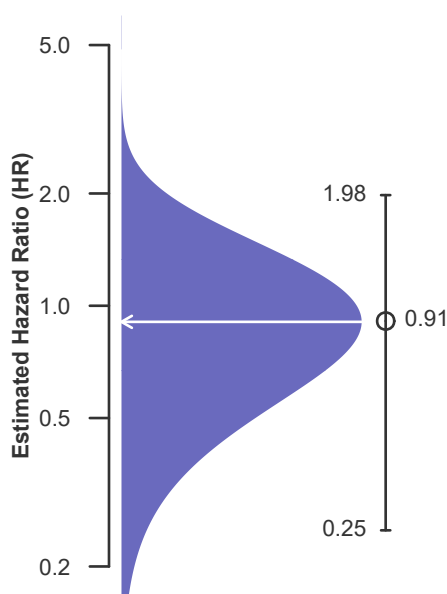
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	366	38,427
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	99.45% [98.70%-100.00%]	99.35% [99.27%-99.43%]
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	2	250
Number of expected deaths during the first month after transplant	2.42	--
Estimated hazard ratio*	0.91	--
95% credible interval for the hazard ratio**	[0.25, 1.98]	--

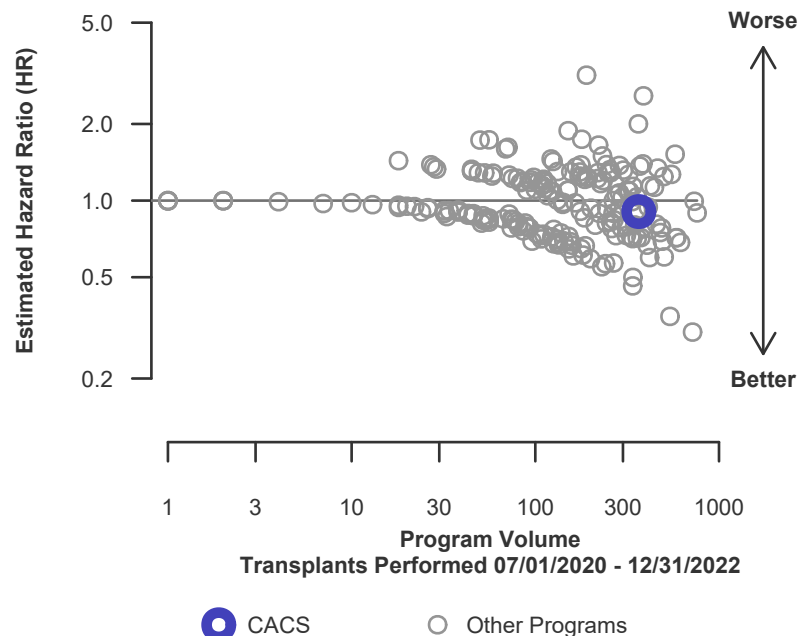
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.25, 1.98], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 9% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 75% reduced risk up to 98% increased risk.

**Figure C21D. Adult (18+) 1-month patient death HR estimate (deceased donor grafts)**



**Figure C22D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)**







## C. Transplant Information

**Table C15L. Adult (18+) 1-month patient survival (living donor graft recipients)**

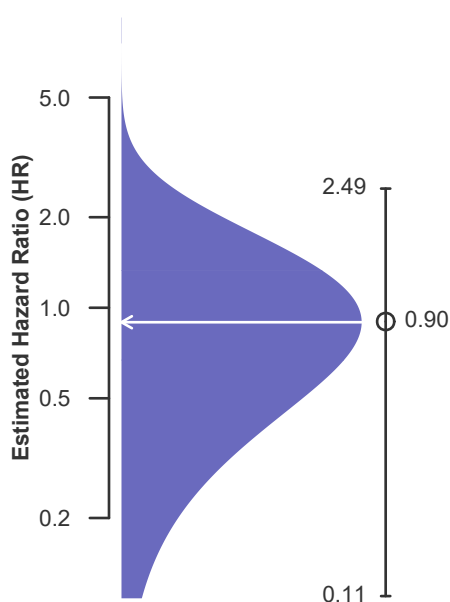
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	122	12,894
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.78% [99.69%-99.86%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.81%	--
Number of observed deaths during the first month after transplant	0	29
Number of expected deaths during the first month after transplant	0.23	--
Estimated hazard ratio*	0.90	--
95% credible interval for the hazard ratio**	[0.11, 2.49]	--

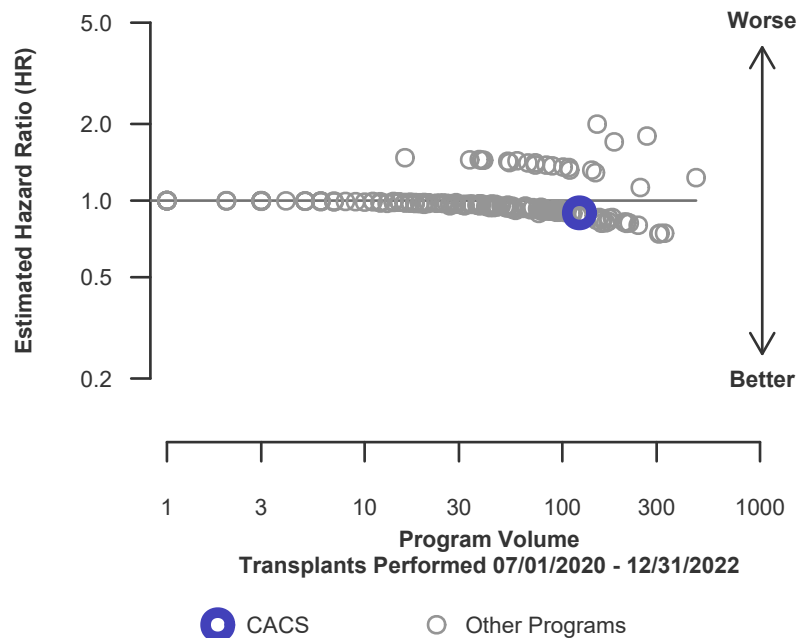
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.11, 2.49], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 10% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 89% reduced risk up to 149% increased risk.

**Figure C21L. Adult (18+) 1-month patient death HR estimate (living donor grafts)**



**Figure C22L. Adult (18+) 1-month patient death HR program comparison (living donor grafts)**





## C. Transplant Information

**Table C16. Adult (18+) 1-year patient survival**

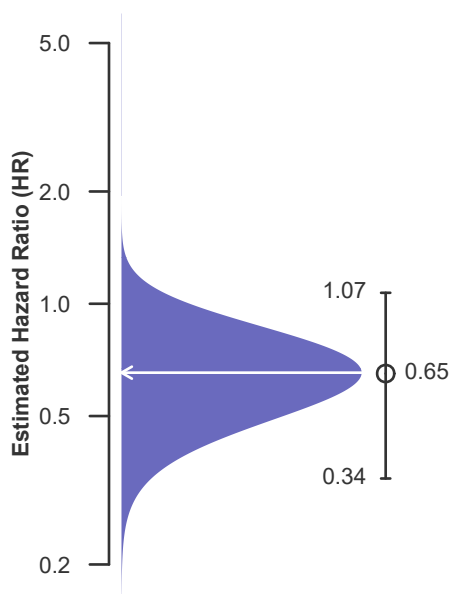
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	488	51,321
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	97.72% [96.32%-99.14%]	96.27% [96.09%-96.44%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	96.28%	--
Number of observed deaths during the first year after transplant	10	1,733
Number of expected deaths during the first year after transplant	16.36	--
Estimated hazard ratio*	0.65	--
95% credible interval for the hazard ratio**	[0.34, 1.07]	--

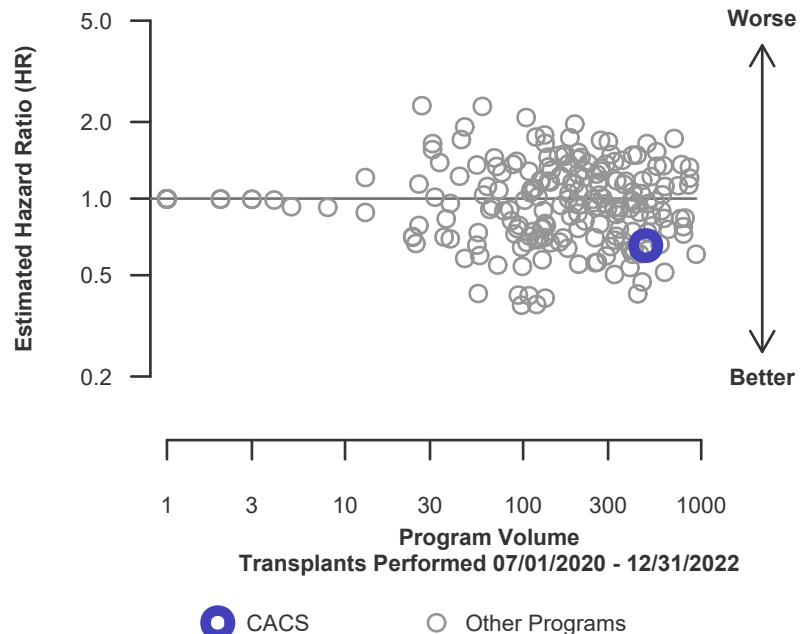
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.34, 1.07], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 35% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 66% reduced risk up to 7% increased risk.

**Figure C23. Adult (18+) 1-year patient death HR estimate**



**Figure C24. Adult (18+) 1-year patient death HR program comparison**





## C. Transplant Information

**Table C16D. Adult (18+) 1-year patient survival (deceased donor graft recipients)**

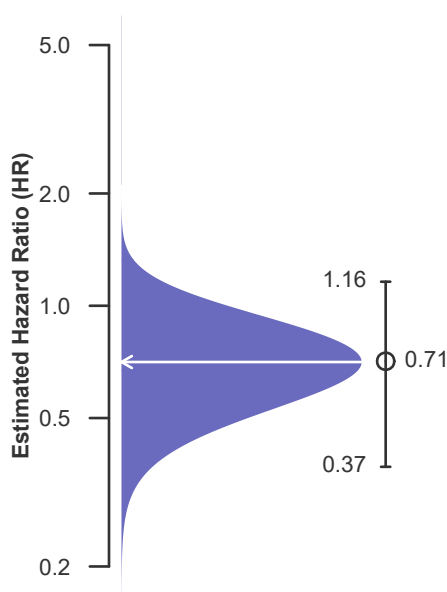
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	366	38,427
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	96.95% [95.08%-98.85%]	95.50% [95.28%-95.72%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	95.45%	--
Number of observed deaths during the first year after transplant	10	1,561
Number of expected deaths during the first year after transplant	14.98	--
Estimated hazard ratio*	0.71	--
95% credible interval for the hazard ratio**	[0.37, 1.16]	--

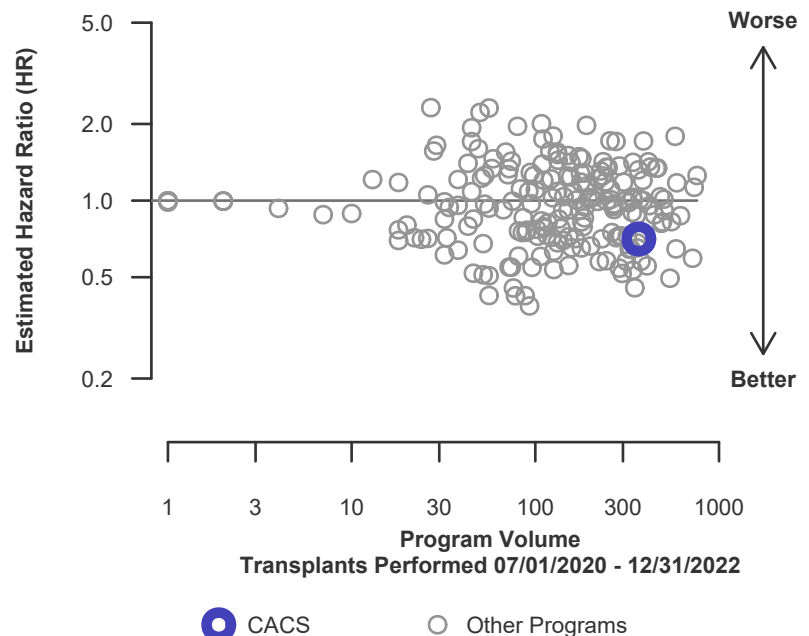
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.37, 1.16], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 29% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 63% reduced risk up to 16% increased risk.

**Figure C23D. Adult (18+) 1-year patient death HR estimate (deceased donor grafts)**



**Figure C24D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)**





## C. Transplant Information

**Table C16L. Adult (18+) 1-year patient survival (living donor graft recipients)**

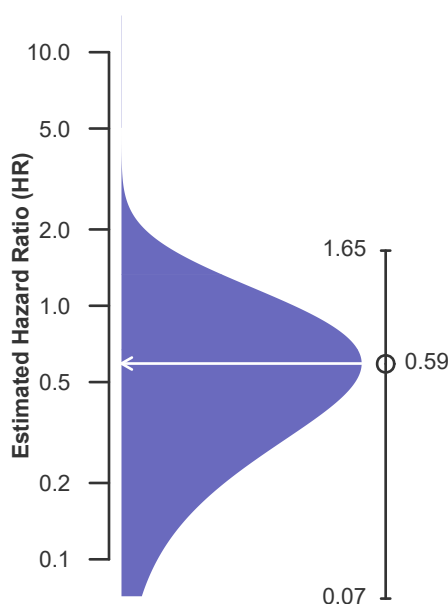
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	122	12,894
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.54% [98.32%-98.76%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	98.75%	--
Number of observed deaths during the first year after transplant	0	172
Number of expected deaths during the first year after transplant	1.38	--
Estimated hazard ratio*	0.59	--
95% credible interval for the hazard ratio**	[0.07, 1.65]	--

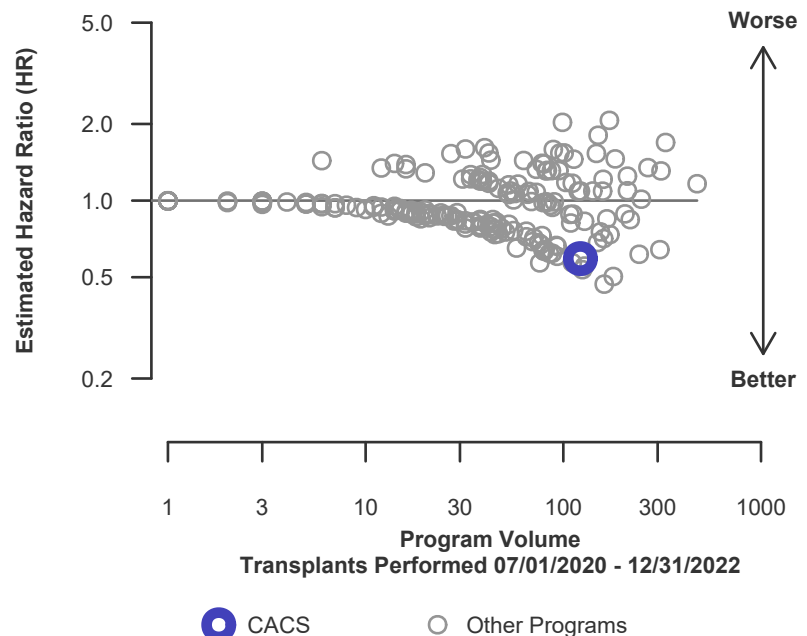
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.07, 1.65], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 41% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 93% reduced risk up to 65% increased risk.

**Figure C23L. Adult (18+) 1-year patient death HR estimate (living donor grafts)**



**Figure C24L. Adult (18+) 1-year patient death HR program comparison (living donor grafts)**





## C. Transplant Information

**Table C17. Adult (18+) 3-year patient survival**

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020

Retransplants excluded

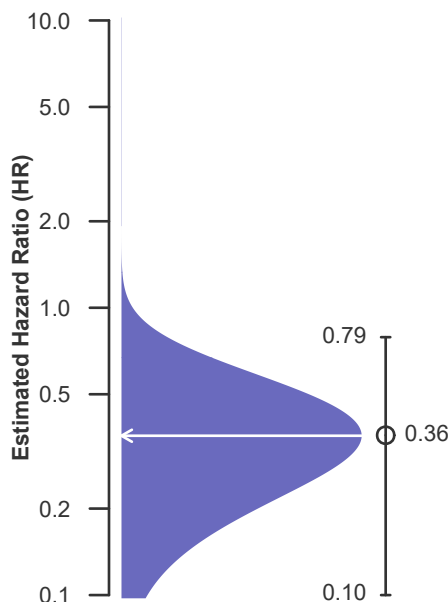
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	401	41,537
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	97.03% [91.94%-100.00%]	92.98% [91.96%-94.02%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.84%	--
Number of observed deaths during the first 3 years after transplant	2	1,094
Number of expected deaths during the first 3 years after transplant	9.16	--
Estimated hazard ratio*	0.36	--
95% credible interval for the hazard ratio**	[0.10, 0.79]	--

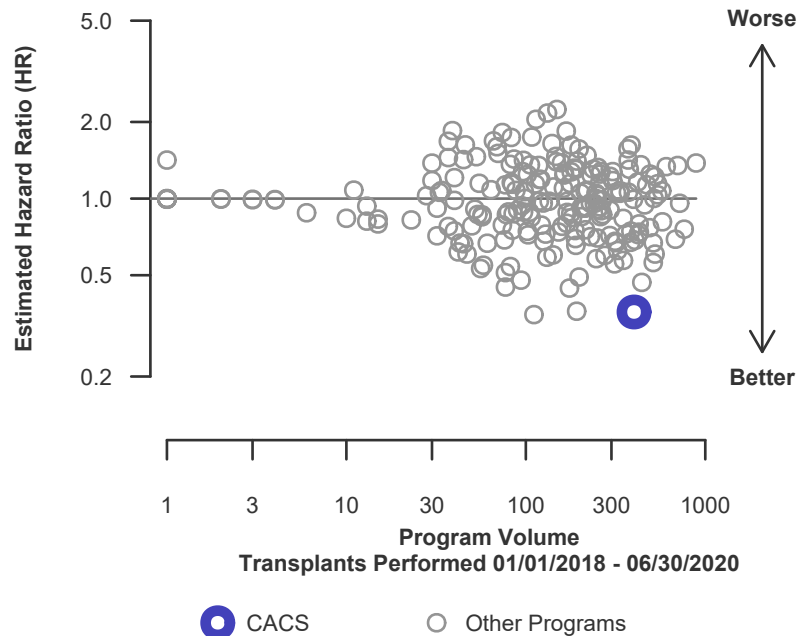
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.10, 0.79], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 64% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 90% reduced risk up to 21% reduced risk.

**Figure C25. Adult (18+) 3-year patient death HR estimate**



**Figure C26. Adult (18+) 3-year patient death HR program comparison**





## C. Transplant Information

**Table C17D. Adult (18+) 3-year patient survival (deceased donor graft recipients)**

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020

Retransplants excluded

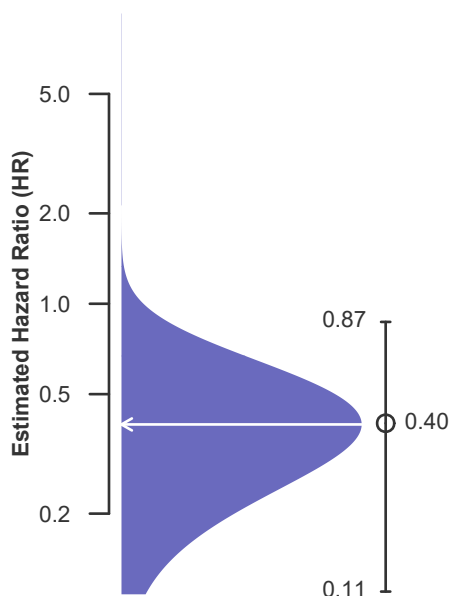
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	275	28,569
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	95.27% [87.29%-100.00%]	91.06% [89.72%-92.42%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	90.63%	--
Number of observed deaths during the first 3 years after transplant	2	960
Number of expected deaths during the first 3 years after transplant	8.09	--
Estimated hazard ratio*	0.40	--
95% credible interval for the hazard ratio**	[0.11, 0.87]	--

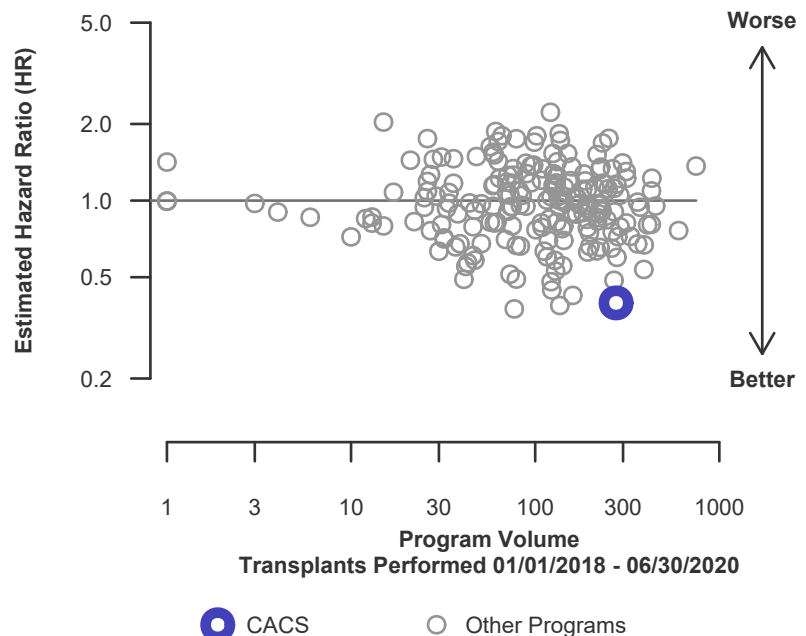
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.11, 0.87], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 60% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 89% reduced risk up to 13% reduced risk.

**Figure C25D. Adult (18+) 3-year patient death HR estimate (deceased donor grafts)**



**Figure C26D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)**





## C. Transplant Information

**Table C17L. Adult (18+) 3-year patient survival (living donor graft recipients)**

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020

Retransplants excluded

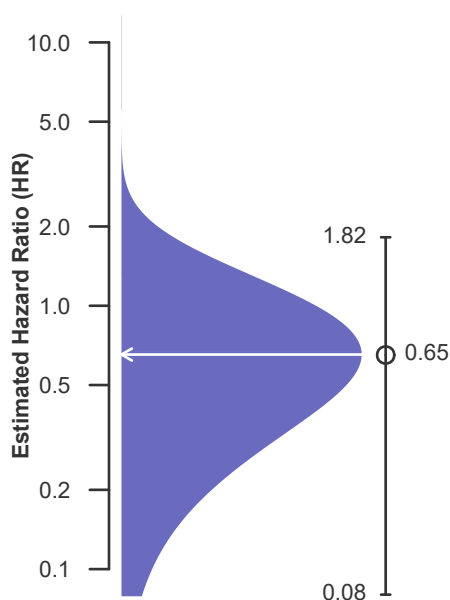
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	126	12,968
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	97.46% [96.34%-98.60%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	97.65%	--
Number of observed deaths during the first 3 years after transplant	0	134
Number of expected deaths during the first 3 years after transplant	1.06	--
Estimated hazard ratio*	0.65	--
95% credible interval for the hazard ratio**	[0.08, 1.82]	--

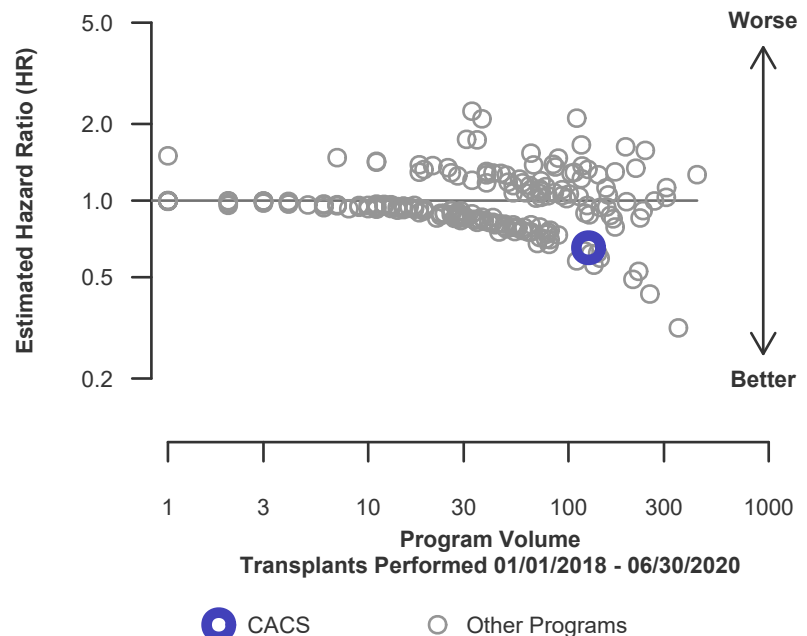
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.08, 1.82], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 35% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 92% reduced risk up to 82% increased risk.

**Figure C25L. Adult (18+) 3-year patient death HR estimate (living donor grafts)**



**Figure C26L. Adult (18+) 3-year patient death HR program comparison (living donor grafts)**







## C. Transplant Information

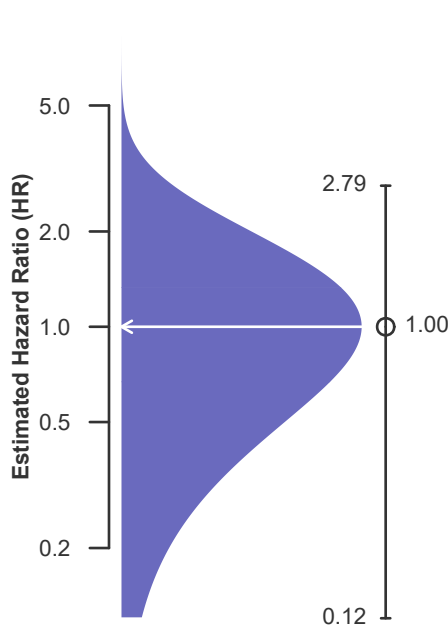
**Table C18. Pediatric (<18) 1-month patient survival**  
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	18	2,028
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	100.00% [100.00%-100.00%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	100.00%	--
Number of observed deaths during the first month after transplant	0	0
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, 2.79]	--

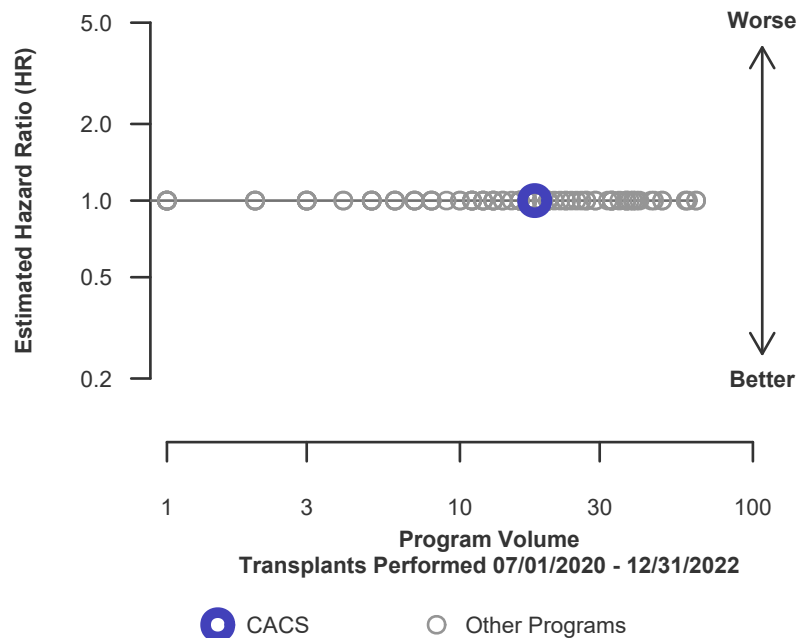
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.12, 2.79], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 179% increased risk.

**Figure C27. Pediatric (<18) 1-month patient death HR estimate**



**Figure C28. Pediatric (<18) 1-month patient death HR program comparison**







## C. Transplant Information

**Table C18D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients)**

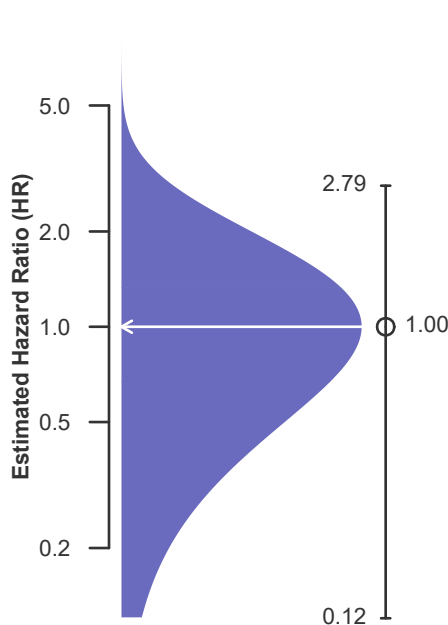
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	16	1,421
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	100.00% [100.00%-100.00%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	100.00%	--
Number of observed deaths during the first month after transplant	0	0
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, 2.79]	--

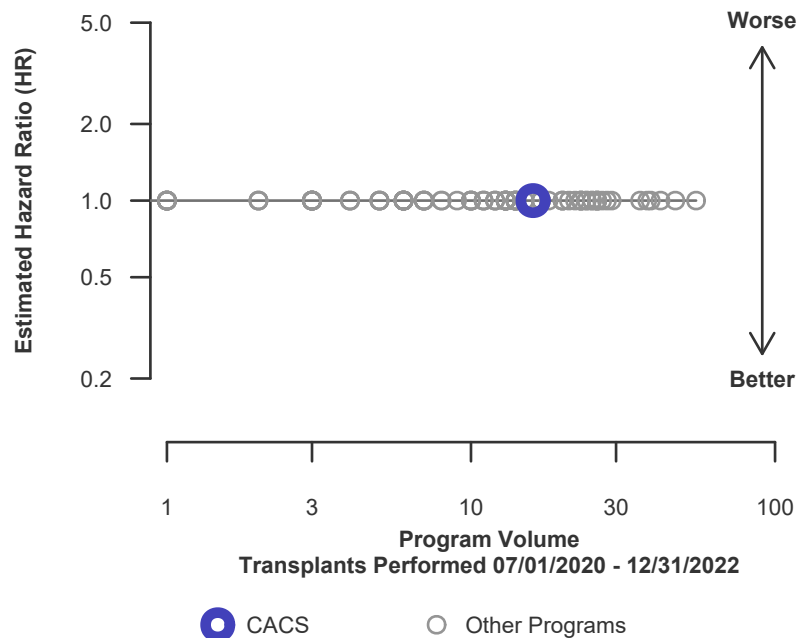
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.12, 2.79], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 179% increased risk.

**Figure C27D. Pediatric (<18) 1-month patient death HR estimate (deceased donor grafts)**



**Figure C28D. Pediatric (<18) 1-month patient death HR program comparison (deceased donor grafts)**





## C. Transplant Information

**Table C18L. Pediatric (<18) 1-month patient survival (living donor graft recipients)**

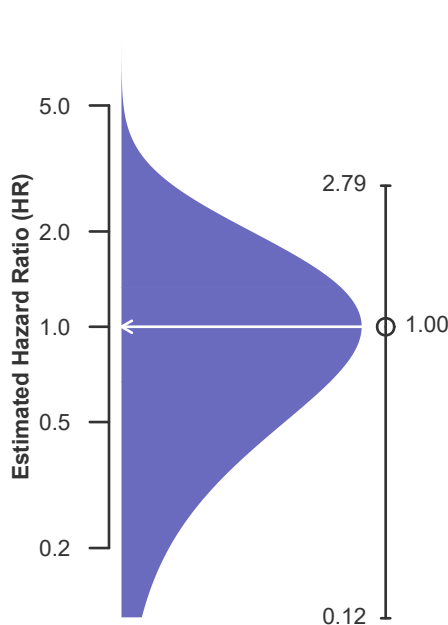
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	2	607
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	100.00% [100.00%-100.00%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	100.00%	--
Number of observed deaths during the first month after transplant	0	0
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, 2.79]	--

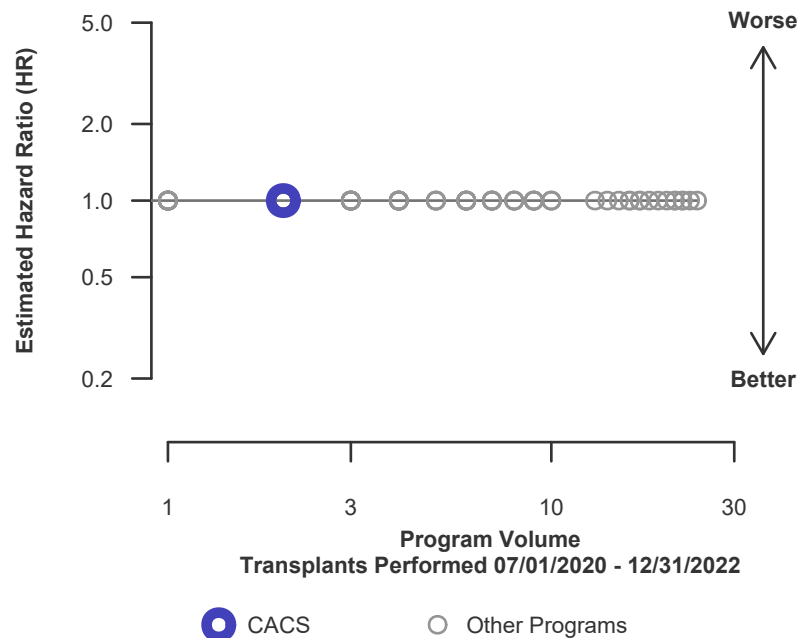
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.12, 2.79], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 179% increased risk.

**Figure C27L. Pediatric (<18) 1-month patient death HR estimate (living donor grafts)**



**Figure C28L. Pediatric (<18) 1-month patient death HR program comparison (living donor grafts)**





## C. Transplant Information

**Table C19. Pediatric (<18) 1-year patient survival**

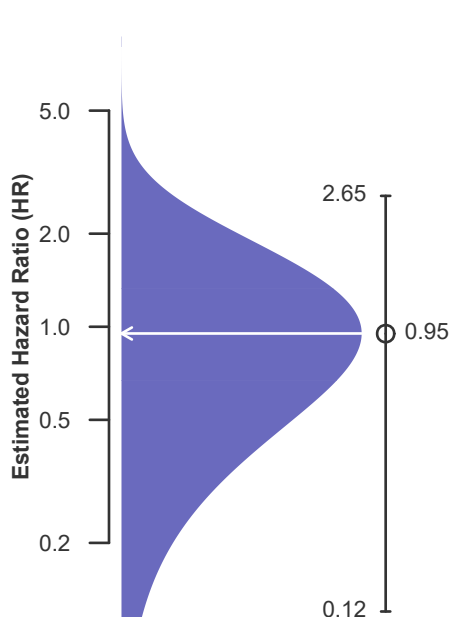
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	18	2,028
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.40% [99.05%-99.76%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.35%	--
Number of observed deaths during the first year after transplant	0	11
Number of expected deaths during the first year after transplant	0.10	--
Estimated hazard ratio*	0.95	--
95% credible interval for the hazard ratio**	[0.12, 2.65]	--

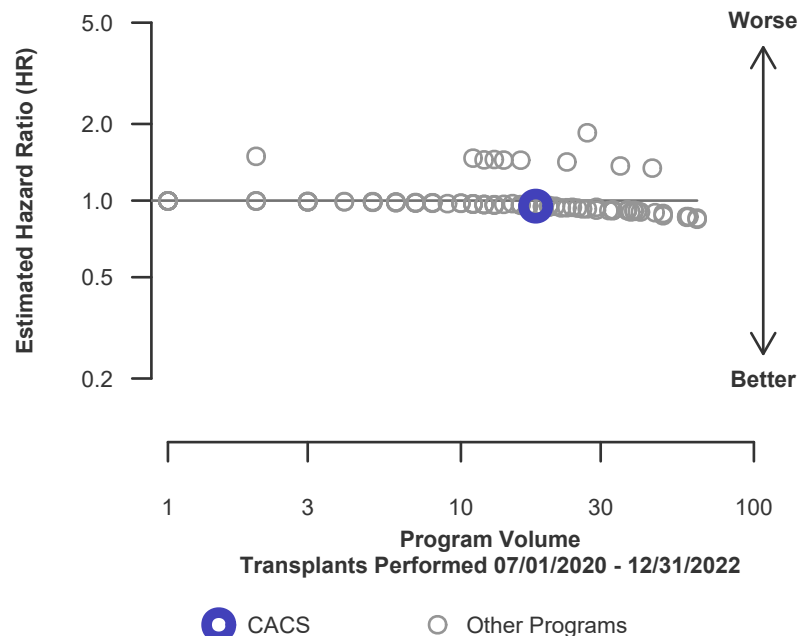
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.12, 2.65], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 5% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 165% increased risk.

**Figure C29. Pediatric (<18) 1-year patient death HR estimate**



**Figure C30. Pediatric (<18) 1-year patient death HR program comparison**





## C. Transplant Information

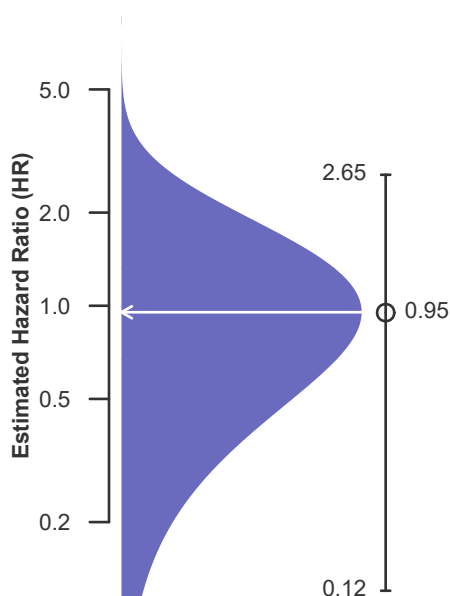
**Table C19D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients)**  
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	16	1,421
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.32% [98.88%-99.77%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.32%	--
Number of observed deaths during the first year after transplant	0	9
Number of expected deaths during the first year after transplant	0.10	--
Estimated hazard ratio*	0.95	--
95% credible interval for the hazard ratio**	[0.12, 2.65]	--

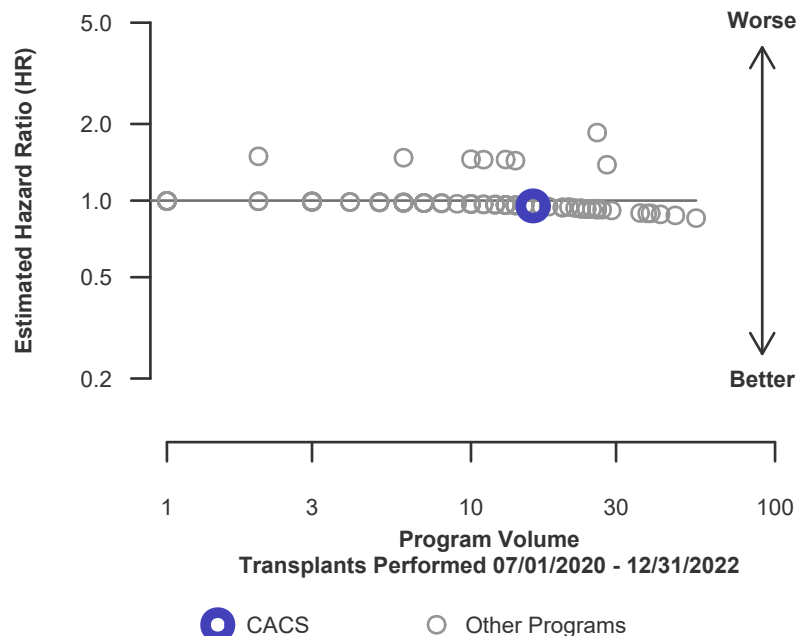
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.12, 2.65], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 5% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 165% increased risk.

**Figure C29D. Pediatric (<18) 1-year patient death HR estimate (deceased donor grafts)**



**Figure C30D. Pediatric (<18) 1-year patient death HR program comparison (deceased donor grafts)**





## C. Transplant Information

**Table C19L. Pediatric (<18) 1-year patient survival (living donor graft recipients)**

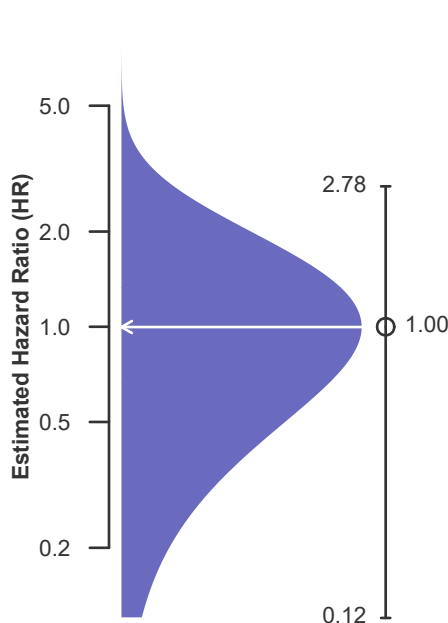
Single organ transplants performed between 07/01/2020 and 12/31/2022  
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	2	607
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.60% [99.04%-100.00%]
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	2
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]	--

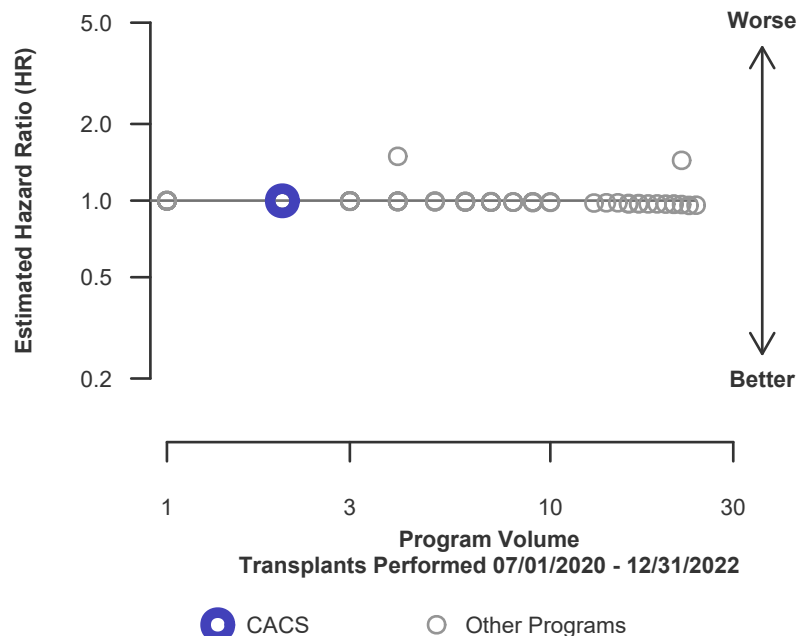
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 CACS'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 CACS's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 178% increased risk.

**Figure C29L. Pediatric (<18) 1-year patient death HR estimate (living donor grafts)**



**Figure C30L. Pediatric (<18) 1-year patient death HR program comparison (living donor grafts)**





## C. Transplant Information

**Table C20. Pediatric (<18) 3-year patient survival**

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020

Retransplants excluded

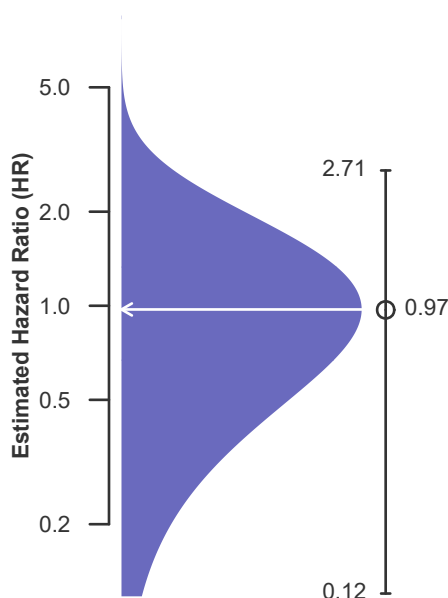
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	10	1,721
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.16% [98.57%-99.74%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	99.22%	--
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, 2.71]	--

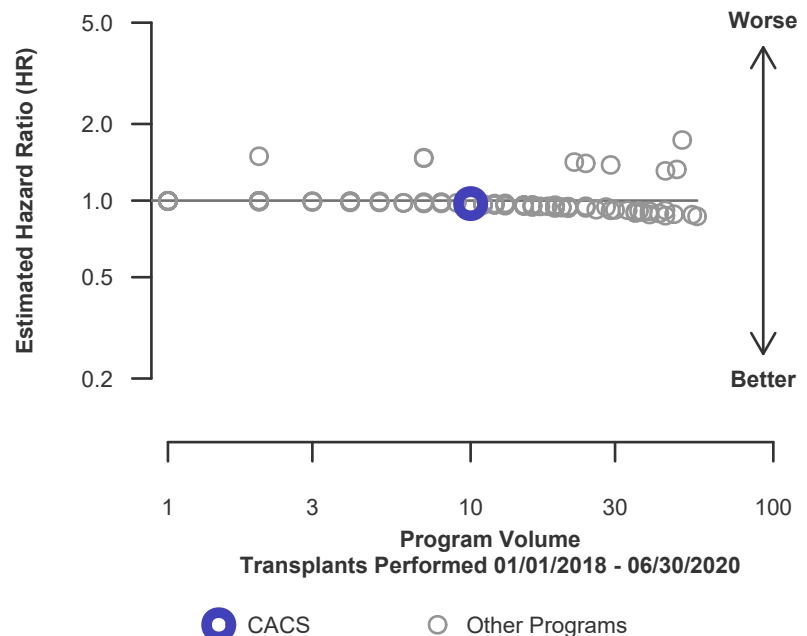
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.12, 2.71], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 3% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 171% increased risk.

**Figure C31. Pediatric (<18) 3-year patient death HR estimate**



**Figure C32. Pediatric (<18) 3-year patient death HR program comparison**





## C. Transplant Information

**Table C20D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients)**

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020

Retransplants excluded

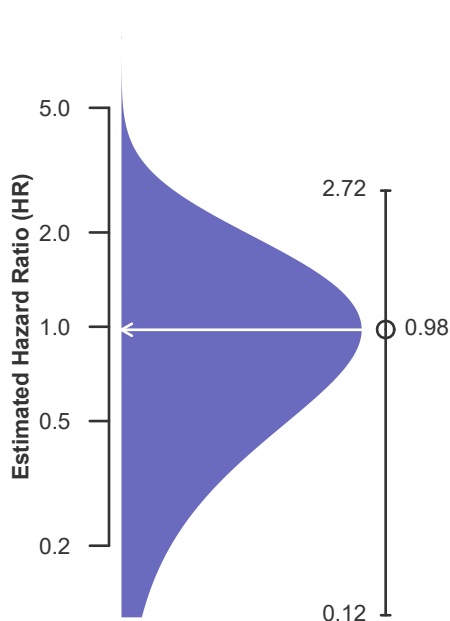
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	9	1,146
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.25% [98.51%-100.00%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	99.25%	--
Number of observed deaths during the first 3 years after transplant	0	5
Number of expected deaths during the first 3 years after transplant	0.05	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.72]	--

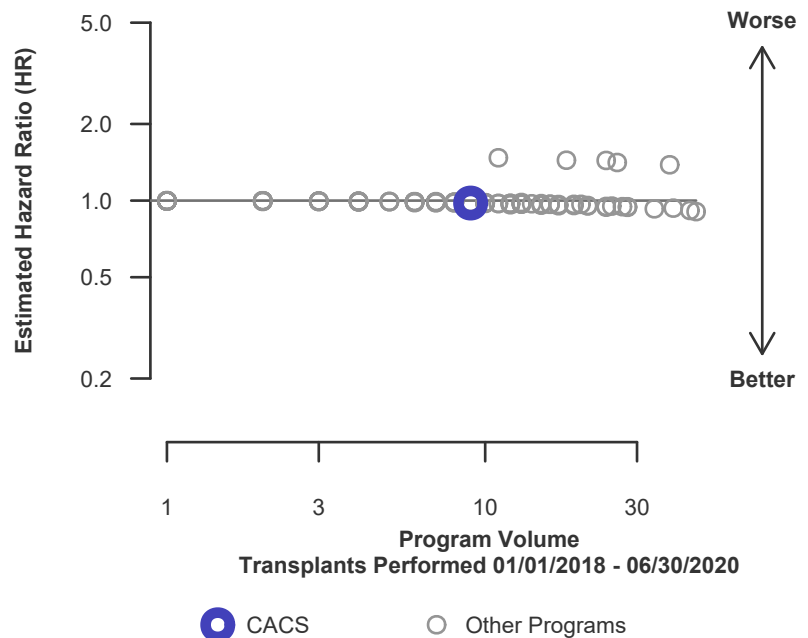
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 CACS'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 CACS's true hazard ratio with 95% probability. The best estimate is 2% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 172% increased risk.

**Figure C31D. Pediatric (<18) 3-year patient death HR estimate (deceased donor grafts)**



**Figure C32D. Pediatric (<18) 3-year patient death HR program comparison (deceased donor grafts)**





## C. Transplant Information

**Table C20L. Pediatric (<18) 3-year patient survival (living donor graft recipients)**

Single organ transplants performed between 01/01/2018 and 03/12/2020, and 06/13/2020 and 06/30/2020

Retransplants excluded

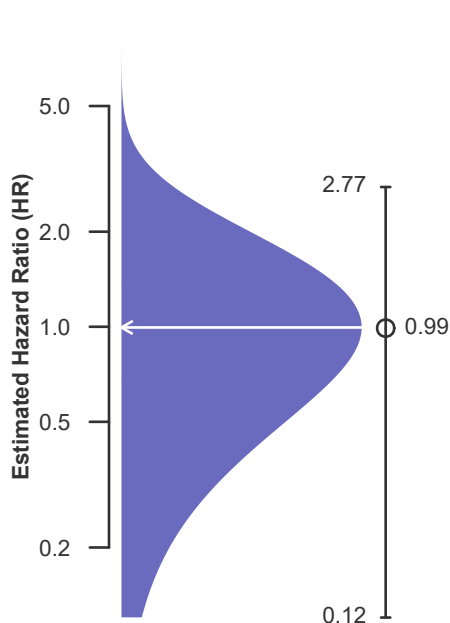
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	1	575
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.98% [98.05%-99.91%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	98.98%	--
Number of observed deaths during the first 3 years after transplant	0	5
Number of expected deaths during the first 3 years after transplant	0.01	--
Estimated hazard ratio*	0.99	--
95% credible interval for the hazard ratio**	[0.12, 2.77]	--

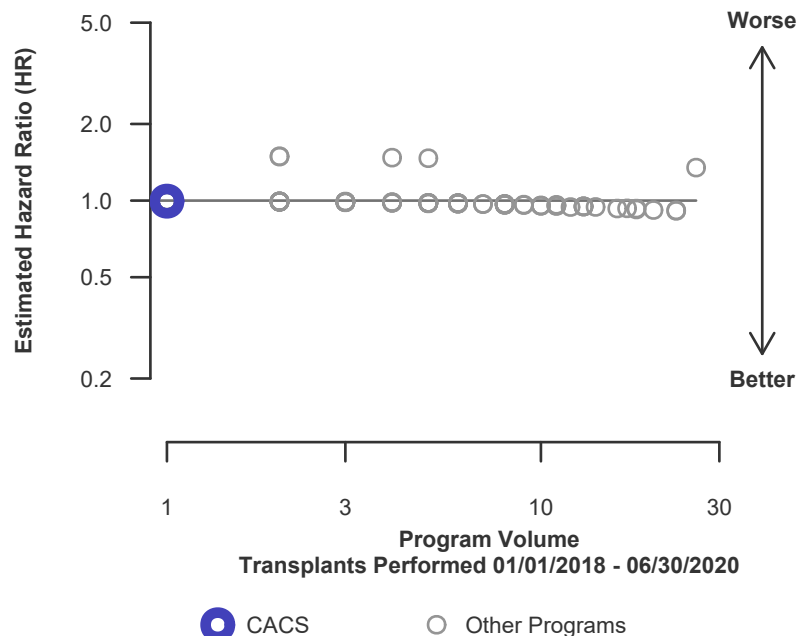
\* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher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

\*\* The 95% credible interval, [0.12, 2.77], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 1% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 177% increased risk.

**Figure C31L. Pediatric (<18) 3-year patient death HR estimate (living donor grafts)**



**Figure C32L. Pediatric (<18) 3-year patient death HR program comparison (living donor grafts)**







## C. Transplant Information

**Table C21. Multi-organ transplant graft survival: 07/01/2020 - 12/31/2022**

### Adult (18+) Transplants

Transplant Type	First-Year Outcomes					
	Transplants Performed		Kidney Graft Failures		Estimated Kidney Graft Survival	
	CACS-TX1	USA	CACS-TX1	USA	CACS-TX1	USA
Kidney-Heart	73	879	8	123	89.0%	86.0%
Kidney-Liver	33	1,926	1	217	97.0%	88.7%
Kidney Lung	4	41	0	8	100.0%	80.5%
Kidney-Pancreas	20	2,074	1	89	95.0%	95.7%

### Pediatric (<18) Transplants

No pediatric (<18) multi-organ transplants were performed

**Table C22. Multi-organ transplant patient survival: 07/01/2020 - 12/31/2022**

### Adult (18+) Transplants

Transplant Type	First-Year Outcomes					
	Transplants Performed		Patient Deaths		Estimated Patient Survival	
	CACS-TX1	USA	CACS-TX1	USA	CACS-TX1	USA
Kidney-Heart	73	879	7	91	90.4%	89.6%
Kidney-Liver	33	1,926	0	174	100.0%	91.0%
Kidney Lung	4	41	0	6	100.0%	85.4%
Kidney-Pancreas	20	2,074	1	62	95.0%	97.0%

### Pediatric (<18) Transplants

No pediatric (<18) multi-organ transplants were performed



## D. Living Donor Information

Table D1. Living donor summary: 07/01/2020 - 06/30/2023

Living Donor Follow-Up	This Center			United States		
	07/2020-06/2021	07/2021-06/2022	07/2022-12/2022	07/2020-06/2021	07/2021-06/2022	07/2022-12/2022
<b>Number of Living Donors</b>	64	45	30	5,909	5,871	2,995
<b>6-Month Follow-Up</b>						
Donors due for follow-up	46	45	26	4,386	5,870	2,447
Timely clinical data	40 87.0%	39 86.7%	23 88.5%	3,853 87.8%	5,032 85.7%	1,989 81.3%
Timely lab data	36 78.3%	33 73.3%	19 73.1%	3,636 82.9%	4,796 81.7%	1,938 79.2%
<b>12-Month Follow-Up</b>						
Donors due for follow-up	64	42		5,904	5,299	
Timely clinical data	60 93.8%	35 83.3%		4,981 84.4%	4,124 77.8%	
Timely lab data	47 73.4%	28 66.7%		4,540 76.9%	3,956 74.7%	
<b>24-Month Follow-Up</b>						
Donors due for follow-up	59			5,315		
Timely clinical data	50 84.7%			3,850 72.4%		
Timely lab data	38 64.4%			3,569 67.1%		

Follow-up forms due during the COVID-19 amnesty period from 3/13/2020-3/31/2021 are not included in timely clinical and lab data calculations