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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 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, July 2023, January 2024, July 2024 and January 2025. 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 July 2025 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 July 2025 reporting cycle. These changes will remain in force beyond the July 2025 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 1/1/2022-6/30/2024, follow-up through 12/31/2024.

3-year Patient and Graft Survival Evaluations: Transplants 7/1/2019-3/12/2020, follow-up through 3/12/2020. Transplants 6/13/2020-12/31/2021; follow-up through 12/31/2024.

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

Days after listing (and before transplant) between 1/1/2023 and 12/31/2024.

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

Candidates on the waitlist 1/1/2023-12/31/2024.

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

Evaluation period: 1/1/2023-12/31/2024.

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

Offers received 1/1/2024-12/31/2024.

These decisions will apply to the evaluations released in the SRTR's semi-annual program-specific reports scheduled for release on July 8, 2025. 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 January 2026.

As with the January 2025 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 NYU Langone Health. 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 62.8 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 01/01/2019 and 06/30/2024. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this program was 0.3 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 12/31/2024 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.

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A. Program Summary

Figure A1. Waiting list and transplant activity

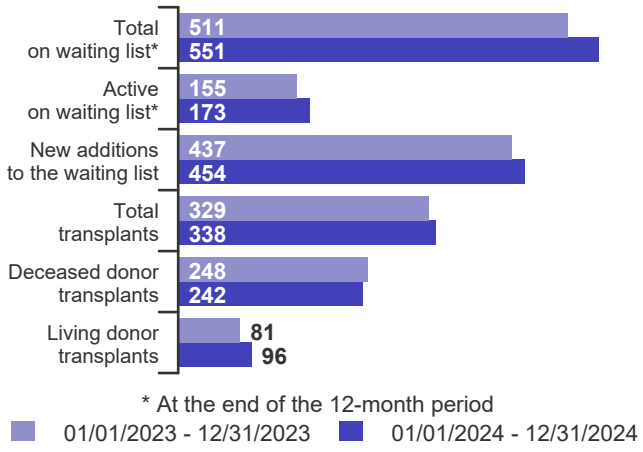


Table A1. Census of transplant recipients

Recipients	01/01/2023-12/31/2023	01/01/2024-12/31/2024
Transplanted at this center	329	338
Followed by this center*	999	1,282
...transplanted at this program	994	1,274
...transplanted elsewhere	5	8

* 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 01/01/2023 - 12/31/2024

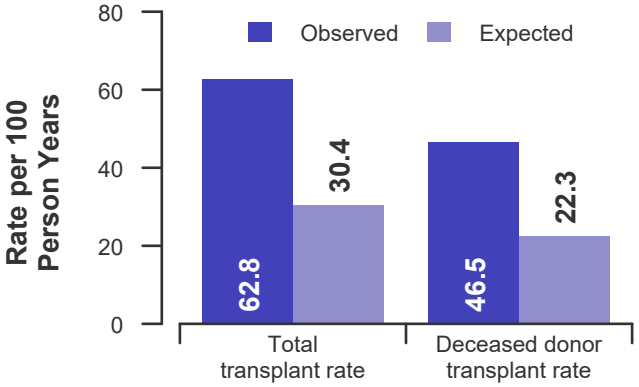


Figure A3. Pre-transplant mortality rates 01/01/2023 - 12/31/2024

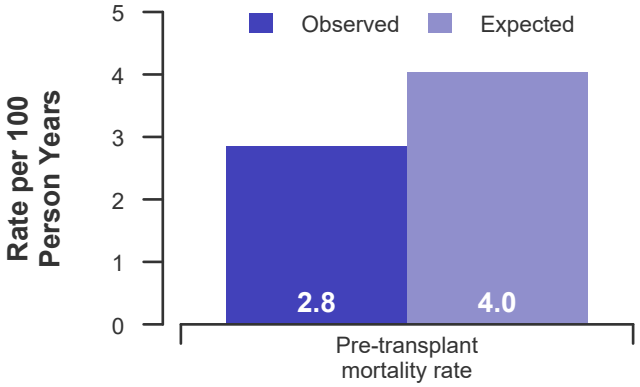


Figure A4. First-year adult graft and patient survival: 01/01/2022 - 06/30/2024

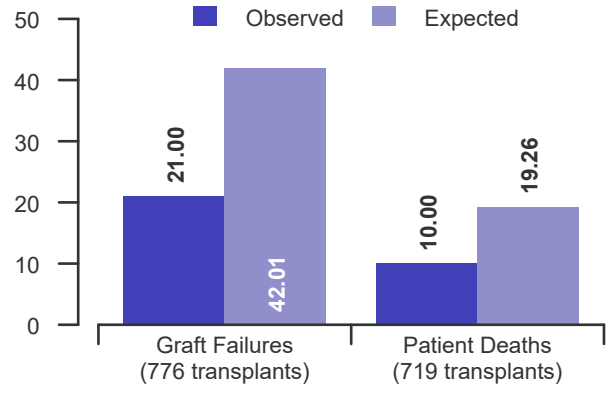
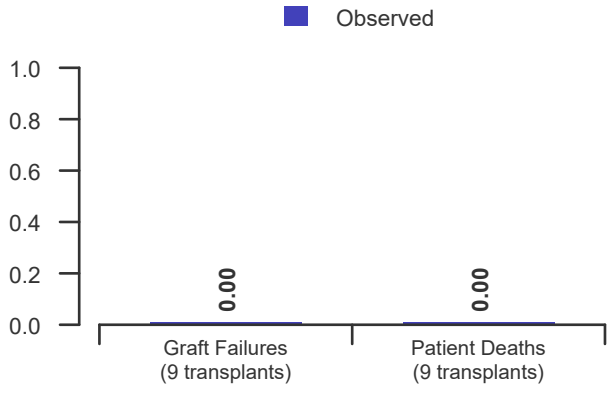


Figure A5. First-year pediatric graft and patient survival: 01/01/2022 - 06/30/2024



B. Waiting List Information

Table B1. Waiting list activity summary: 01/01/2023 - 12/31/2024

Waiting List Registrations	Counts for this center		Activity for 01/01/2024 to 12/31/2024 as percent of registrants on waiting list on 01/01/2024		
	01/01/2023-12/31/2023	01/01/2024-12/31/2024	This Center (%)	OPTN Region (%)	U.S. (%)
On waiting list at start	464	511	100.0	100.0	100.0
Additions					
New listings at this center	437	454	88.8	47.5	51.6
Removals					
Transferred to another center	3	6	1.2	2.1	0.9
Received living donor transplant*	77	95	18.6	7.7	6.7
Received deceased donor transplant*	244	242	47.4	22.9	22.5
Died	13	13	2.5	4.2	3.9
Transplanted at another center	11	13	2.5	2.2	4.7
Deteriorated	17	25	4.9	3.6	5.1
Recovered	6	3	0.6	0.3	0.3
Other reasons	19	17	3.3	4.2	6.0
On waiting list at end of period	511	551	107.8	100.5	101.6

* 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 01/01/2024 and 12/31/2024

Demographic Characteristic	New Waiting List Registrations 01/01/2024 to 12/31/2024 (%)			All Waiting List Registrations on 12/31/2024 (%)		
	This Center (N=454)	OPTN Region (N=3,307)	U.S. (N=48,819)	This Center (N=551)	OPTN Region (N=6,988)	U.S. (N=96,117)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	36.6	35.9	38.2	32.7	31.0	35.2
African-American	28.0	31.4	30.5	32.5	34.9	30.2
Hispanic/Latino	18.7	18.7	20.1	20.0	19.8	22.4
Asian	14.1	10.5	8.1	12.9	12.3	9.7
Other	1.3	1.3	2.0	0.5	1.0	2.0
Unknown	1.3	2.3	1.0	1.5	1.0	0.4
Age (%)						
<2 years	0.2	0.1	0.2	0.0	0.1	0.1
2-11 years	0.7	0.7	0.9	0.5	0.8	0.7
12-17 years	0.7	2.0	1.5	1.5	2.1	1.2
18-34 years	10.8	7.9	9.3	13.8	8.8	9.4
35-49 years	21.1	21.0	24.2	25.8	23.4	25.9
50-64 years	42.3	39.9	40.7	38.5	42.0	43.5
65-69 years	12.3	14.5	13.9	10.3	13.3	12.6
70+ years	11.9	13.9	9.5	9.6	9.5	6.6
Gender (%)						
Male	64.3	63.2	61.9	61.5	61.7	62.5
Female	35.7	36.8	38.1	38.5	38.3	37.5

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

B. Waiting List Information

Table B3. Medical characteristics of waiting list candidates
Candidates registered on the waiting list between 01/01/2024 and 12/31/2024

Medical Characteristic	New Waiting List Registrations 01/01/2024 to 12/31/2024 (%)			All Waiting List Registrations on 12/31/2024 (%)		
	This Center (N=454)	OPTN Region (N=3,307)	U.S. (N=48,819)	This Center (N=551)	OPTN Region (N=6,988)	U.S. (N=96,117)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Blood Type (%)						
O	52.2	48.8	49.8	51.7	52.0	54.8
A	27.8	30.1	31.4	25.8	26.4	26.6
B	15.9	16.7	15.0	18.7	18.4	16.1
AB	4.2	4.4	3.8	3.8	3.2	2.5
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Previous Transplant (%)						
Yes	9.5	13.8	12.8	15.6	15.5	13.3
No	90.5	86.2	87.2	84.4	84.5	86.7
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Initial CPRA (%)*						
0-9%	7.7	3.5	6.6	36.5	41.7	36.6
10-79%	12.8	12.0	17.7	10.5	10.0	15.7
80+%	7.0	5.9	8.3	6.9	5.0	7.1
Unknown*	72.5	78.6	67.4	46.1	43.4	40.6
Primary Disease (%)**						
Glomerular Diseases	20.9	17.4	17.7	25.2	17.5	17.5
Tubular and Interstitial Diseases	4.8	4.0	3.6	4.5	4.3	3.7
Polycystic Kidneys	8.4	6.4	6.8	8.2	6.3	6.7
Congenital, Familial, Metabolic	1.3	1.4	1.9	2.4	2.0	2.0
Diabetes	28.9	35.2	35.9	28.9	35.7	37.6
Renovascular & Vascular Diseases	0.0	0.0	0.1	0.2	0.1	0.1
Neoplasms	0.2	0.2	0.5	0.2	0.3	0.4
Hypertensive Nephrosclerosis	22.0	22.7	19.9	18.3	22.5	20.0
Other	13.4	12.3	13.4	12.0	11.0	11.8
Missing**	0.0	0.4	0.3	0.2	0.4	0.3

* cPRA is calculated from unacceptable antigens. "Unknown" indicates no unacceptable antigens have been entered. For the purpose of the risk-adjustment models, unknown cPRA is treated as cPRA = 0.

** 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: 01/01/2023 - 12/31/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	480	6,004	6,497	96,745
Person Years**	1,059.5	11,636.6	12,656.3	193,604.7
Removals for Transplant	665	3,577	3,965	56,459
Adult (18+) Candidates				
Count on waiting list at start*	471	5,849	6,328	94,968
Person Years**	1,042.4	11,294.6	12,289.6	189,870.6
Removals for transpant	655	3,488	3,873	54,586
Pediatric (<18) Candidates				
Count on waiting list at start*	9	155	169	1,777
Person Years**	17.2	342.0	366.8	3,734.2
Removals for transplant	10	89	92	1,873

* Counts in this table may differ from similar counts in other waiting list tables, such as Table B1. Kidney-pancreas candidates are included in the calculations for this table. 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 January 1 or from the date of first wait listing until death, transplant, removal from the waiting list or December 31.

Figure B1. Observed and expected transplant rates: 01/01/2023 - 12/31/2024

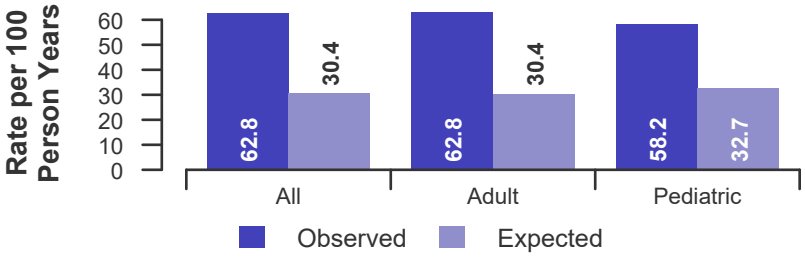


Figure B2. Transplant rate ratio estimate

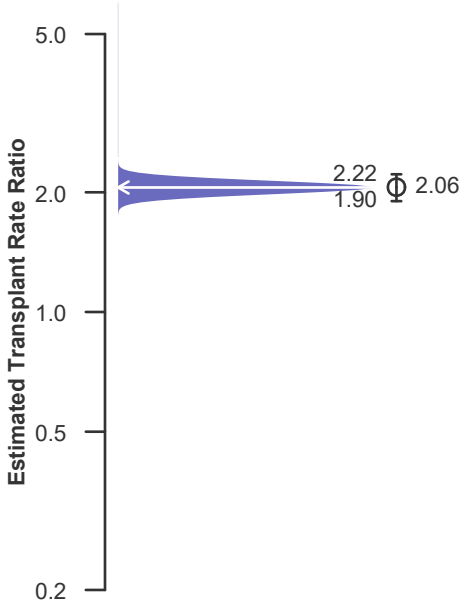
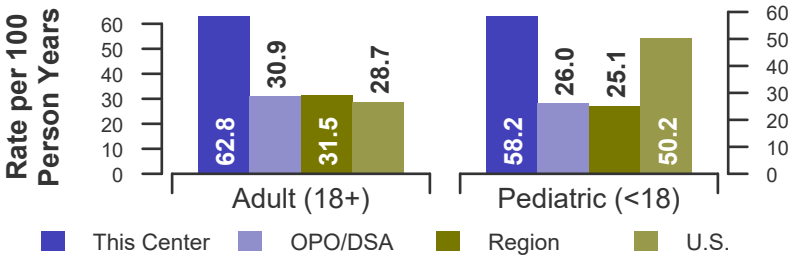


Figure B3. Observed adult (18+) and pediatric (<18) transplant rates: 01/01/2023 - 12/31/2024



B. Waiting List Information

Table B4D. Deceased donor transplant rates: 01/01/2023 - 12/31/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	480	6,004	6,497	96,745
Person Years**	1,059.5	11,636.6	12,656.3	193,604.7
Removals for Transplant	493	2,682	3,034	43,918
Adult (18+) Candidates				
Count on waiting list at start*	471	5,849	6,328	94,968
Person Years**	1,042.4	11,294.6	12,289.6	189,870.6
Removals for transpant	487	2,621	2,970	42,569
Pediatric (<18) Candidates				
Count on waiting list at start*	9	155	169	1,777
Person Years**	17.2	342.0	366.8	3,734.2
Removals for transplant	6	61	64	1,349

* Counts in this table may differ from similar counts in other waiting list tables, such as Table B1. Kidney-pancreas candidates are included in the calculations for this table. 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 January 1 or from the date of first wait listing until death, transplant, removal from the waiting list or December 31.

Figure B1D. Observed and expected deceased donor transplant rates: 01/01/2023 - 12/31/2024

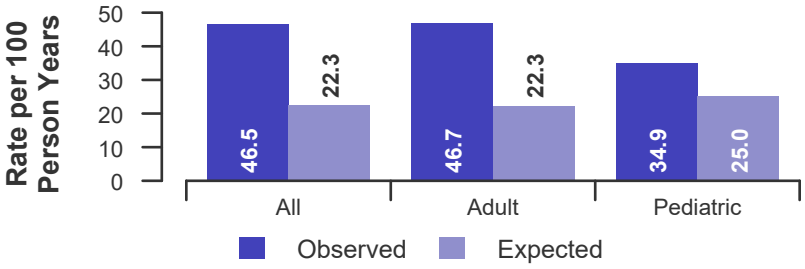


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 01/01/2023 - 12/31/2024

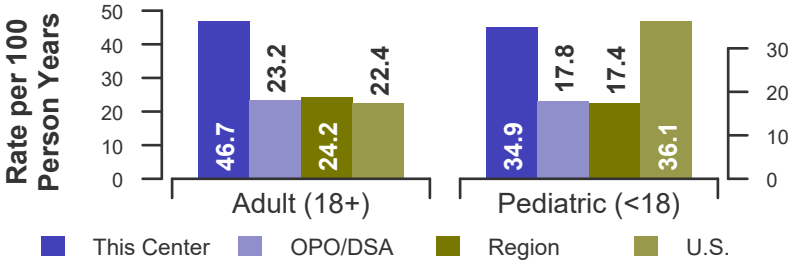
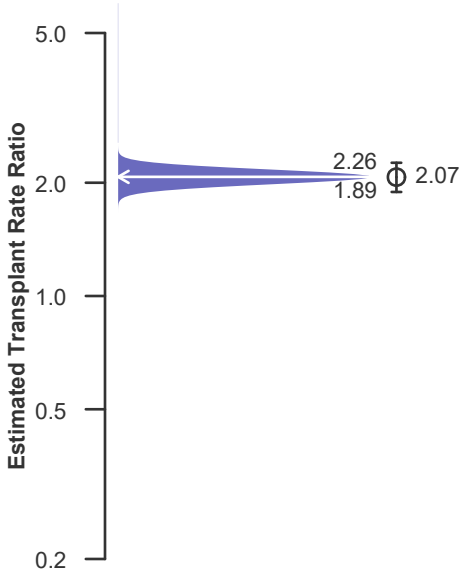


Figure B2D. Deceased donor transplant rate ratio estimate



B. Waiting List Information

Table B5. Pre-transplant mortality rates: 01/01/2023 - 12/31/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	480	6,004	6,497	96,745
Person Years**	1,122.9	12,483.4	13,534.8	211,030.7
Number of deaths	32	624	683	10,891
Adult (18+) Candidates				
Count on waiting list at start*	471	5,849	6,328	94,968
Person Years**	1,105.7	12,128.9	13,153.6	207,184.8
Number of deaths	32	621	680	10,850
Pediatric (<18) Candidates				
Count on waiting list at start*	9	155	169	1,777
Person Years**	17.2	354.5	381.2	3,845.9
Number of deaths	0	3	3	41

* Counts in this table may differ from similar counts in other waiting list tables, such as Table B1. Kidney-pancreas candidates are included in the calculations for this table. 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 January 1 or from the date of first wait listing until death, transplant, 60 days after recovery, transfer or December 31.

Figure B4. Observed and expected pre-transplant mortality rates: 01/01/2023 - 12/31/2024

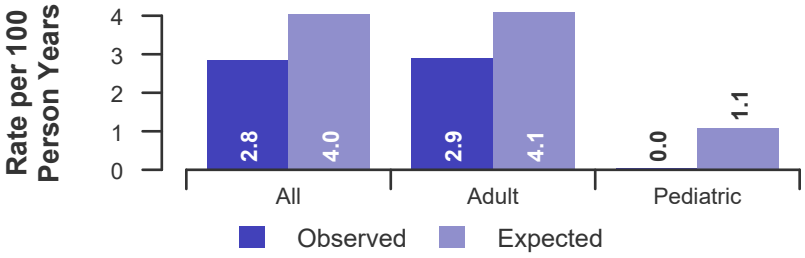


Figure B5. Pre-transplant mortality rate ratio estimate

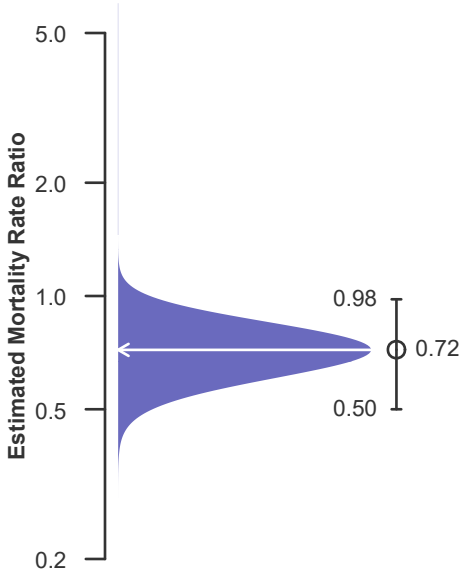
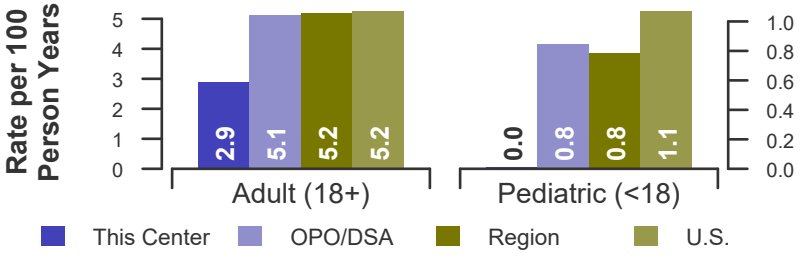


Figure B6. Observed adult (18+) and pediatric (<18) pre-transplant mortality rates: 01/01/2023 - 12/31/2024



B. Waiting List Information

Table B6. Rates of patient mortality after listing: 01/01/2023 - 12/31/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Patients				
Count at risk during the evaluation period	2,670	18,711	23,229	328,754
Person-years*	4,157.9	28,358.8	35,105.7	492,311.4
Number of Deaths	126	1,082	1,411	20,458
Adult (18+) Patients				
Count at risk during the evaluation period	2,634	18,159	22,587	319,403
Person-years*	4,099.0	27,521.9	34,132.6	477,893.5
Number of Deaths	126	1,077	1,404	20,357
Pediatric (<18) Patients				
Count at risk during the evaluation period	36	552	642	9,351
Person-years*	58.8	836.9	973.1	14,417.9
Number of Deaths	0	5	7	101

* Person-years are calculated as days (converted to fractional years). The number of days from 01/01/2023, or from the date of first wait listing until death, reaching 7 years after listing or December 31, 2024.

** 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: 01/01/2023 - 12/31/2024

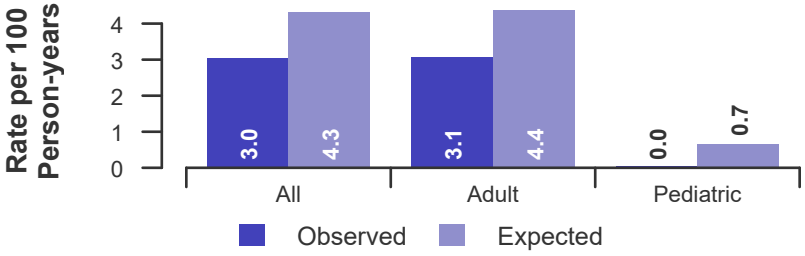


Figure B8. HR estimate of patient mortality after listing

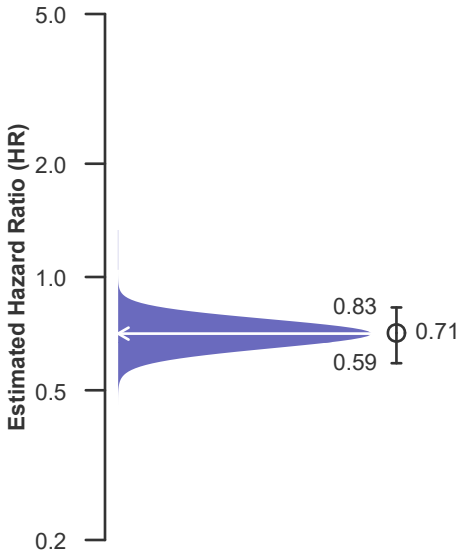
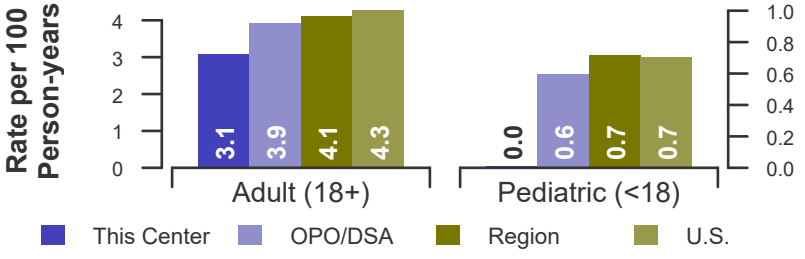


Figure B9. Observed adult (18+) and pediatric (<18) rates of patient mortality after listing: 01/01/2023 - 12/31/2024



B. Waiting List Information

Table B7. Waiting list candidate status after listing
Candidates registered on waiting list between 07/01/2022 and 06/30/2023

Waiting list status (survival status)	This Center (N=396) Months Since Listing			U.S. (N=45,279) Months Since Listing		
	6	12	18	6	12	18
Alive on waiting list (%)	50.3	35.6	28.8	71.7	57.1	46.7
Died on the waiting list without transplant (%)	1.5	1.5	1.8	1.1	2.0	2.8
Removed without transplant (%):						
Condition worsened (status unknown)	0.0	0.5	1.3	0.7	1.7	2.8
Condition improved (status unknown)	0.5	0.5	0.5	0.1	0.2	0.3
Refused transplant (status unknown)	0.0	0.0	0.0	0.0	0.1	0.1
Other	1.0	1.3	1.3	0.9	2.0	3.3
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	10.1	13.1	8.1	5.2	8.2	6.7
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.0	0.0	0.0	0.0	0.1	0.1
Status Yet Unknown**	0.3	0.5	8.1	0.1	0.4	3.5
Transplant (deceased donor) (%):						
Functioning (alive)	34.3	41.9	25.0	17.0	21.8	17.0
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.0	0.0	0.1	0.1	0.1
Died	1.0	1.3	1.5	0.4	0.7	1.0
Status Yet Unknown*	1.0	3.8	23.7	2.5	5.2	14.9
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.2	0.6	0.8
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	2.5	2.8	3.3	1.5	2.7	3.9
Total % known died or removed as unstable	2.5	3.3	4.5	2.2	4.4	6.7
Total % removed for transplant	46.7	60.6	66.4	25.2	36.4	43.2
Total % with known functioning transplant (alive)	44.4	55.1	33.1	22.1	30.0	23.7

* 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 01/01/2019 and 12/31/2021

Characteristic	Percent transplanted at time periods since listing									
	This Center					United States				
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	855	13.1	44.0	55.8	62.2	105,784	6.1	23.4	31.4	37.3
Ethnicity/Race*										
White	261	13.4	38.3	49.0	53.3	40,929	6.3	24.5	32.3	37.5
African-American	321	13.1	48.6	60.4	66.7	33,659	6.0	23.4	32.0	38.8
Hispanic/Latino	136	13.2	42.6	56.6	62.5	20,427	6.7	22.9	30.9	36.8
Asian	135	11.9	44.4	56.3	68.1	8,824	4.3	18.1	26.1	31.6
Other	2	50.0	100.0	100.0	100.0	1,944	8.0	26.1	34.0	39.8
Unknown	0	--	--	--	--	1	0.0	0.0	0.0	0.0
Age										
<2 years	0	--	--	--	--	120	5.8	41.7	65.8	75.8
2-11 years	1	0.0	100.0	100.0	100.0	859	7.8	51.2	66.0	73.5
12-17 years	9	11.1	22.2	44.4	44.4	1,533	8.4	48.0	60.1	65.6
18-34 years	85	5.9	31.8	52.9	57.6	10,140	6.3	26.4	37.0	44.3
35-49 years	205	10.2	37.1	48.3	56.1	25,684	6.1	23.5	31.8	37.9
50-64 years	355	14.4	48.2	58.6	66.8	44,554	6.0	21.5	28.9	34.6
65-69 years	111	19.8	51.4	63.1	64.9	14,430	6.0	21.7	29.2	34.7
70+ years	89	13.5	47.2	56.2	60.7	8,464	6.1	24.2	31.6	36.4
Gender										
Male	576	14.4	47.2	57.8	64.8	65,563	6.4	22.7	30.4	36.2
Female	279	10.4	37.3	51.6	57.0	40,221	5.7	24.4	33.1	39.0

* 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%.

B. Waiting List Information

Table B9. Percent of candidates with deceased donor transplants: medical characteristics
Candidates registered on the waiting list between 01/01/2019 and 12/31/2021

Characteristic	Percent transplanted at time periods since listing									
	This Center					United States				
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	855	13.1	44.0	55.8	62.2	105,784	6.1	23.4	31.4	37.3
Blood Type										
O	405	10.4	38.0	51.9	59.5	52,854	5.3	19.7	26.7	32.2
A	254	18.9	50.0	60.2	64.6	32,999	7.8	28.5	38.1	44.6
B	162	8.6	48.1	58.6	64.8	15,955	4.2	20.3	28.0	34.0
AB	34	23.5	50.0	55.9	64.7	3,976	11.4	42.0	52.7	58.4
Previous Transplant										
Yes	105	5.7	27.6	40.0	48.6	13,998	4.1	22.1	30.6	36.6
No	750	14.1	46.3	58.0	64.1	91,786	6.4	23.5	31.6	37.4
Peak PRA/CPRA*										
0-9%	768	13.0	43.8	54.8	60.9	83,143	6.4	22.7	30.5	36.4
10-79%	47	19.1	48.9	70.2	80.9	14,043	5.4	22.8	31.3	37.2
80+%	40	7.5	42.5	57.5	65.0	8,469	4.1	30.6	41.2	47.0
Unknown*	0	--	--	--	--	1	100.0	100.0	100.0	100.0
Primary Disease**										
Glomerular Diseases	171	9.4	42.7	55.0	59.6	18,558	5.3	24.5	34.0	41.1
Tubular & Interstitial Diseases	41	14.6	29.3	41.5	46.3	3,905	7.1	26.0	34.3	38.8
Polycystic Kidneys	51	5.9	23.5	45.1	54.9	6,842	4.5	21.8	30.7	37.9
Congenital, Familial, Metabolic	9	0.0	22.2	44.4	44.4	2,076	6.5	33.8	44.3	50.9
Diabetes	293	13.7	44.7	56.0	63.5	39,117	4.4	18.5	25.4	30.4
Renovascular & Vascular Diseases	3	0.0	33.3	33.3	33.3	127	4.7	25.2	33.1	37.8
Neoplasms	3	0.0	0.0	0.0	0.0	394	5.3	28.2	38.1	42.4
Hypertensive Nephrosclerosis	166	13.9	52.4	63.3	72.3	21,471	6.6	24.6	33.2	40.0
Other	116	20.7	50.0	59.5	62.1	12,961	12.2	32.7	40.5	45.3
Missing**	2	0.0	0.0	0.0	0.0	333	1.8	14.7	23.1	28.2

* cPRA is calculated from unacceptable antigens. "Unknown" indicates no unacceptable antigens have been entered. For the purpose of the risk-adjustment models, unknown cPRA is treated as cPRA = 0.

** 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 01/01/2019 and 06/30/2024

	Months to Transplant**			
Percentile	**Center**	**OPO/DSA**	**Region**	**U.S.**
5th	0.3	0.3	0.3	0.6
10th	0.5	0.9	1	1.5
25th	2.0	5.7	5.8	6.6
50th (median time to transplant)	8.6	29.1	28.8	28.2
75th	36.4	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 12/31/2024. 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: 01/01/2024 - 12/31/2024

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
Overall				
Number of Offers	12,434	146,850	174,076	2,293,449
Number of Acceptances	209	1,193	1,467	19,891
Expected Acceptances	161.4	943.0	1,226.7	19,898.9
Offer Acceptance Ratio*	1.29	1.26	1.20	1.00
95% Credible Interval**	[1.12, 1.47]	--	--	--
Low-KDRI Donors (KDRI < 1.05)				
Number of Offers	420	5,257	6,011	134,688
Number of Acceptances	29	171	214	4,832
Expected Acceptances	24.1	146.8	184.5	4,820.6
Offer Acceptance Ratio*	1.19	1.16	1.16	1.00
95% Credible Interval**	[0.81, 1.64]	--	--	--
Medium-KDRI Donors (1.05 < KDRI < 1.75)				
Number of Offers	5,646	78,184	91,373	1,311,867
Number of Acceptances	121	679	864	11,318
Expected Acceptances	91.4	524.1	681.4	11,327.7
Offer Acceptance Ratio*	1.32	1.29	1.27	1.00
95% Credible Interval**	[1.09, 1.56]	--	--	--
High-KDRI Donors (KDRI > 1.75)				
Number of Offers	6,368	63,409	76,692	846,894
Number of Acceptances	59	343	389	3,741
Expected Acceptances	45.9	272.1	360.8	3,750.7
Offer Acceptance Ratio*	1.27	1.26	1.08	1.00
95% Credible Interval**	[0.98, 1.61]	--	--	--
Hard-to-Place Kidneys (Over 100 Offers)				
Number of Offers	10,274	126,522	150,362	1,934,308
Number of Acceptances	87	328	408	2,745
Expected Acceptances	31.5	194.1	274.3	3,293.8
Offer Acceptance Ratio*	2.66	1.68	1.48	0.83
95% Credible Interval**	[2.13, 3.24]	--	--	--
Donor KDPI >= 60				
Number of Offers	8,585	92,973	111,291	1,384,572
Number of Acceptances	102	599	708	7,352
Expected Acceptances	78.5	457.8	597.8	7,366.8
Offer Acceptance Ratio*	1.29	1.31	1.18	1.00
95% Credible Interval**	[1.06, 1.55]	--	--	--

* The offer acceptance ratio estimates the relative offer acceptance practice of NYU Langone Health 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, [1.12, 1.47], indicates the location of NYUC's true offer acceptance ratio with 95% probability. The best estimate is 29% more likely to accept an offer compared to national acceptance behavior, but NYUC's performance could plausibly range from 12% higher acceptance up to 47% higher acceptance.

B. Waiting List Information

Figure B10. Offer acceptance: Overall

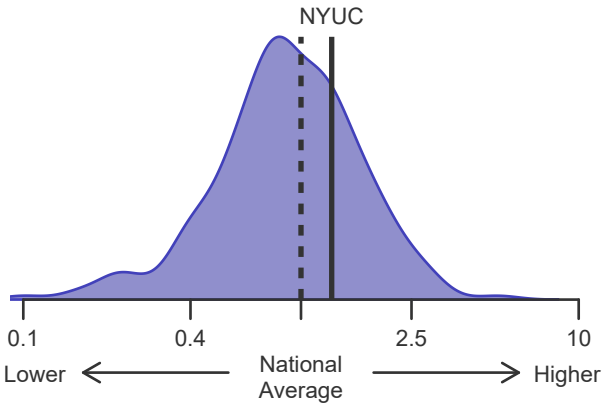


Figure B11. Offer acceptance: Low-KDRI

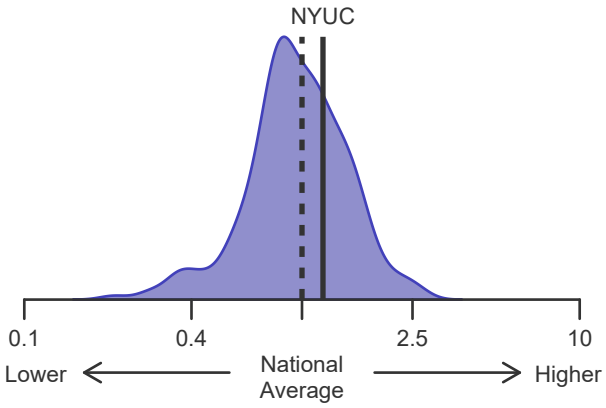


Figure B12. Offer acceptance: Medium-KDRI

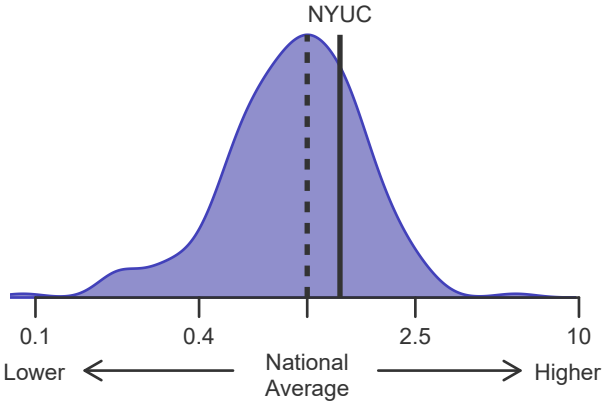


Figure B13. Offer acceptance: High-KDRI

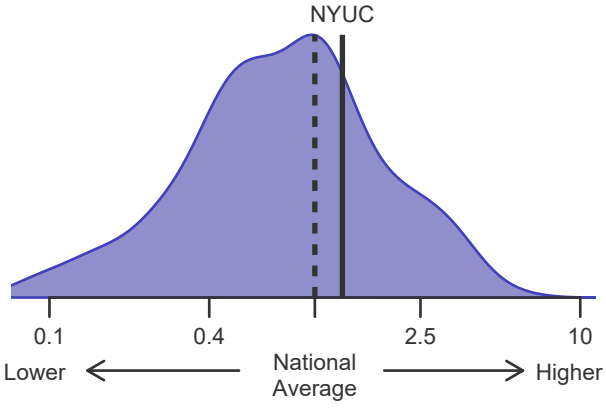


Figure B14. Offer acceptance: Offer number > 100

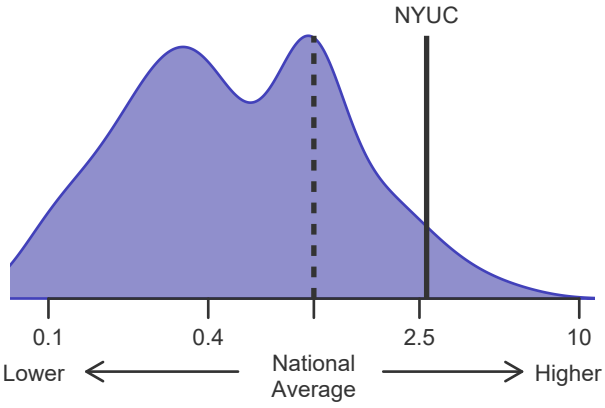
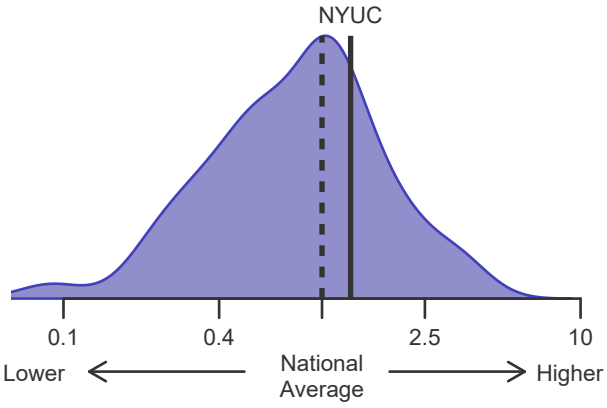


Figure B15. Offer acceptance: Donor KDPI >= 60



C. Transplant Information

Table C1D. Deceased donor transplant recipient demographic characteristics
Patients transplanted between 01/01/2024 and 12/31/2024

Characteristic	Percentage in each category		
	Center (N=242)	Region (N=1,592)	U.S. (N=21,341)
Ethnicity/Race (%)*			
White	31.4	28.1	33.3
African-American	34.3	36.8	36.3
Hispanic/Latino	16.5	20.6	19.9
Asian	15.7	12.8	8.2
Other	1.7	1.2	1.9
Unknown	0.4	0.5	0.5
Age (%)			
<2 years	0.0	0.0	0.0
2-11 years	0.0	0.6	1.1
12-17	0.0	1.1	1.7
18-34	5.0	5.5	8.1
35-49 years	17.8	19.2	21.5
50-64 years	47.9	41.6	39.7
65-69 years	13.6	16.3	15.1
70+ years	15.7	15.6	12.8
Gender (%)			
Male	66.9	62.0	59.4
Female	33.1	38.0	40.6

* 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 01/01/2024 and 12/31/2024

Characteristic	Percentage in each category		
	Center (N=96)	Region (N=550)	U.S. (N=6,418)
Ethnicity/Race (%)*			
White	54.2	54.9	60.1
African-American	19.8	14.5	12.8
Hispanic/Latino	13.5	16.2	17.4
Asian	12.5	11.1	7.6
Other	0.0	1.8	1.5
Unknown	0.0	1.5	0.6
Age (%)			
<2 years	0.0	0.2	0.2
2-11 years	1.0	0.7	1.7
12-17	0.0	1.1	1.7
18-34	16.7	17.1	15.7
35-49 years	28.1	23.5	25.5
50-64 years	35.4	32.0	35.1
65-69 years	6.2	10.5	10.1
70+ years	12.5	14.9	10.0
Gender (%)			
Male	61.5	65.3	63.7
Female	38.5	34.7	36.3

* 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 01/01/2024 and 12/31/2024

Characteristic	Percentage in each category		
	Center (N=242)	Region (N=1,592)	U.S. (N=21,341)
Blood Type (%)			
O	55.4	48.1	47.6
A	25.2	30.8	33.4
B	14.0	16.3	14.2
AB	5.4	4.8	4.8
Previous Transplant (%)			
Yes	7.9	13.2	12.7
No	92.1	86.8	87.3
Peak PRA/CPRA Prior to Transplant (%)*			
0-9%	16.5	26.9	23.2
10-79%	12.4	20.0	26.0
80+ %	9.5	11.9	18.2
Unknown*	61.6	41.2	32.6
Body Mass Index (%)			
0-20	7.4	9.3	9.0
21-25	36.8	33.2	27.4
26-30	30.2	29.6	31.6
31-35	18.6	18.1	21.3
36-40	5.0	7.2	8.1
41+	2.1	2.1	1.5
Unknown	0.0	0.6	1.1
Primary Disease (%)**			
Glomerular Diseases	13.6	17.1	18.8
Tubular and Interstitial Disease	4.1	4.0	3.8
Polycystic Kidneys	7.9	5.7	6.5
Congenital, Familial, Metabolic	0.8	1.6	2.4
Diabetes	35.5	35.0	32.2
Renovascular & Vascular Diseases	0.0	0.0	0.1
Neoplasms	0.4	0.7	0.5
Hypertensive Nephrosclerosis	25.6	25.8	23.5
Other Kidney	12.0	9.8	12.0
Missing**	0.0	0.4	0.3

* cPRA is calculated from unacceptable antigens. "Unknown" indicates no unacceptable antigens have been entered. For the purpose of the risk-adjustment models, unknown cPRA is treated as cPRA = 0.

** 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 01/01/2024 and 12/31/2024

Characteristic	Percentage in each category		
	Center (N=96)	Region (N=550)	U.S. (N=6,418)
Blood Type (%)			
O	43.8	42.4	43.9
A	28.1	33.8	38.3
B	26.0	18.9	13.5
AB	2.1	4.9	4.2
Previous Transplant (%)			
Yes	8.3	13.3	10.8
No	91.7	86.7	89.2
Peak PRA/CPRA Prior to Transplant (%)*			
0-9%	17.7	19.5	23.5
10-79%	13.5	14.2	27.6
80+ %	3.1	4.4	5.5
Unknown*	65.6	62.0	43.5
Body Mass Index (%)			
0-20	12.5	10.7	11.5
21-25	30.2	33.8	28.8
26-30	31.2	30.5	31.4
31-35	18.8	16.9	19.7
36-40	6.2	6.4	7.2
41+	1.0	1.3	1.1
Unknown	0.0	0.4	0.3
Primary Disease (%)**			
Glomerular Diseases	18.8	26.4	28.7
Tubular and Interstitial Disease	6.2	5.5	4.7
Polycystic Kidneys	14.6	9.1	12.1
Congenital, Familial, Metabolic	3.1	3.8	3.7
Diabetes	31.2	29.3	24.1
Renovascular & Vascular Diseases	1.0	0.5	0.1
Neoplasms	0.0	0.5	0.6
Hypertensive Nephrosclerosis	10.4	13.3	15.1
Other Kidney	14.6	11.5	10.7
Missing**	0.0	0.2	0.2

* cPRA is calculated from unacceptable antigens. "Unknown" indicates no unacceptable antigens have been entered. For the purpose of the risk-adjustment models, unknown cPRA is treated as cPRA = 0.

** 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 01/01/2024 and 12/31/2024

Donor Characteristic	Percentage in each category		
	Center (N=242)	Region (N=1,592)	U.S. (N=21,341)
Cause of Death (%)			
Deceased: Stroke	21.9	23.1	23.7
Deceased: MVA	5.8	7.2	11.6
Deceased: Other	72.3	69.7	64.8
Ethnicity/Race (%)*			
White	66.1	65.5	66.3
African-American	12.8	13.6	13.5
Hispanic/Latino	13.6	16.1	15.2
Asian	2.5	2.6	2.8
Other	2.9	0.9	1.4
Not Reported	2.1	1.4	0.8
Age (%)			
<2 years	0.0	0.7	0.5
2-11 years	1.2	1.4	2.0
12-17	3.7	1.8	3.3
18-34	21.1	19.1	24.7
35-49 years	35.1	33.4	34.0
50-64 years	35.5	37.2	30.7
65-69 years	3.3	5.3	4.1
70+ years	0.0	1.1	0.9
Gender (%)			
Male	57.0	60.6	63.2
Female	43.0	39.4	36.8
Blood Type (%)			
O	57.0	49.3	49.5
A	32.2	36.0	36.3
B	7.9	11.4	11.0
AB	2.9	3.3	3.1
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 01/01/2024 and 12/31/2024

Donor Characteristic	Percentage in each category		
	Center (N=96)	Region (N=550)	U.S. (N=6,418)
Ethnicity/Race (%)*			
White	63.5	62.0	67.4
African-American	11.5	10.9	8.0
Hispanic/Latino	13.5	17.8	16.3
Asian	5.2	6.2	5.2
Other	3.1	2.0	2.2
Not Reported	3.1	1.1	1.0
Age (%)			
0-11 years	0.0	0.0	0.0
12-17	0.0	0.0	0.0
18-34	25.0	24.2	22.2
35-49 years	40.6	39.5	39.8
50-64 years	28.1	30.2	30.5
65-69 years	4.2	3.8	5.5
70+ years	2.1	2.4	1.9
Gender (%)			
Male	41.7	40.7	35.1
Female	58.3	59.3	64.9
Blood Type (%)			
O	54.2	58.7	59.3
A	26.0	26.5	30.0
B	17.7	13.1	8.9
AB	2.1	1.6	1.8
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 01/01/2024 and 12/31/2024

Transplant Characteristic	Percentage in each category		
	Center (N=242)	Region (N=1,592)	U.S. (N=21,341)
Cold Ischemic Time (Hours): Local (%)			
Deceased: 0-11 hr	14.6	10.7	15.8
Deceased: 12-21 hr	58.5	61.5	56.9
Deceased: 22-31 hr	24.4	25.2	23.5
Deceased: 32-41 hr	2.4	1.3	2.8
Deceased: 42+ hr	0.0	0.0	0.4
Not Reported	0.0	1.3	0.7
Cold Ischemic Time (Hours): Shared (%)			
Deceased: 0-11 hr	8.5	5.8	6.3
Deceased: 12-21 hr	28.9	43.1	53.0
Deceased: 22-31 hr	50.2	40.1	33.9
Deceased: 32-41 hr	10.0	9.4	5.3
Deceased: 42+ hr	2.0	1.3	0.8
Not Reported	0.5	0.4	0.7
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	7.9	9.1	11.6
1	38.0	38.4	39.5
2	54.1	52.3	48.6
Not Reported	0.0	0.2	0.2
B Locus Mismatches (%)			
0	4.1	5.3	7.3
1	20.2	21.7	24.7
2	75.6	72.8	67.8
Not Reported	0.0	0.2	0.2
DR Locus Mismatches (%)			
0	7.9	12.2	15.2
1	35.1	41.5	45.4
2	57.0	46.0	39.2
Not Reported	0.0	0.2	0.2
Total Mismatches (%)			
0	0.4	3.5	4.7
1	1.7	0.7	1.0
2	1.2	2.4	4.3
3	8.7	11.1	13.3
4	26.9	26.5	26.9
5	37.2	35.0	32.5
6	24.0	20.7	17.0
Not Reported	0.0	0.2	0.2
Procedure Type (%)			
Single organ	88.0	93.3	94.4
Multi organ	12.0	6.7	5.6
Dialysis in First Week After Transplant (%)			
Yes	33.5	38.7	33.8
No	66.5	61.3	66.2
Not Reported	0.0	0.0	0.0
Donor Location (%)			
Local Donation Service Area (DSA)	16.9	19.4	38.3
Another Donation Service Area (DSA)	83.1	80.6	61.7
Median Time in Hospital After Transplant	6.0 Days	5.0 Days	5.0 Days

C. Transplant Information

Table C4L. Living donor transplant characteristics
Transplants performed between 01/01/2024 and 12/31/2024

Transplant Characteristic	Percentage in each category		
	Center (N=96)	Region (N=550)	U.S. (N=6,418)
Relation with Donor (%)			
Related	26.0	38.7	35.6
Unrelated	74.0	60.9	63.9
Not Reported	0.0	0.4	0.5
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	5.2	14.2	16.2
1	20.8	44.7	47.8
2	9.4	28.7	32.5
Not Reported	64.6	12.4	3.5
B Locus Mismatches (%)			
0	1.0	11.5	9.6
1	11.5	38.5	40.9
2	22.9	37.6	46.0
Not Reported	64.6	12.4	3.5
DR Locus Mismatches (%)			
0	11.5	22.2	17.3
1	10.4	43.1	46.5
2	13.5	22.4	32.7
Not Reported	64.6	12.4	3.5
Total Mismatches (%)			
0	0.0	6.0	4.7
1	1.0	4.0	3.6
2	4.2	10.5	10.9
3	7.3	22.2	22.0
4	10.4	16.2	18.9
5	10.4	19.3	23.1
6	2.1	9.5	13.4
Not Reported	64.6	12.4	3.5
Procedure Type (%)			
Single organ	100.0	100.0	100.0
Multi organ	0.0	0.0	0.0
Dialysis in First Week After Transplant (%)			
Yes	2.1	2.4	2.5
No	97.9	97.6	97.5
Not Reported	0.0	0.0	0.1
Median Time in Hospital After Transplant	4.0 Days	4.0 Days	4.0 Days

C. Transplant Information

Table C5. Adult (18+) 1-month survival with a functioning graft

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	776	61,615
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	99.10% [98.43%-99.77%]	98.46% [98.37%-98.56%]
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	7	946
Number of expected graft failures (including deaths) during the first month after transplant	13.45	--
Estimated hazard ratio*	0.58	--
95% credible interval for the hazard ratio**	[0.27, 1.02]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.27, 1.02], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 42% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 73% reduced risk up to 2% increased risk.

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

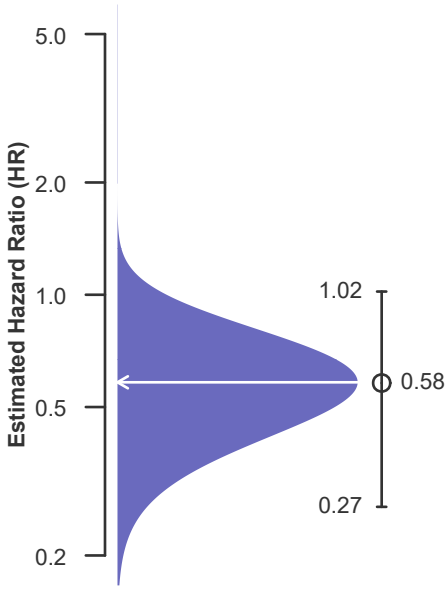
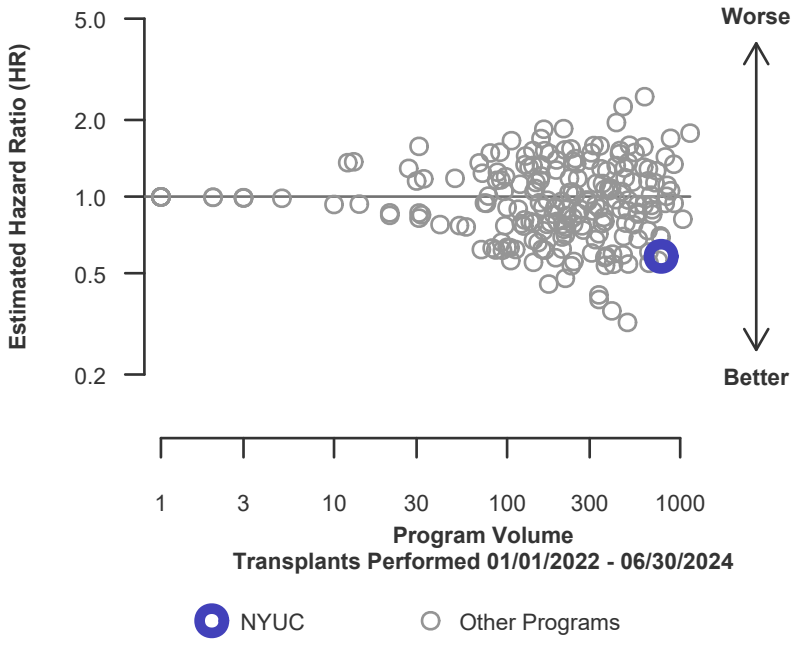


Figure C2. Adult (18+) 1-month graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	581	46,918
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	98.80% [97.91%-99.69%]	98.20% [98.08%-98.32%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.92%	--
Number of observed graft failures (including deaths) during the first month after transplant	7	846
Number of expected graft failures (including deaths) during the first month after transplant	12.20	--
Estimated hazard ratio*	0.63	--
95% credible interval for the hazard ratio**	[0.29, 1.11]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.29, 1.11], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 37% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 71% reduced risk up to 11% increased risk.

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

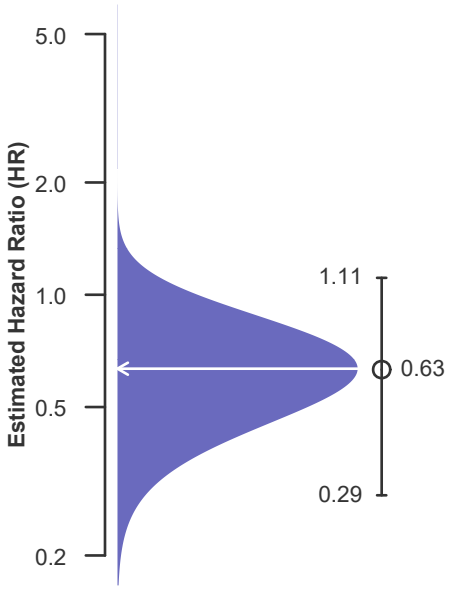
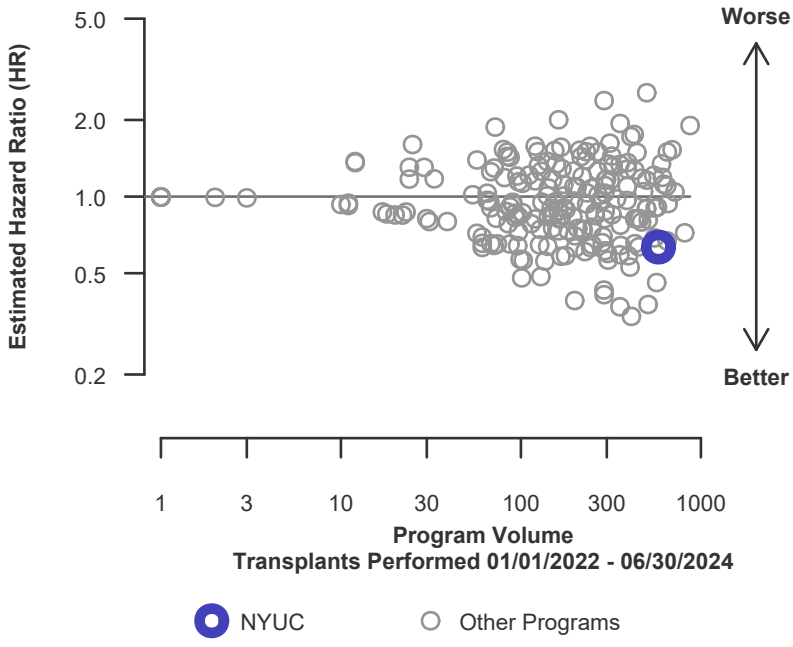


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	195	14,697
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%]	99.32% [99.19%-99.45%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.36%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	100
Number of expected graft failures (including deaths) during the first month after transplant	1.25	--
Estimated hazard ratio*	0.62	--
95% credible interval for the hazard ratio**	[0.07, 1.72]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.07, 1.72], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 38% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 93% reduced risk up to 72% increased risk.

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

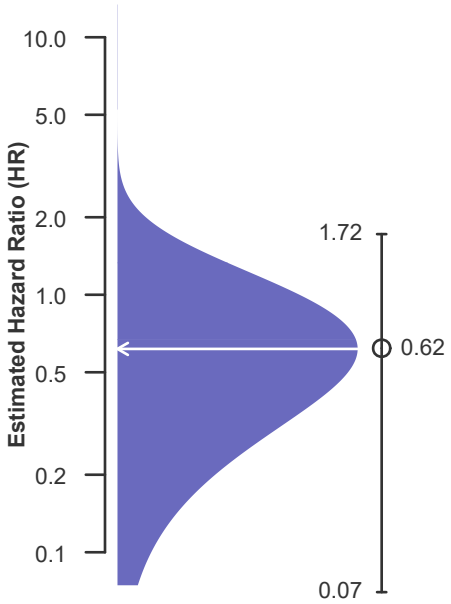
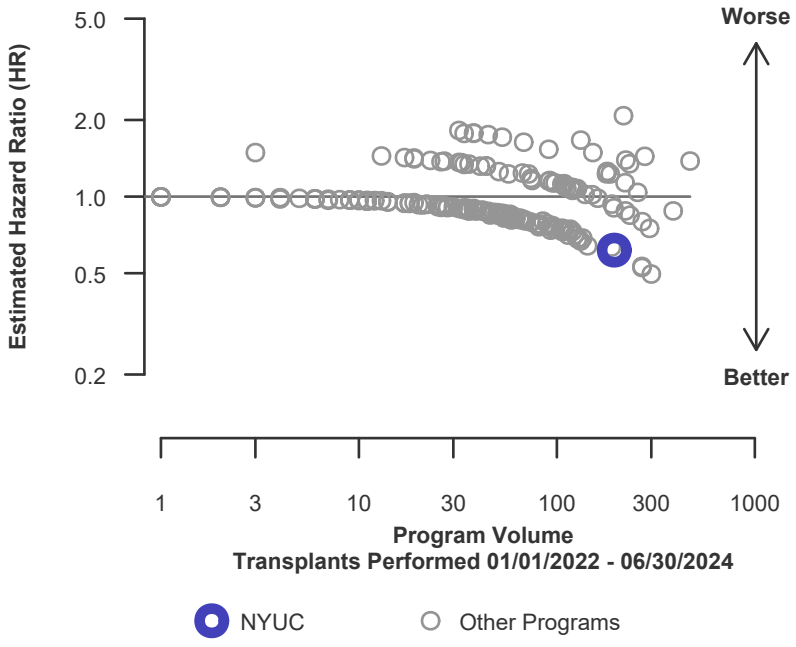


Figure C2L. Adult (18+) 1-month living donor graft failure HR program comparison



C. Transplant Information

Table C6. Adult (18+) 90-Day survival with a functioning graft

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	776	61,615
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	98.84% [98.09%-99.60%]	97.28% [97.15%-97.41%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	96.95%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	9	1,677
Number of expected graft failures (including deaths) during the first 90 days after transplant	24.01	--
Estimated hazard ratio*	0.42	--
95% credible interval for the hazard ratio**	[0.21, 0.71]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.21, 0.71], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 58% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 79% reduced risk up to 29% reduced risk.

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

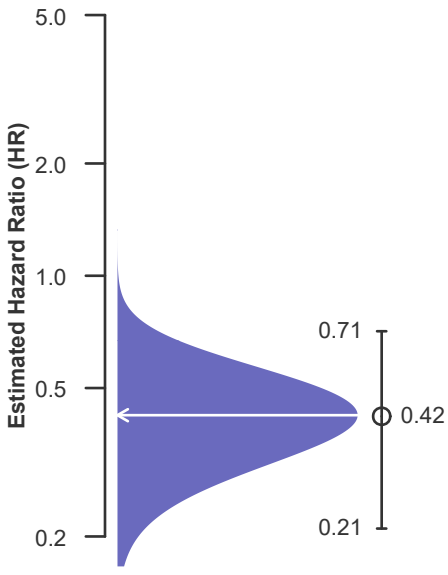
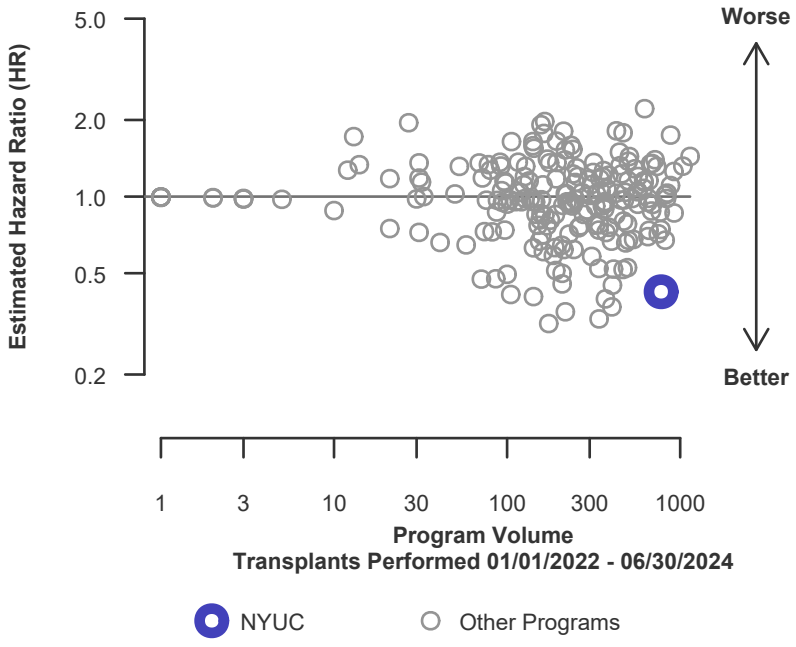


Figure C4. Adult (18+) 90-Day graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	581	46,918
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	98.45% [97.45%-99.46%]	96.75% [96.59%-96.91%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	96.26%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	9	1,523
Number of expected graft failures (including deaths) during the first 90 days after transplant	22.09	--
Estimated hazard ratio*	0.46	--
95% credible interval for the hazard ratio**	[0.23, 0.76]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.23, 0.76], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 54% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 77% reduced risk up to 24% reduced risk.

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

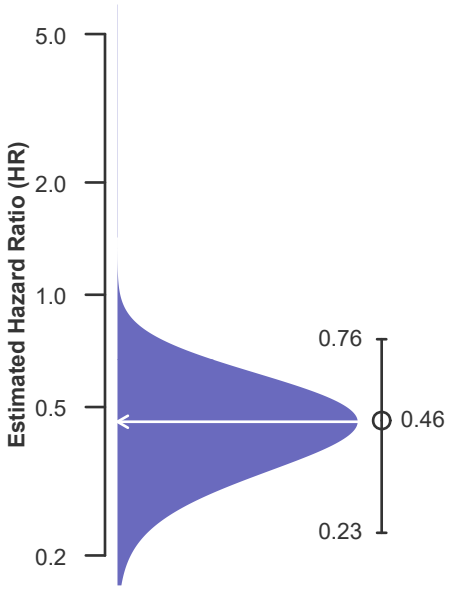
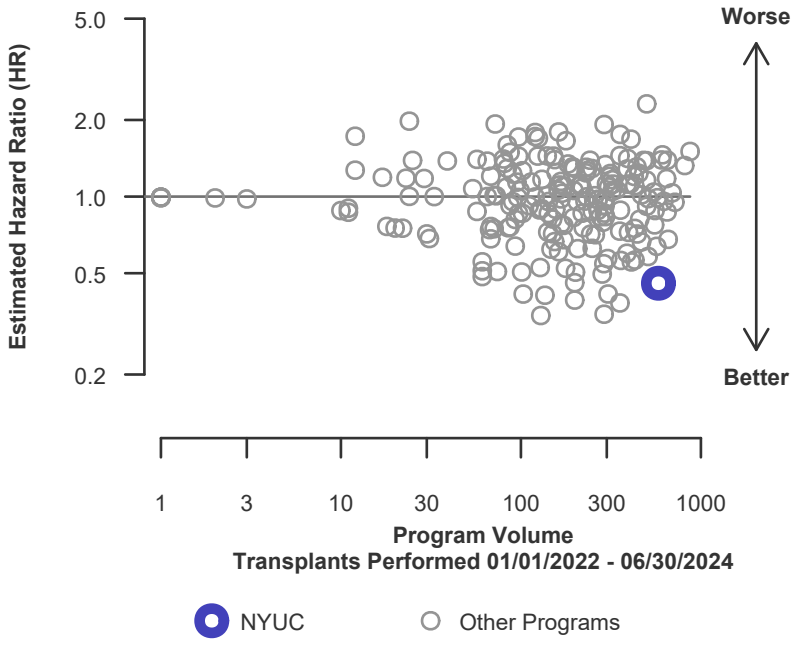


Figure C4D. Adult (18+) 90-Day deceased donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	195	14,697
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%]	98.95% [98.79%-99.12%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	99.02%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	154
Number of expected graft failures (including deaths) during the first 90 days after transplant	1.92	--
Estimated hazard ratio*	0.51	--
95% credible interval for the hazard ratio**	[0.06, 1.42]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.06, 1.42], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 49% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 94% reduced risk up to 42% increased risk.

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

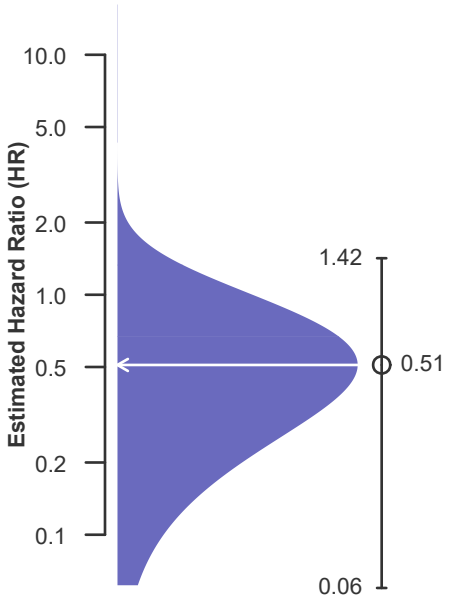
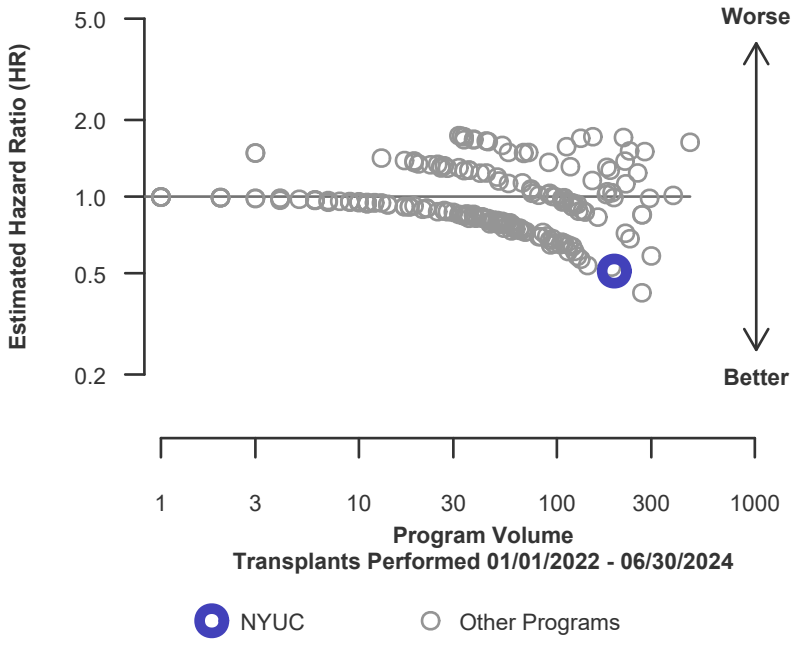


Figure C4L. Adult (18+) 90-Day living donor graft failure HR program comparison



C. Transplant Information

Table C7. Adult (18+) 1-year survival with a functioning graft

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	776	61,615
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	97.00% [95.73%-98.28%]	95.01% [94.84%-95.19%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	94.40%	--
Number of observed graft failures (including deaths) during the first year after transplant	21	2,893
Number of expected graft failures (including deaths) during the first year after transplant	42.01	--
Estimated hazard ratio*	0.52	--
95% credible interval for the hazard ratio**	[0.33, 0.76]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.33, 0.76], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 48% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 67% reduced risk up to 24% reduced risk.

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

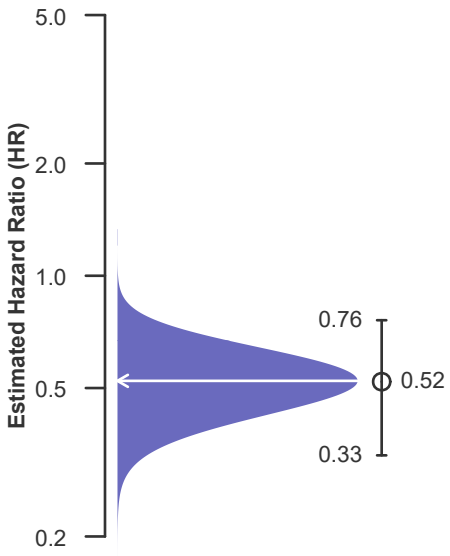
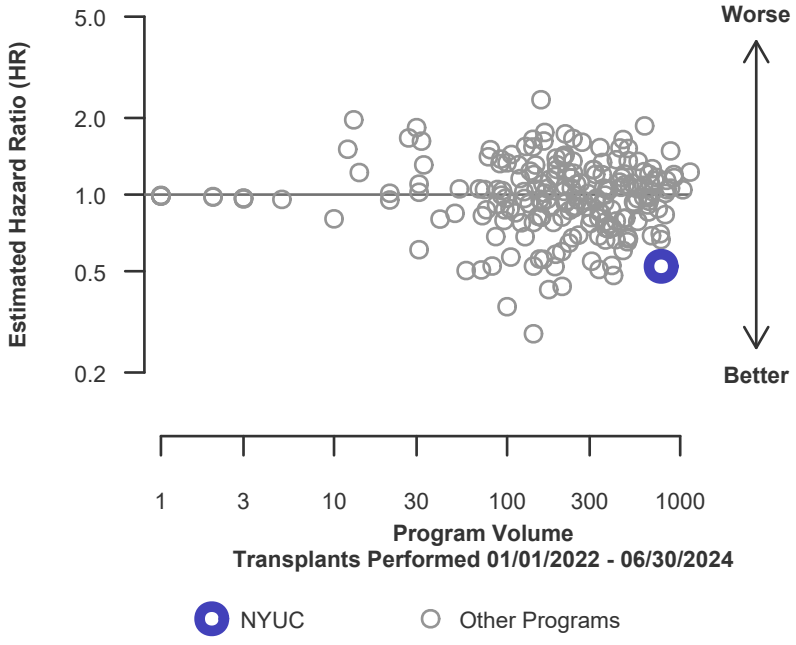


Figure C6. Adult (18+) 1-year graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	581	46,918
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	96.05% [94.39%-97.73%]	94.09% [93.87%-94.31%]
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	21	2,616
Number of expected graft failures (including deaths) during the first year after transplant	38.63	--
Estimated hazard ratio*	0.57	--
95% credible interval for the hazard ratio**	[0.36, 0.82]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.36, 0.82], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 43% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 64% reduced risk up to 18% reduced risk.

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

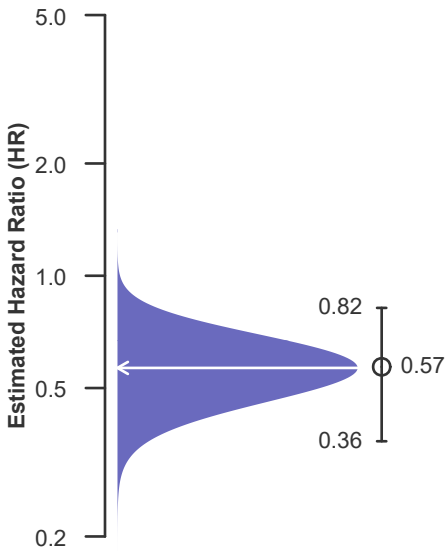
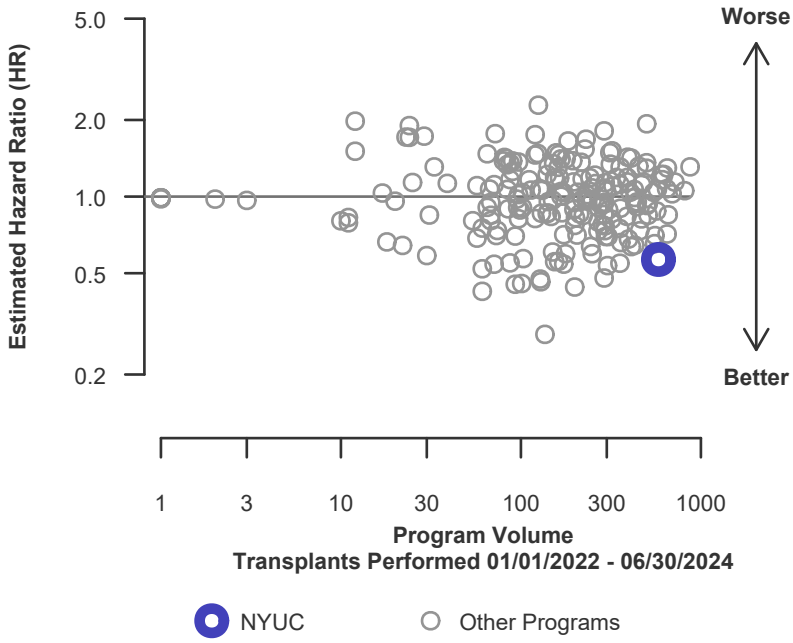


Figure C6D. Adult (18+) 1-year deceased donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	195	14,697
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%]	97.97% [97.73%-98.21%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	98.10%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	277
Number of expected graft failures (including deaths) during the first year after transplant	3.38	--
Estimated hazard ratio*	0.37	--
95% credible interval for the hazard ratio**	[0.05, 1.04]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.05, 1.04], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 63% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 95% reduced risk up to 4% increased risk.

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

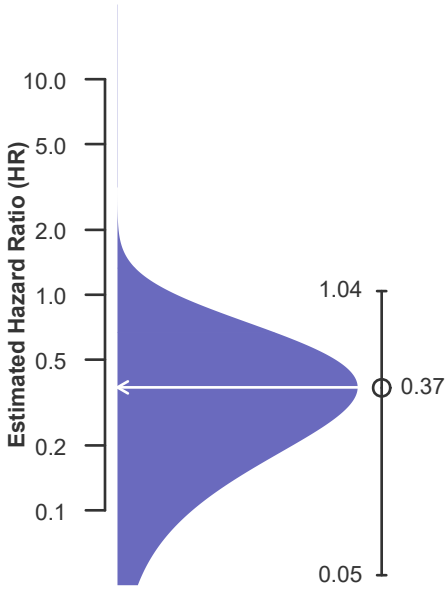
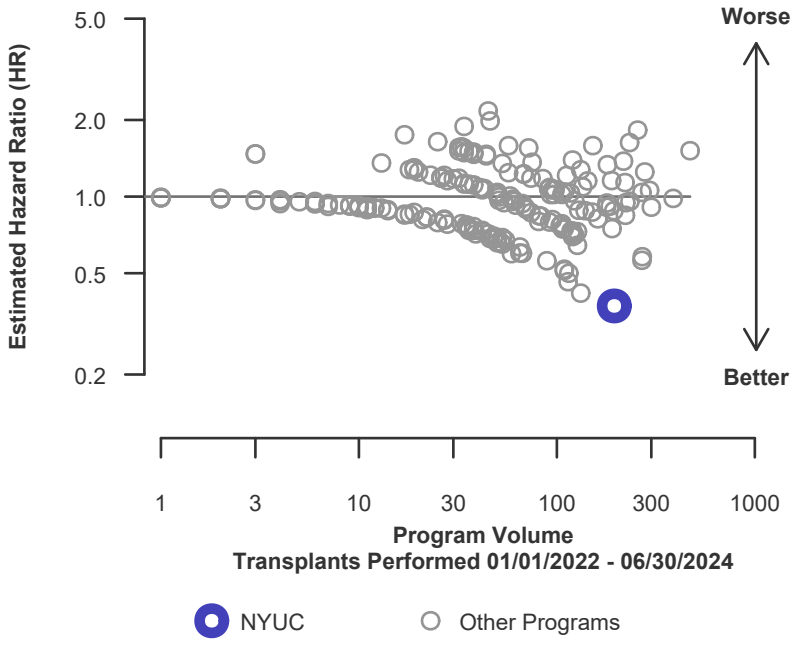


Figure C6L. Adult (18+) 1-year living donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	767	59,938
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)	98.13% [97.59%-98.68%]	97.67% [97.62%-97.73%]
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)	97.37%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	12	1,216
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	17.99	--
Estimated hazard ratio*	0.70	--
95% credible interval for the hazard ratio**	[0.38, 1.11]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.38, 1.11], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 30% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 62% reduced risk up to 11% increased risk.

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

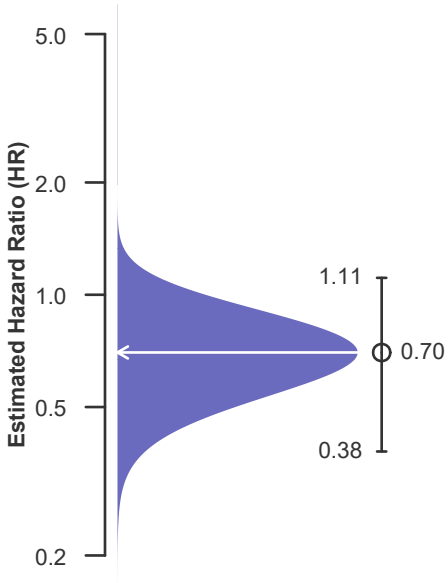
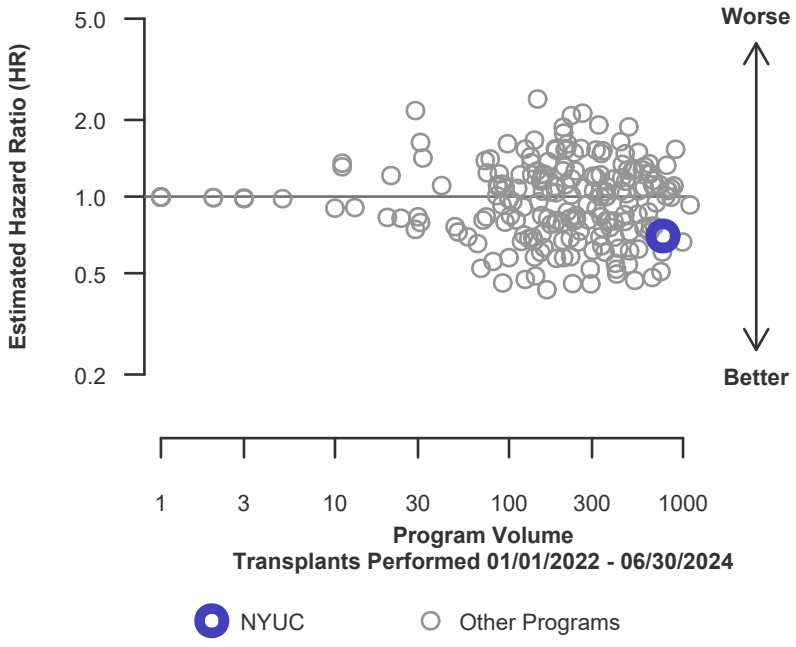


Figure C8. Adult (18+) 1-year Conditional graft failure HR program comparison



C. Transplant Information

Table C8D. Adult (18+) 1-year Conditional survival with a functioning deceased donor graft

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	572	45,395
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)	97.56% [96.86%-98.26%]	97.25% [97.18%-97.31%]
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)	96.78%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	12	1,093
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	16.54	--
Estimated hazard ratio*	0.76	--
95% credible interval for the hazard ratio**	[0.41, 1.20]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.41, 1.20], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 24% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 59% reduced risk up to 20% increased risk.

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

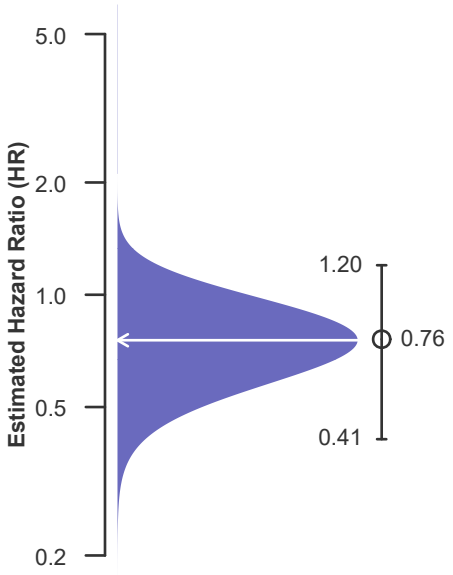
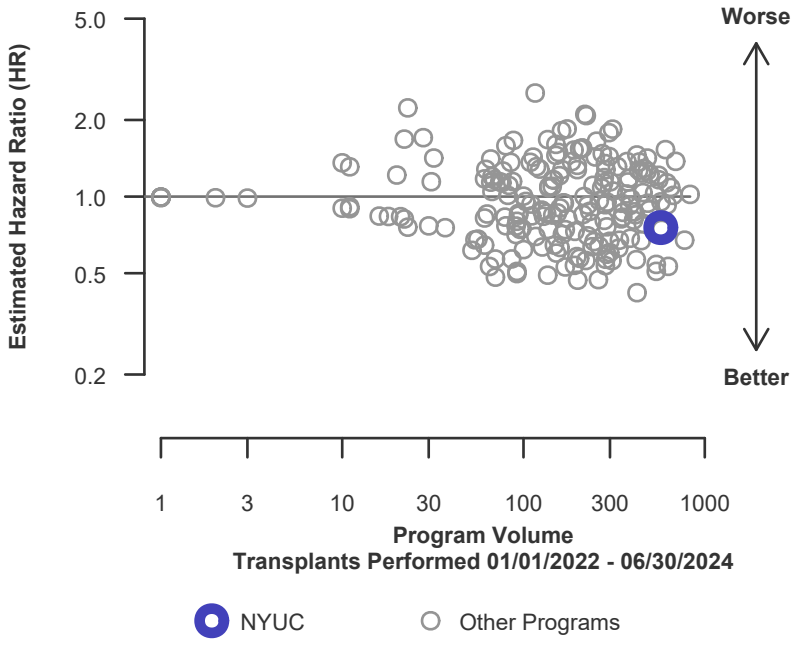


Figure C8D. Adult (18+) 1-year Conditional deceased donor graft failure HR program comparison



C. Transplant Information

Table C8L. Adult (18+) 1-year Conditional survival with a functioning living donor graft

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	195	14,543
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%]	99.01% [98.93%-99.08%]
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)	99.07%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	123
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	1.46	--
Estimated hazard ratio*	0.58	--
95% credible interval for the hazard ratio**	[0.07, 1.61]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.07, 1.61], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 42% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 93% reduced risk up to 61% increased risk.

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

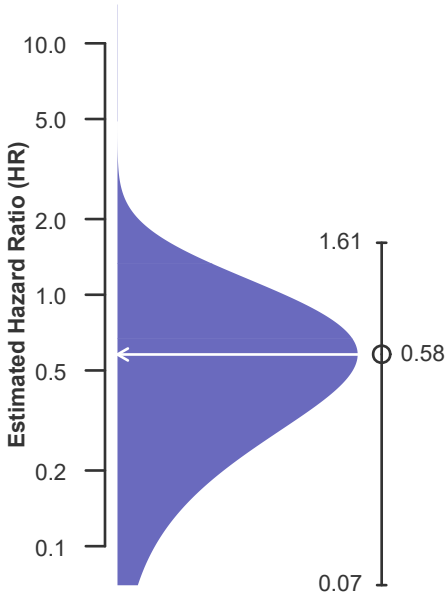
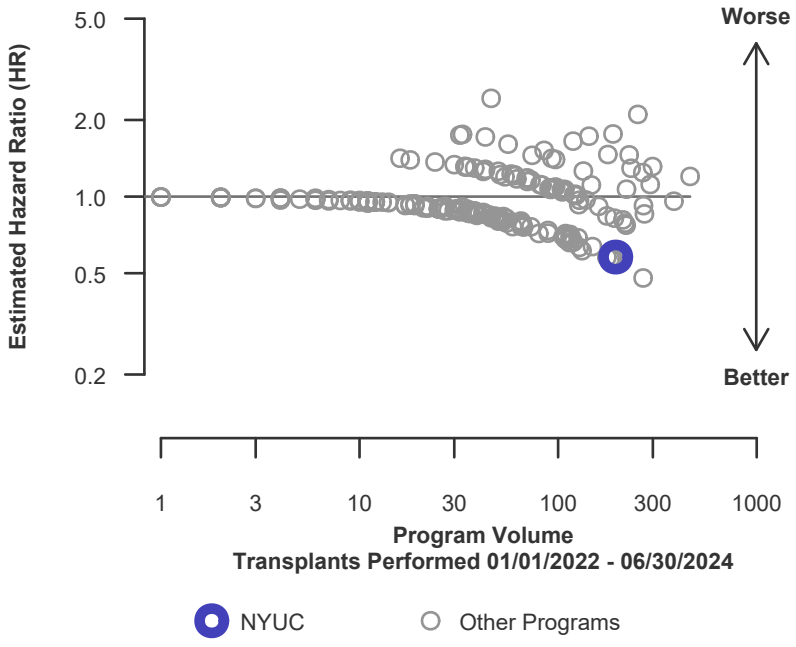


Figure C8L. Adult (18+) 1-year Conditional living donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2019 and 03/12/2020, and 06/13/2020 and 12/31/2021
Deaths and retransplants are considered graft failures
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NYUC	U.S.
Number of transplants evaluated	552	50,453
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	86.94% [83.83%-90.16%]	87.33% [86.99%-87.67%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	85.82%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	58	4,896
Number of expected graft failures (including deaths) during the first 3 years after transplant	64.58	--
Estimated hazard ratio*	0.90	--
95% credible interval for the hazard ratio**	[0.69, 1.14]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.69, 1.14], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 10% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 31% reduced risk up to 14% increased risk.

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

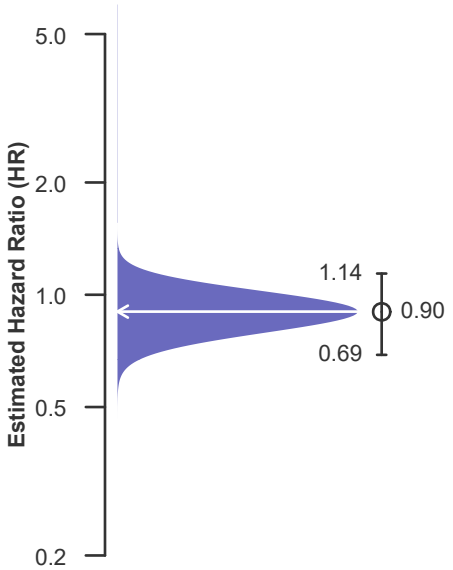
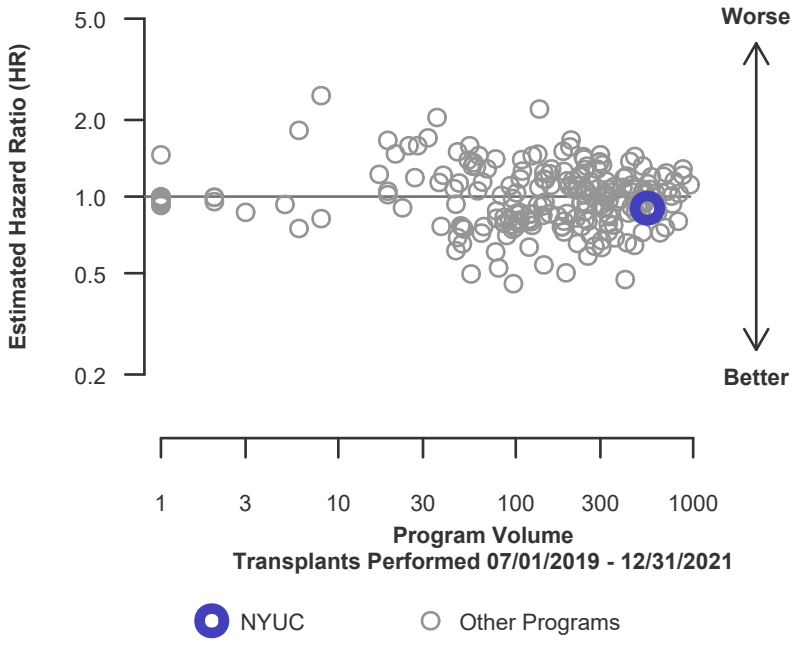


Figure C10. Adult (18+) 3-year graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2019 and 03/12/2020, and 06/13/2020 and 12/31/2021
Deaths and retransplants are considered graft failures
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NYUC	U.S.
Number of transplants evaluated	394	37,045
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	83.77% [79.78%-87.95%]	85.15% [84.74%-85.57%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	82.83%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	52	4,272
Number of expected graft failures (including deaths) during the first 3 years after transplant	56.33	--
Estimated hazard ratio*	0.93	--
95% credible interval for the hazard ratio**	[0.70, 1.19]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.70, 1.19], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 7% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 30% reduced risk up to 19% increased risk.

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

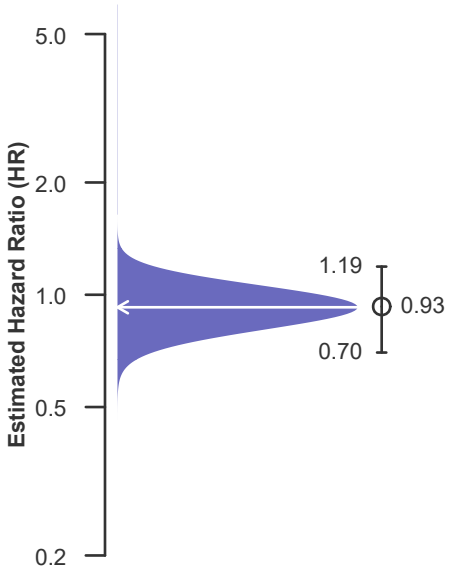
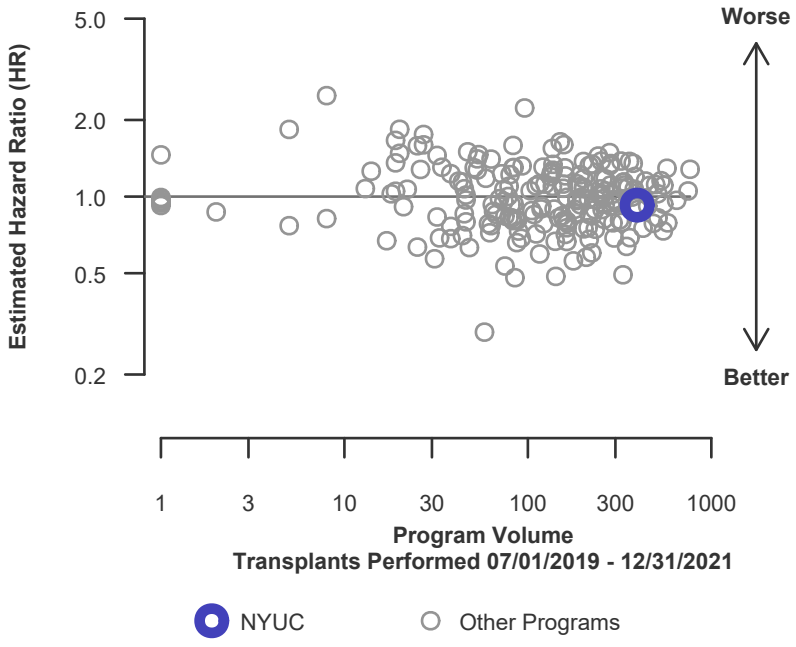


Figure C10D. Adult (18+) 3-year deceased donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2019 and 03/12/2020, and 06/13/2020 and 12/31/2021
Deaths and retransplants are considered graft failures
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NYUC	U.S.
Number of transplants evaluated	158	13,408
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	94.98% [91.12%-99.00%]	93.63% [93.14%-94.12%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	93.28%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	6	624
Number of expected graft failures (including deaths) during the first 3 years after transplant	8.25	--
Estimated hazard ratio*	0.78	--
95% credible interval for the hazard ratio**	[0.34, 1.41]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.34, 1.41], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 22% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 66% reduced risk up to 41% increased risk.

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

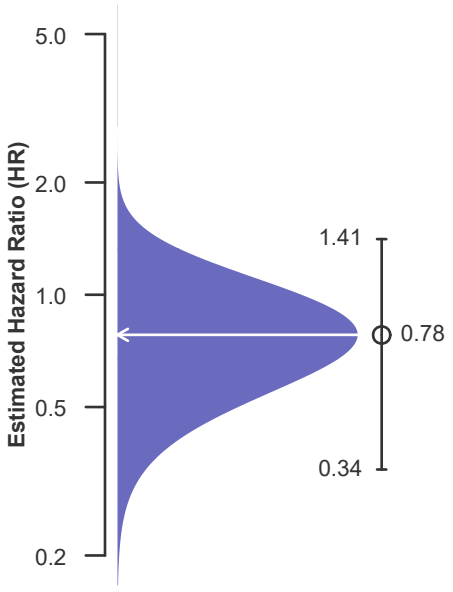
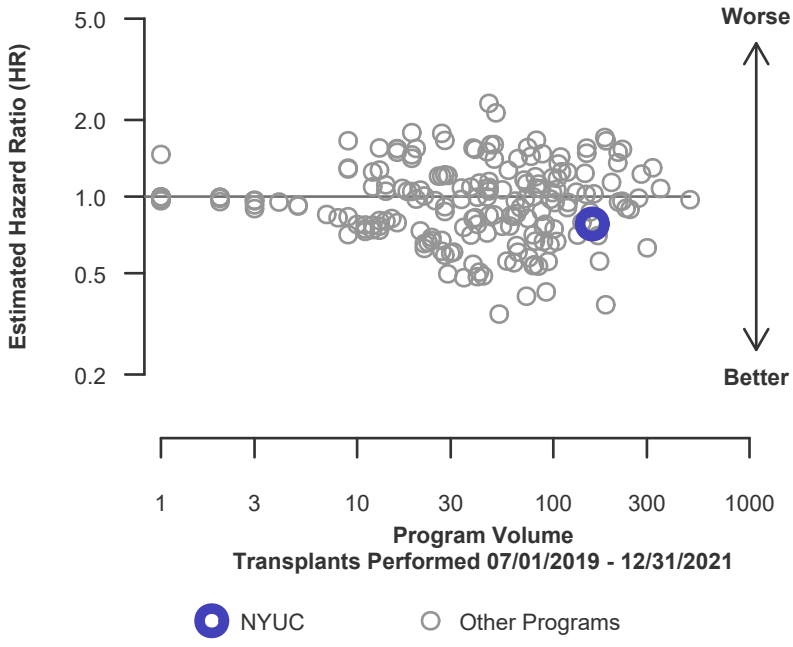


Figure C10L. Adult (18+) 3-year living donor graft failure HR program comparison



C. Transplant Information

Table C10. Pediatric (<18) 1-month survival with a functioning graft

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	9	2,155
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%]	98.65% [98.17%-99.14%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.86%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	29
Number of expected graft failures (including deaths) during the first month 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 NYU Langone Health'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 NYUC's graft failure 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 NYUC's true hazard ratio with 95% probability. The best estimate is 5% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 165% increased risk.

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

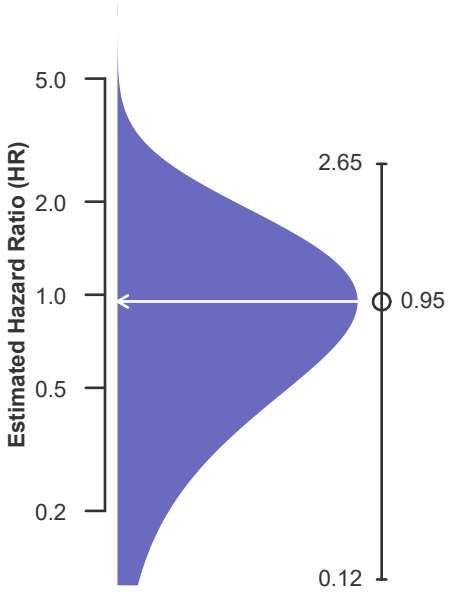
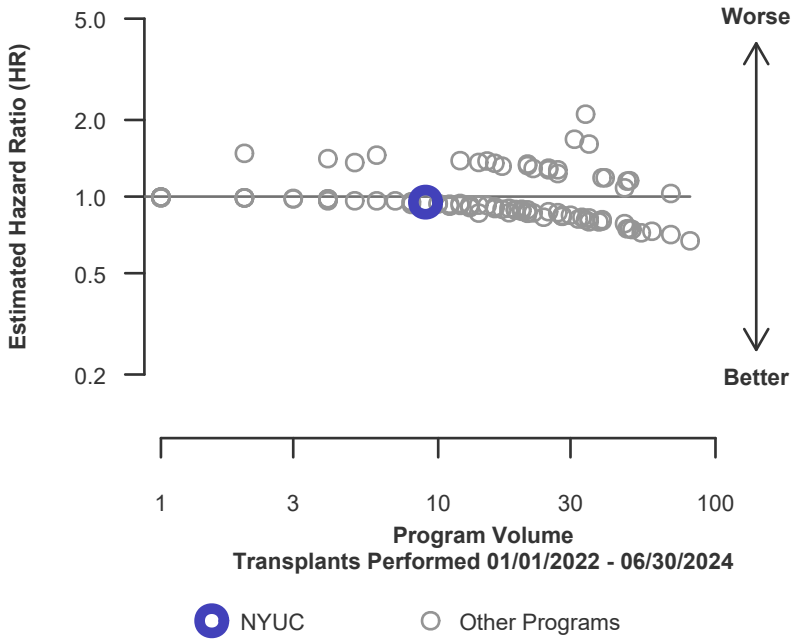


Figure C12. Pediatric (<18) 1-month graft failure HR program comparison



C. Transplant Information

Table C10D. Pediatric (<18) 1-month survival with a functioning deceased donor graft

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	6	1,538
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%]	98.63% [98.06%-99.22%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.94%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	21
Number of expected graft failures (including deaths) during the first month after transplant	0.06	--
Estimated hazard ratio*	0.97	--
95% credible interval for the hazard ratio**	[0.12, 2.70]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.70], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 3% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 170% increased risk.

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

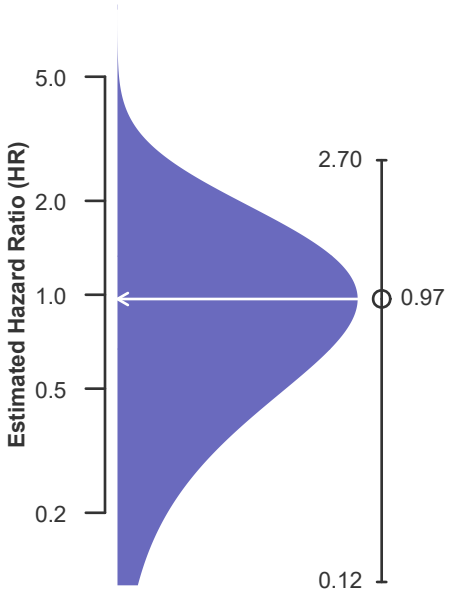
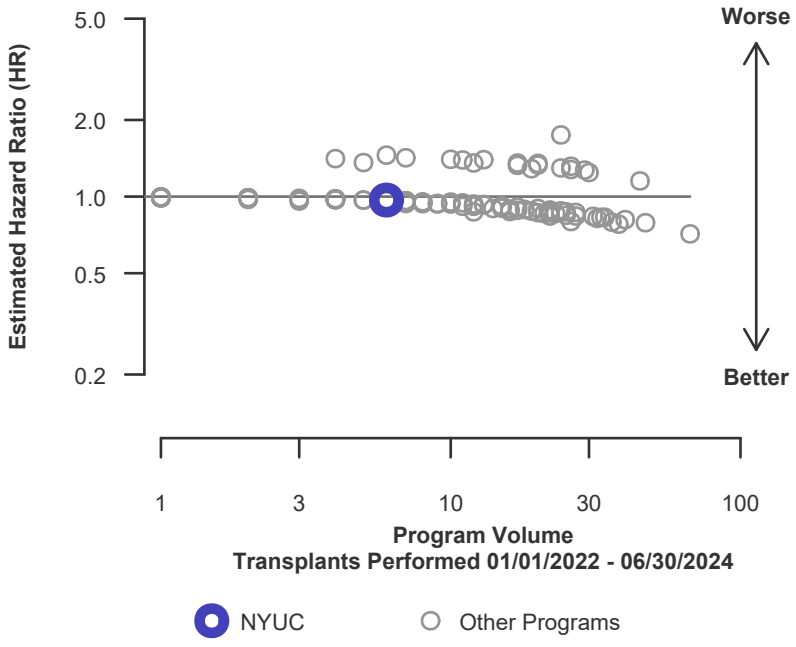


Figure C12D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison



C. Transplant Information

Table C10L. Pediatric (<18) 1-month survival with a functioning living donor graft

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	3	617
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%]	98.70% [97.81%-99.60%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.70%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	8
Number of expected graft failures (including deaths) during the first month 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 NYU Langone Health'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 NYUC'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 NYUC's true hazard ratio with 95% probability. The best estimate is 2% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 173% increased risk.

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

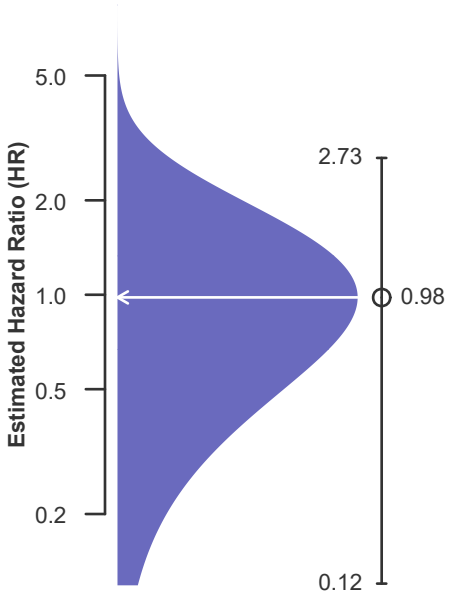
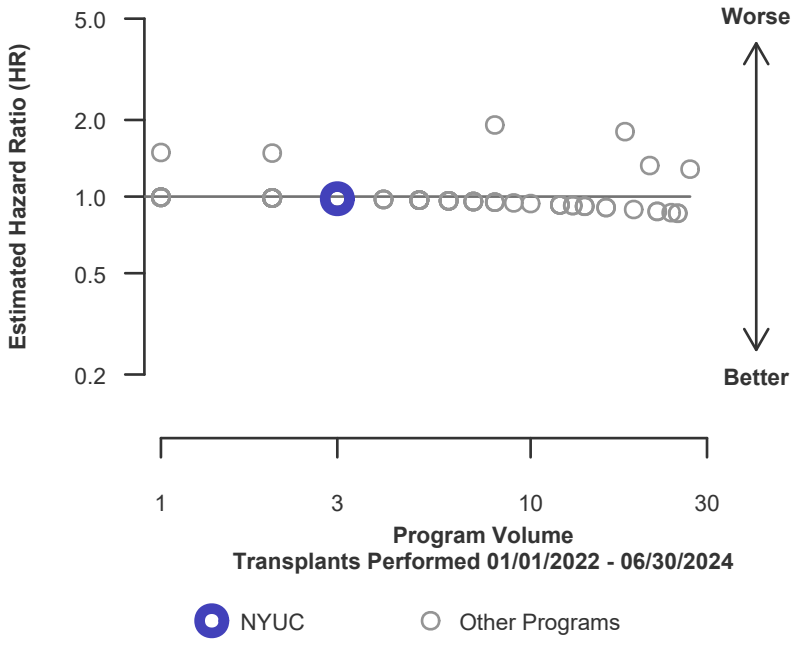


Figure C12L. Pediatric (<18) 1-month living donor graft failure HR program comparison



C. Transplant Information

Table C11. Pediatric (<18) 90-Day survival with a functioning graft

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	9	2,155
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%]	98.10% [97.52%-98.68%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	98.40%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	41
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.15	--
Estimated hazard ratio*	0.93	--
95% credible interval for the hazard ratio**	[0.11, 2.60]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC'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 NYUC's true hazard ratio with 95% probability. The best estimate is 7% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 89% reduced risk up to 160% increased risk.

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

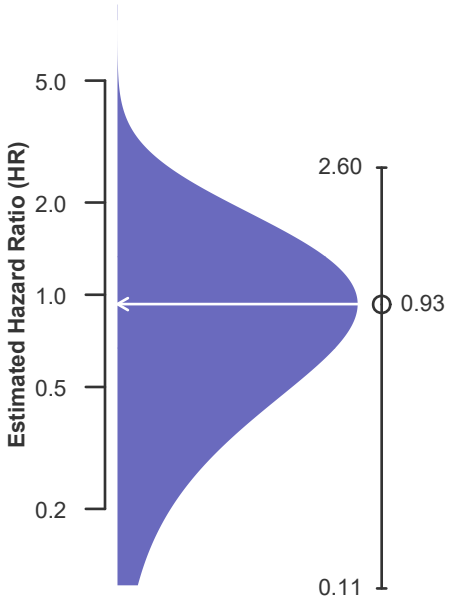
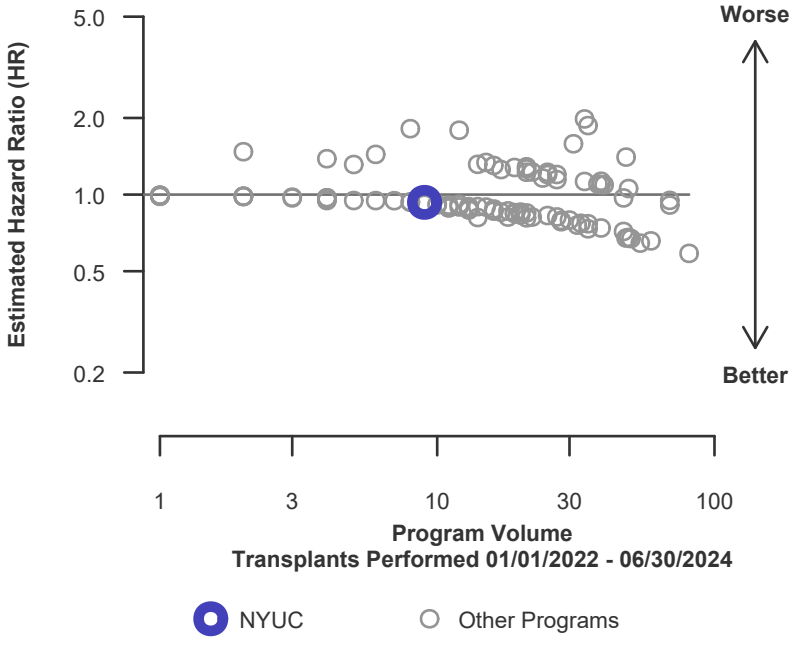


Figure C14. Pediatric (<18) 90-Day graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	6	1,538
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%]	98.05% [97.36%-98.74%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	98.49%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	30
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.09	--
Estimated hazard ratio*	0.96	--
95% credible interval for the hazard ratio**	[0.12, 2.66]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.66], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 4% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 166% increased risk.

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

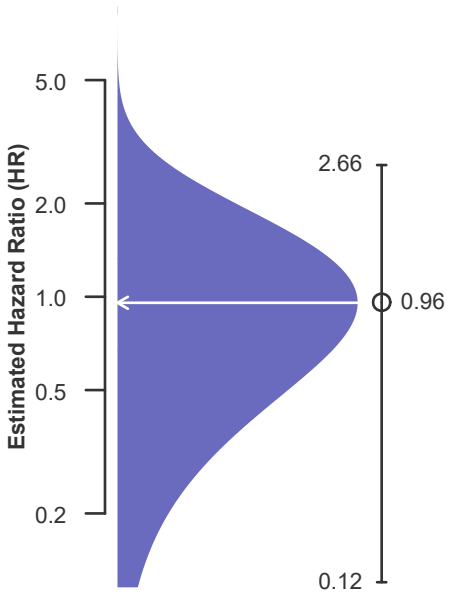
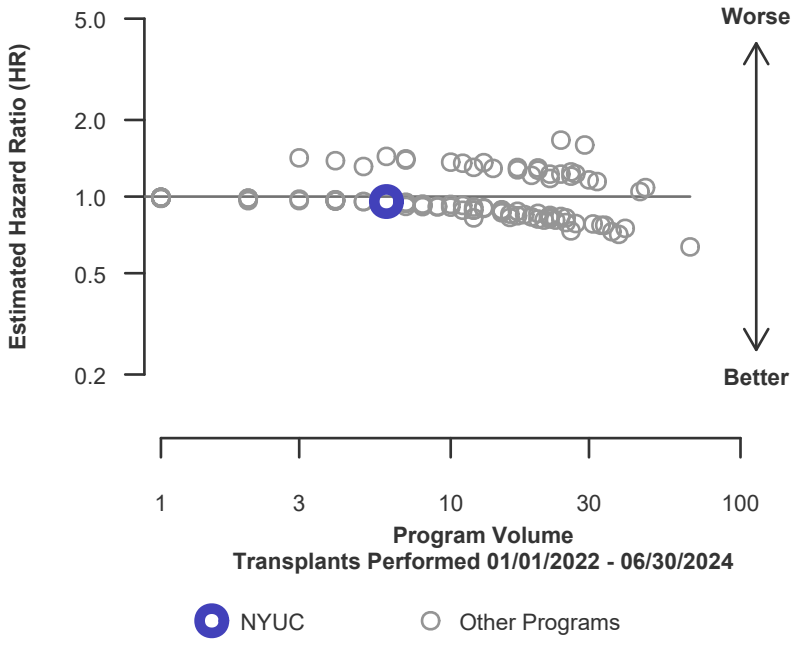


Figure C14D. Pediatric (<18) 90-Day deceased donor graft failure HR program comparison



C. Transplant Information

Table C11L. Pediatric (<18) 90-Day survival with a functioning living donor graft

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	3	617
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%]	98.22% [97.18%-99.27%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	98.22%	--
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	0.05	--
Estimated hazard ratio*	0.97	--
95% credible interval for the hazard ratio**	[0.12, 2.71]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure 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 NYUC's true hazard ratio with 95% probability. The best estimate is 3% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 171% increased risk.

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

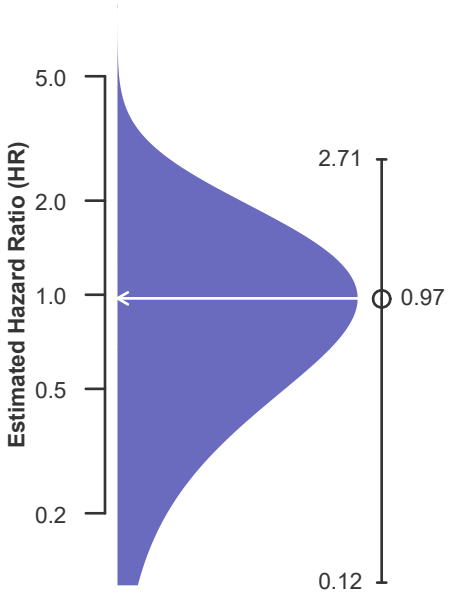
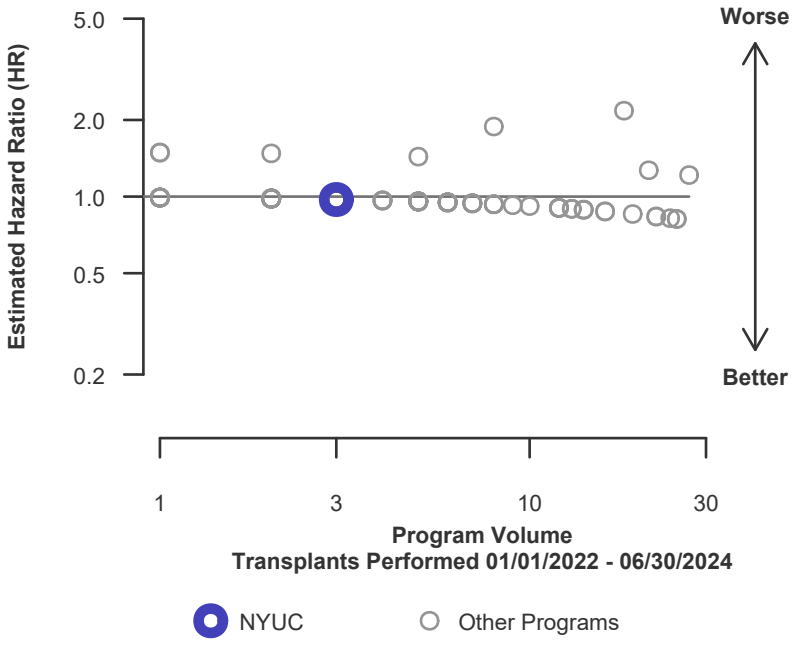


Figure C14L. Pediatric (<18) 90-Day living donor graft failure HR program comparison



C. Transplant Information

Table C12. Pediatric (<18) 1-year survival with a functioning graft

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	9	2,155
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%]	96.87% [96.11%-97.64%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.42%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	63
Number of expected graft failures (including deaths) during the first year after transplant	0.23	--
Estimated hazard ratio*	0.90	--
95% credible interval for the hazard ratio**	[0.11, 2.50]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.50], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 10% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 89% reduced risk up to 150% increased risk.

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

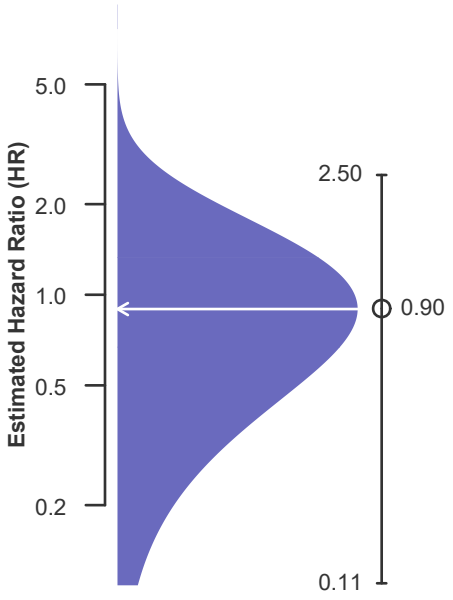
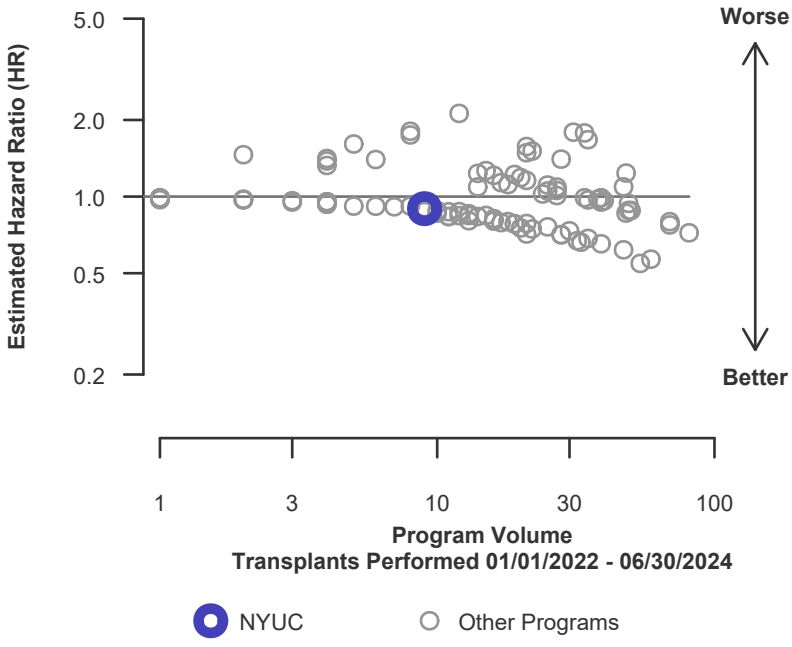


Figure C16. Pediatric (<18) 1-year graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	6	1,538
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%]	96.55% [95.60%-97.51%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.31%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	49
Number of expected graft failures (including deaths) during the first year after transplant	0.16	--
Estimated hazard ratio*	0.92	--
95% credible interval for the hazard ratio**	[0.11, 2.57]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.57], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 8% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 89% reduced risk up to 157% increased risk.

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

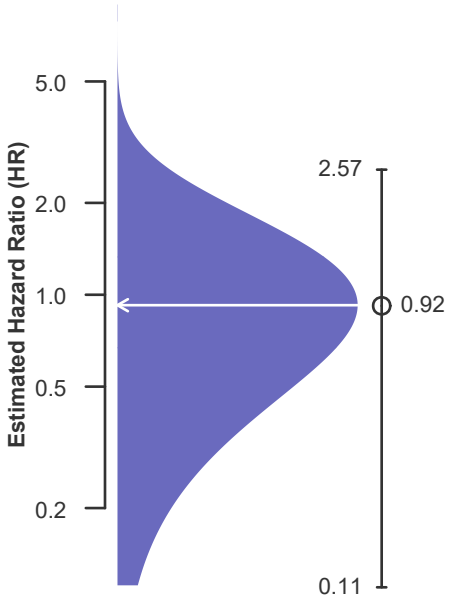
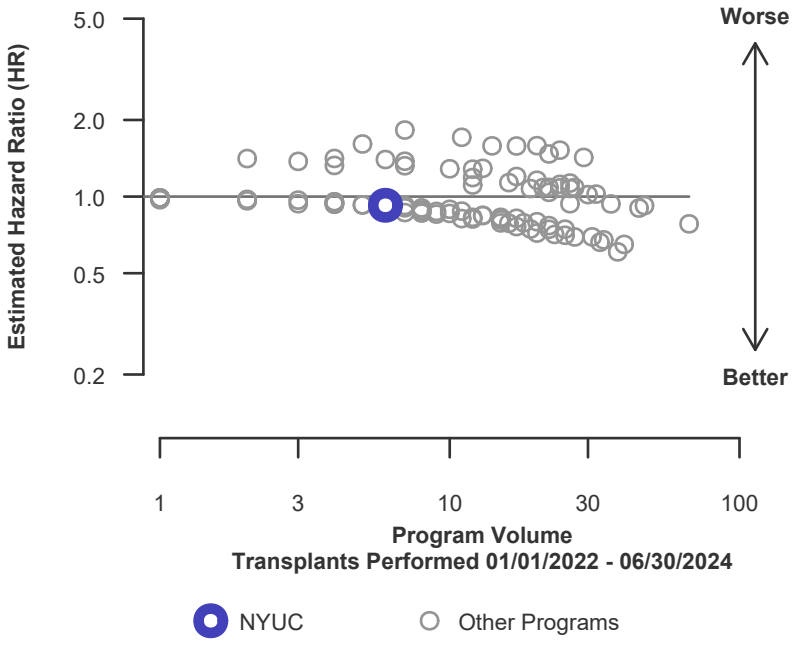


Figure C16D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison



C. Transplant Information

Table C12L. Pediatric (<18) 1-year survival with a functioning living donor graft

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	3	617
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%]	97.65% [96.44%-98.88%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.65%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	14
Number of expected graft failures (including deaths) during the first year after transplant	0.07	--
Estimated hazard ratio*	0.97	--
95% credible interval for the hazard ratio**	[0.12, 2.70]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.70], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 3% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 170% increased risk.

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

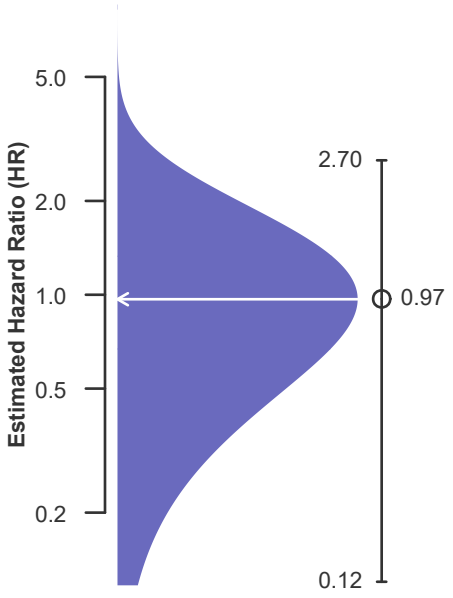
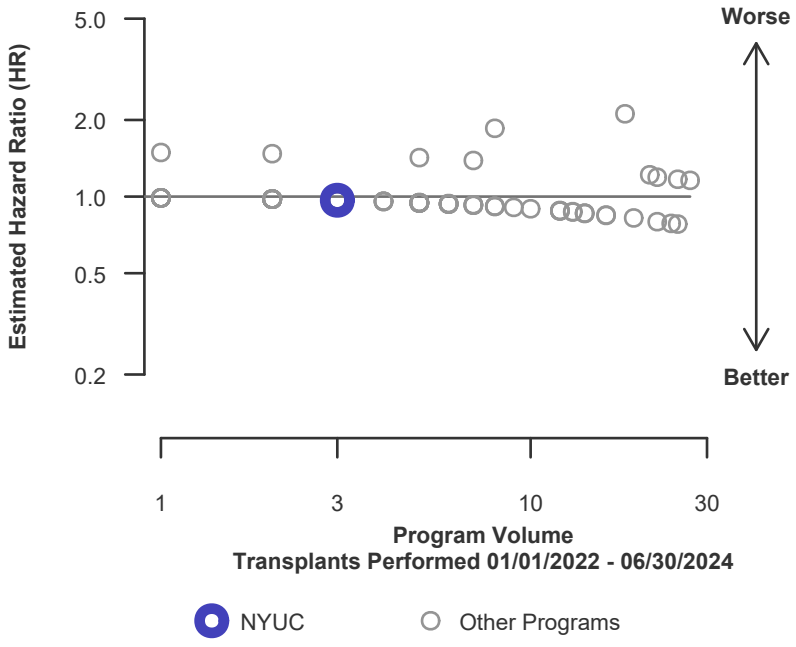


Figure C16L. Pediatric (<18) 1-year living donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	9	2,114
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%]	98.75% [98.55%-98.95%]
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)	99.01%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	22
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.09	--
Estimated hazard ratio*	0.96	--
95% credible interval for the hazard ratio**	[0.12, 2.67]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.67], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 4% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 167% increased risk.

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

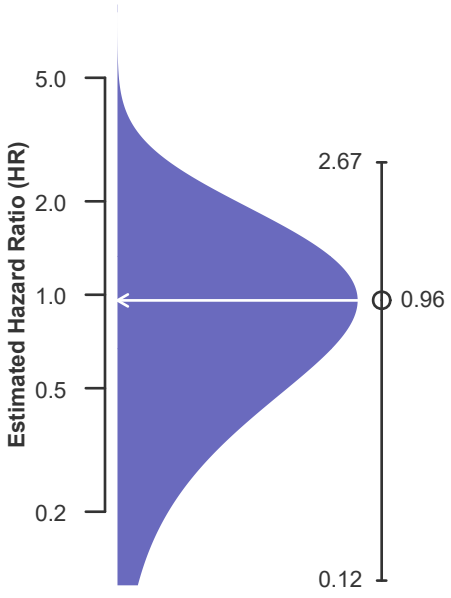
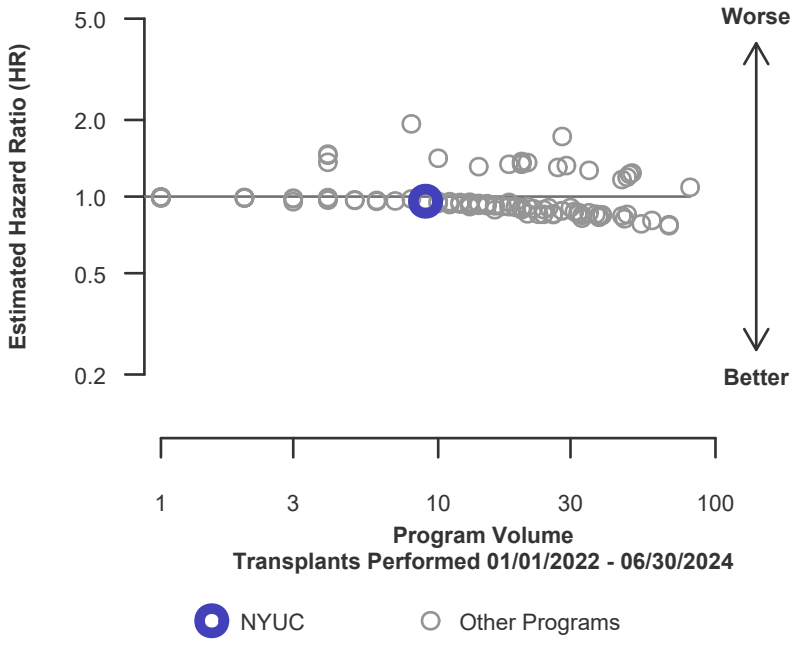


Figure C18. Pediatric (<18) 1-year Conditional graft failure HR program comparison



C. Transplant Information

Table C13D. Pediatric (<18) 1-year Conditional survival with a functioning deceased donor graft

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	6	1,508
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%]	98.47% [98.19%-98.75%]
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)	98.80%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	19
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.07	--
Estimated hazard ratio*	0.97	--
95% credible interval for the hazard ratio**	[0.12, 2.69]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.69], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 3% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 169% increased risk.

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

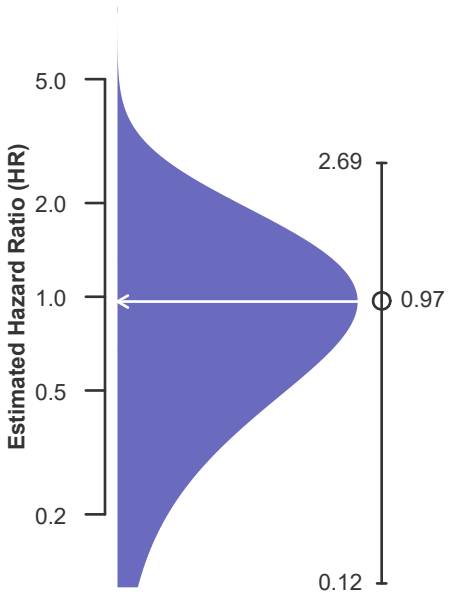
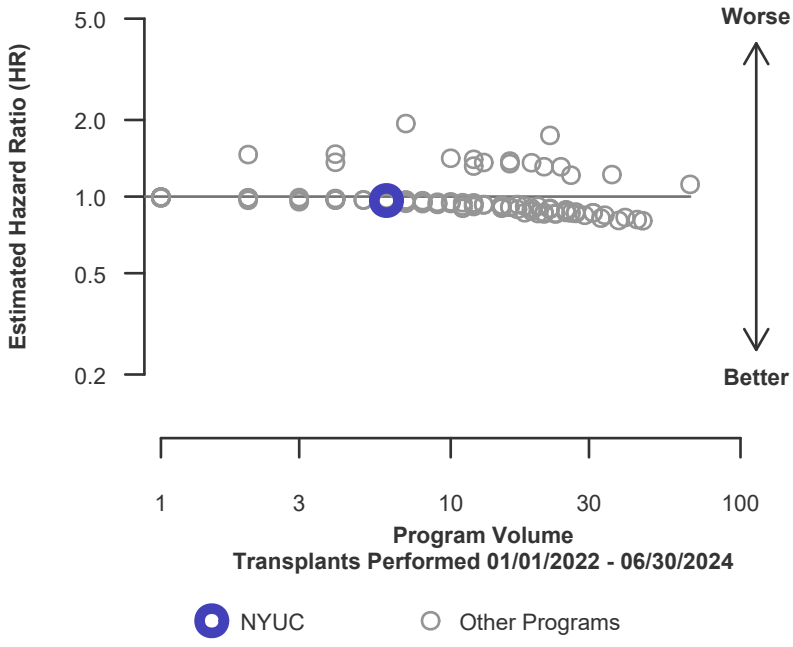


Figure C18D. Pediatric (<18) 1-year Conditional deceased donor graft failure HR program comparison



C. Transplant Information

Table C13L. Pediatric (<18) 1-year Conditional survival with a functioning living donor graft

Single organ transplants performed between 01/01/2022 and 06/30/2024
Deaths and retransplants are considered graft failures

	NYUC	U.S.
Number of transplants evaluated	3	606
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%]	99.42% [99.24%-99.61%]
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)	99.43%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	3
Number of expected graft failures (including deaths) from day 91 through day 365 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 NYU Langone Health'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 NYUC's graft failure 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 NYUC's true hazard ratio with 95% probability. The best estimate is 1% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 177% increased risk.

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

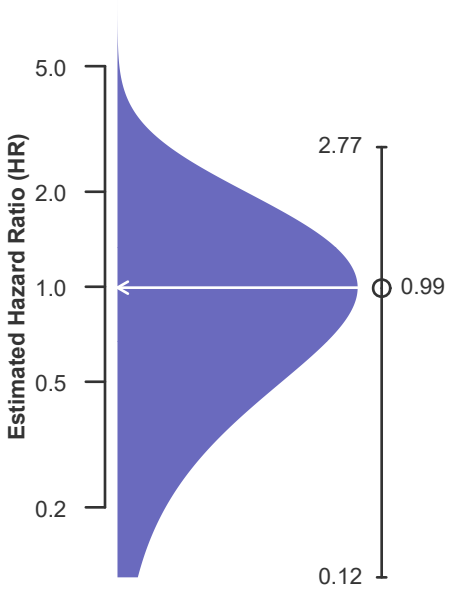
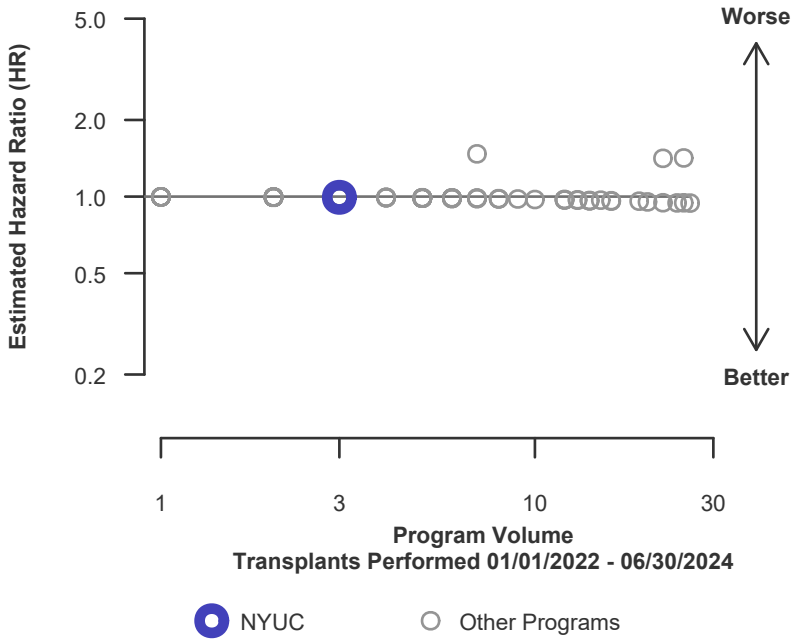


Figure C18L. Pediatric (<18) 1-year Conditional living donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2019 and 03/12/2020, and 06/13/2020 and 12/31/2021
Deaths and retransplants are considered graft failures
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NYUC	U.S.
Number of transplants evaluated	8	2,029
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	87.50% [67.34%-100.00%]	92.80% [91.51%-94.10%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	93.17%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	1	112
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.56	--
Estimated hazard ratio*	1.17	--
95% credible interval for the hazard ratio**	[0.24, 2.83]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.24, 2.83], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 17% higher risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 76% reduced risk up to 183% increased risk.

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

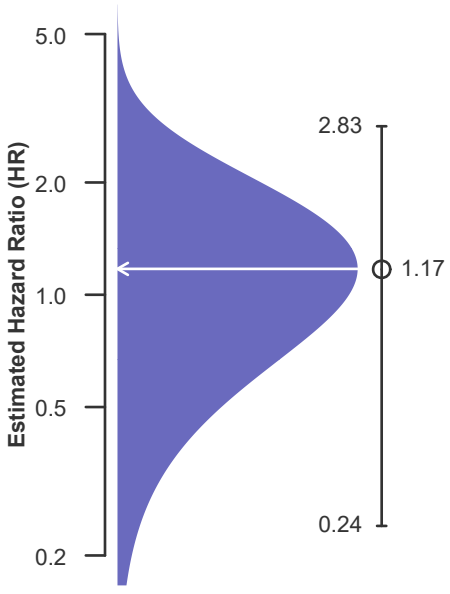
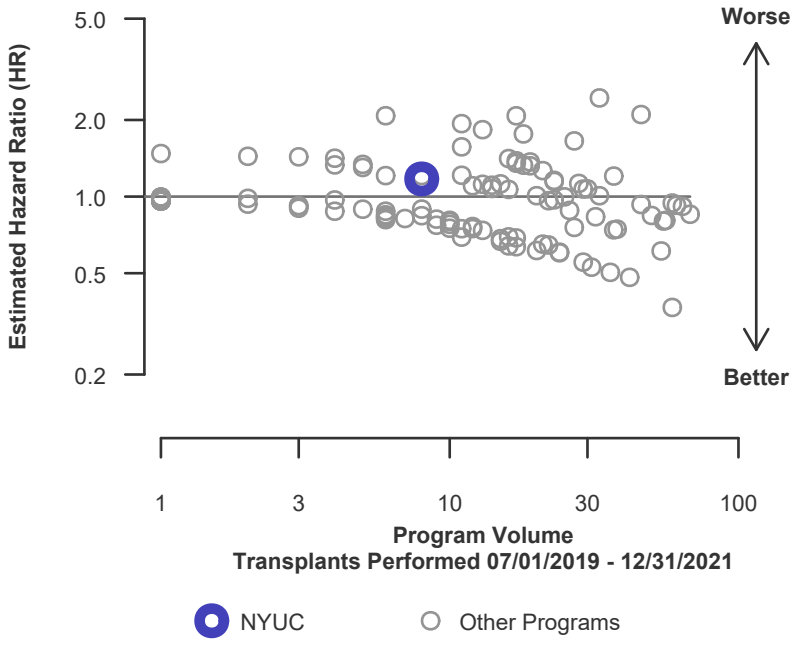


Figure C20. Pediatric (<18) 3-year graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2019 and 03/12/2020, and 06/13/2020 and 12/31/2021
Deaths and retransplants are considered graft failures
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NYUC	U.S.
Number of transplants evaluated	4	1,418
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	75.00% [42.59%-100.00%]	92.25% [90.66%-93.87%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	92.26%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	1	84
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.31	--
Estimated hazard ratio*	1.30	--
95% credible interval for the hazard ratio**	[0.27, 3.12]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.27, 3.12], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 30% higher risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 73% reduced risk up to 212% increased risk.

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

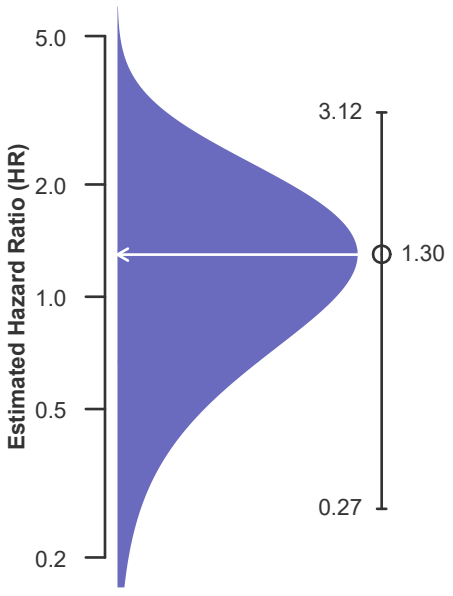
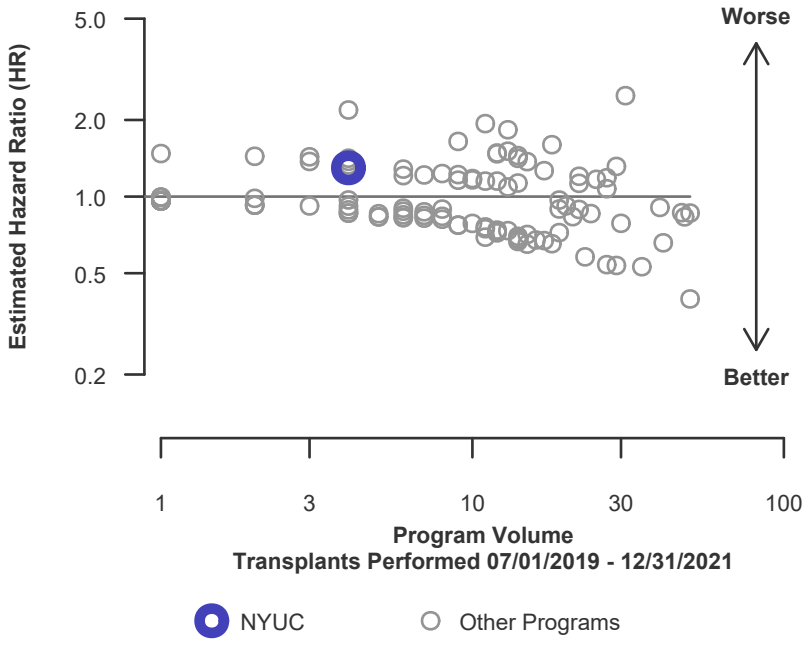


Figure C20D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2019 and 03/12/2020, and 06/13/2020 and 12/31/2021
Deaths and retransplants are considered graft failures
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NYUC	U.S.
Number of transplants evaluated	4	611
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%]	94.07% [91.94%-96.25%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	94.08%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	28
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.24	--
Estimated hazard ratio*	0.89	--
95% credible interval for the hazard ratio**	[0.11, 2.48]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.48], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 11% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 89% reduced risk up to 148% increased risk.

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

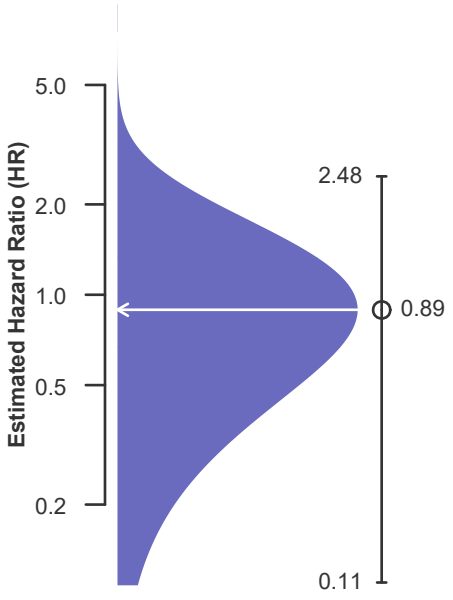
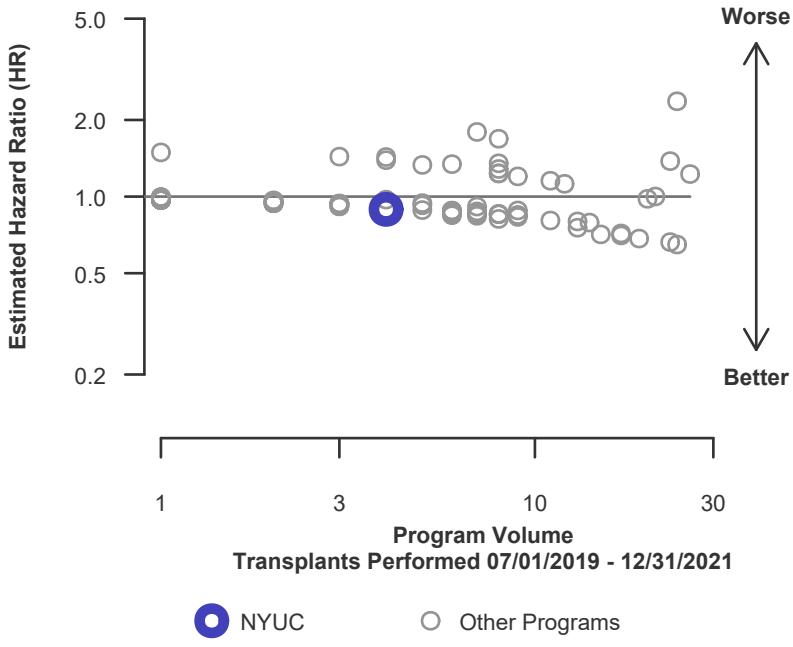


Figure C20L. Pediatric (<18) 3-year living donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Retransplants excluded

	NYUC	U.S.
Number of transplants evaluated	719	55,378
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.51% [99.45%-99.56%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.48%	--
Number of observed deaths during the first month after transplant	0	274
Number of expected deaths during the first month after transplant	3.78	--
Estimated hazard ratio*	0.35	--
95% credible interval for the hazard ratio**	[0.04, 0.96]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.04, 0.96], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 65% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 96% reduced risk up to 4% reduced risk.

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

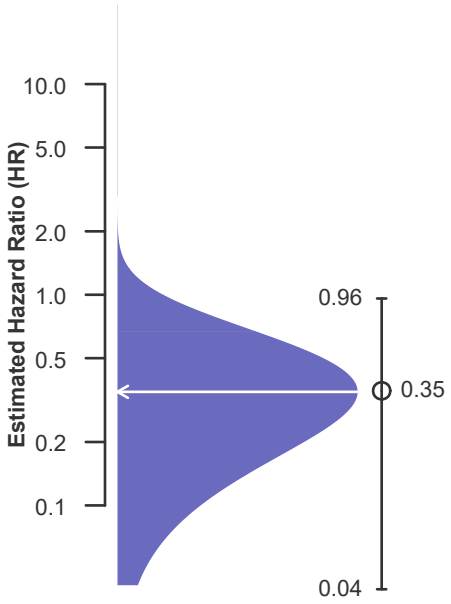
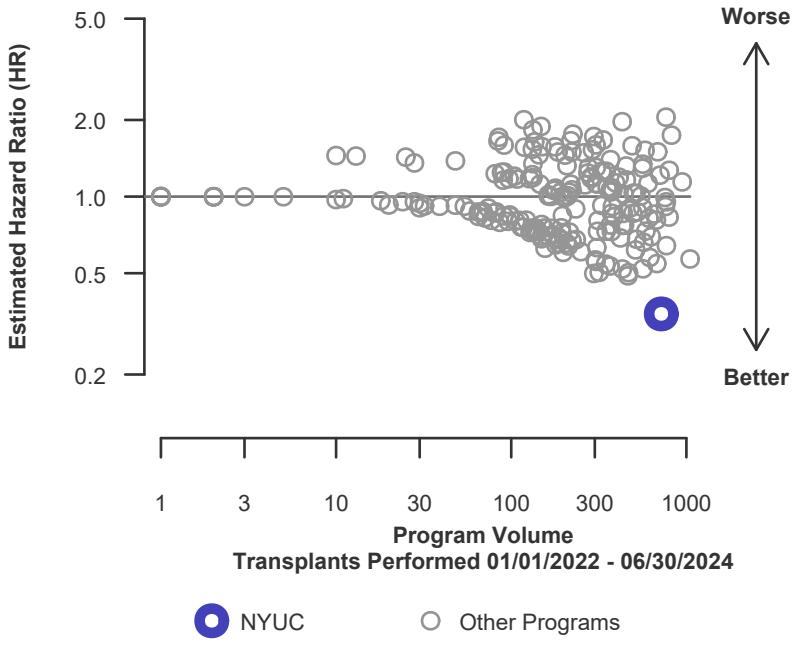


Figure C22. Adult (18+) 1-month patient death HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Retransplants excluded

	NYUC	U.S.
Number of transplants evaluated	539	42,019
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.41% [99.34%-99.49%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.36%	--
Number of observed deaths during the first month after transplant	0	247
Number of expected deaths during the first month after transplant	3.45	--
Estimated hazard ratio*	0.37	--
95% credible interval for the hazard ratio**	[0.04, 1.02]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.04, 1.02], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 63% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 96% reduced risk up to 2% increased risk.

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

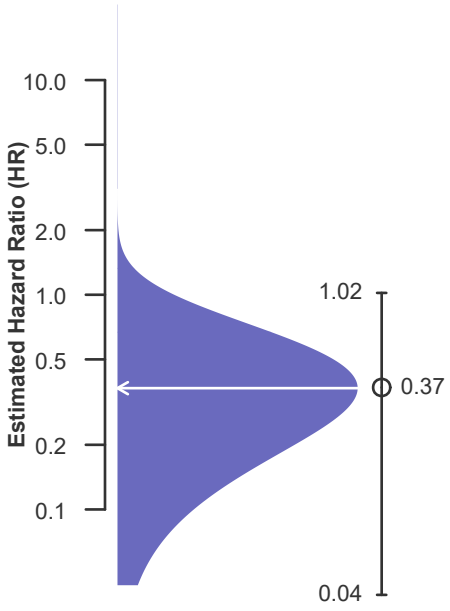
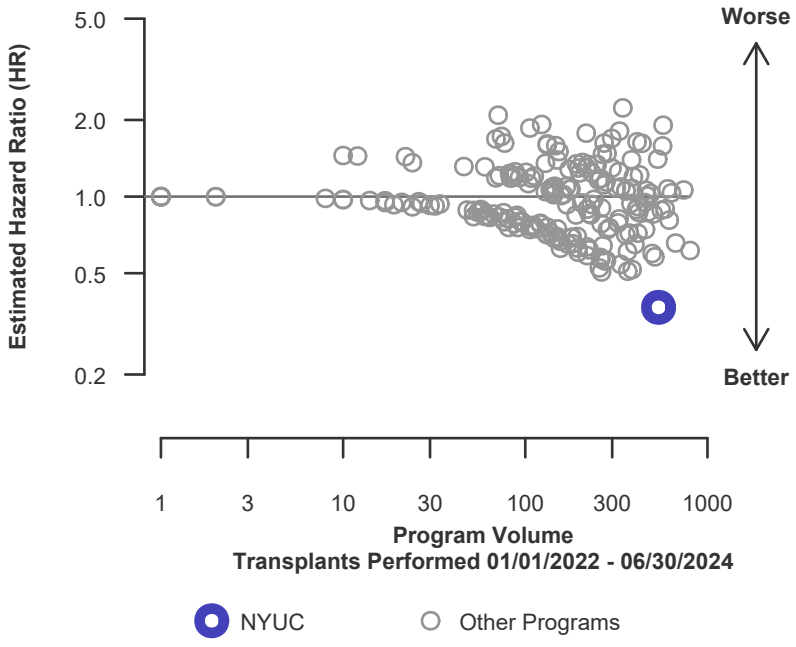


Figure C22D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Retransplants excluded

	NYUC	U.S.
Number of transplants evaluated	180	13,359
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.80% [99.72%-99.87%]
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	27
Number of expected deaths during the first month after transplant	0.33	--
Estimated hazard ratio*	0.86	--
95% credible interval for the hazard ratio**	[0.10, 2.39]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.10, 2.39], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 14% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 90% reduced risk up to 139% increased risk.

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

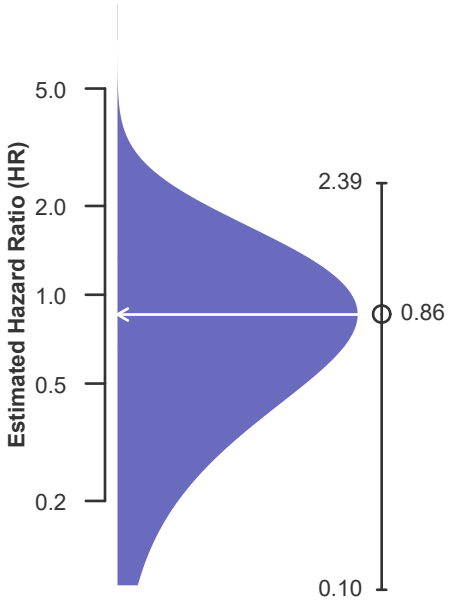
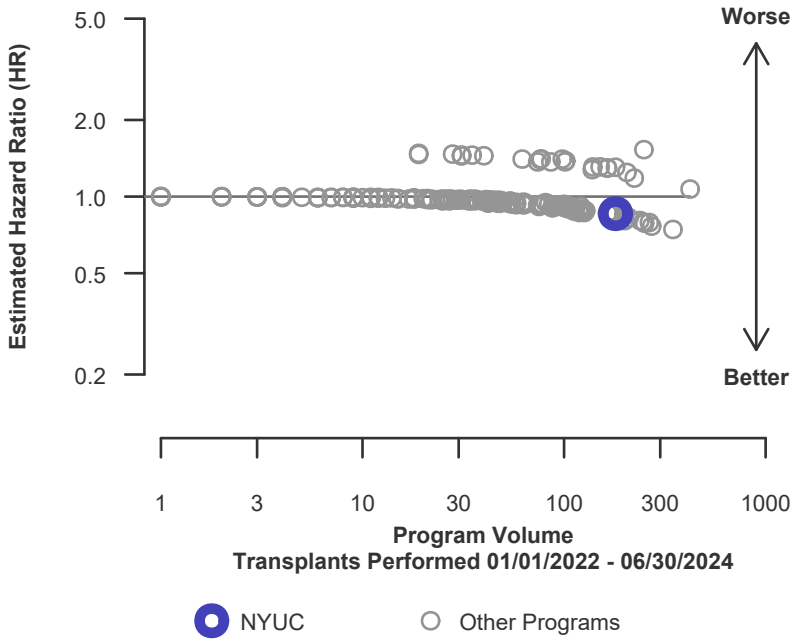


Figure C22L. Adult (18+) 1-month patient death HR program comparison (living donor grafts)



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Retransplants excluded

	NYUC	U.S.
Number of transplants evaluated	719	55,378
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	98.36% [97.35%-99.38%]	97.30% [97.15%-97.44%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	97.12%	--
Number of observed deaths during the first year after transplant	10	1,371
Number of expected deaths during the first year after transplant	19.26	--
Estimated hazard ratio*	0.56	--
95% credible interval for the hazard ratio**	[0.29, 0.93]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.29, 0.93], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 44% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 71% reduced risk up to 7% reduced risk.

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

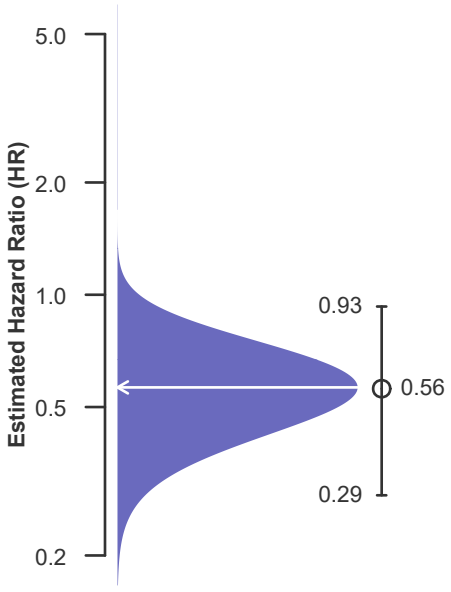
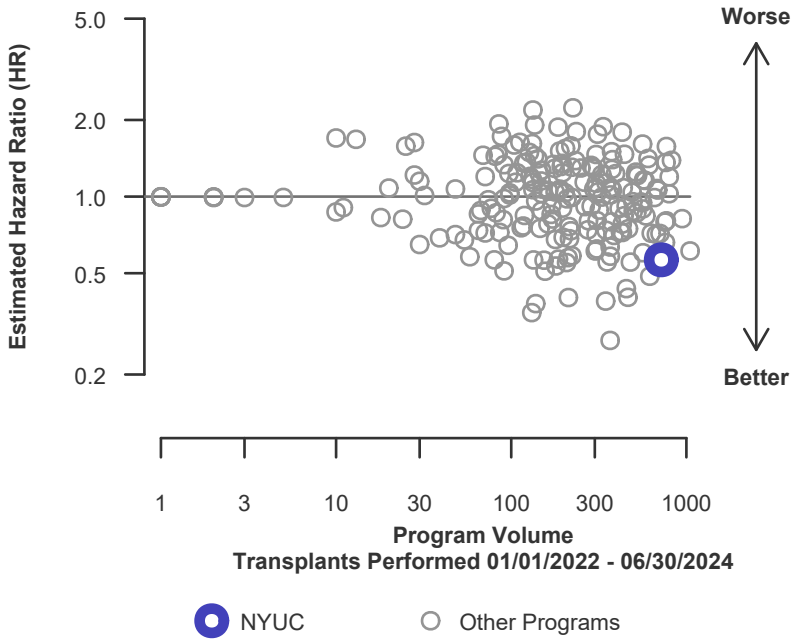


Figure C24. Adult (18+) 1-year patient death HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Retransplants excluded

	NYUC	U.S.
Number of transplants evaluated	539	42,019
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	97.85% [96.54%-99.18%]	96.79% [96.61%-96.96%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	96.50%	--
Number of observed deaths during the first year after transplant	10	1,239
Number of expected deaths during the first year after transplant	17.68	--
Estimated hazard ratio*	0.61	--
95% credible interval for the hazard ratio**	[0.32, 1.00]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.32, 1.00], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 39% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 68% reduced risk up to 0% increased risk.

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

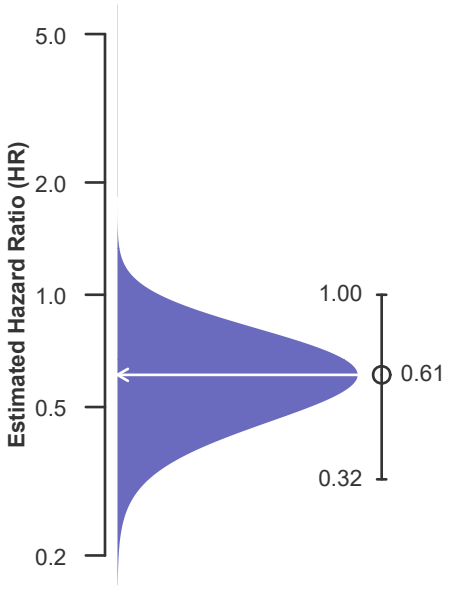
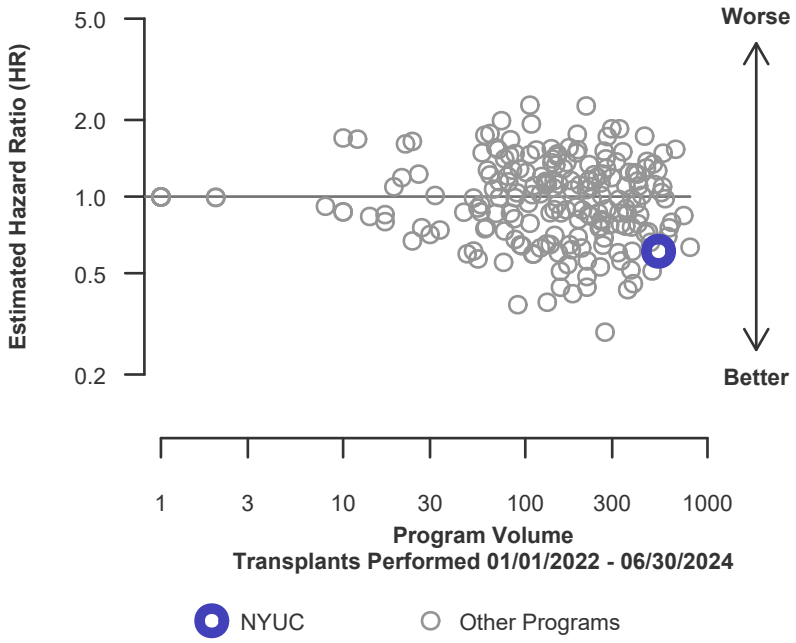


Figure C24D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Retransplants excluded

	NYUC	U.S.
Number of transplants evaluated	180	13,359
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.90% [98.71%-99.09%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	98.99%	--
Number of observed deaths during the first year after transplant	0	132
Number of expected deaths during the first year after transplant	1.58	--
Estimated hazard ratio*	0.56	--
95% credible interval for the hazard ratio**	[0.07, 1.55]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.07, 1.55], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 44% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 93% reduced risk up to 55% increased risk.

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

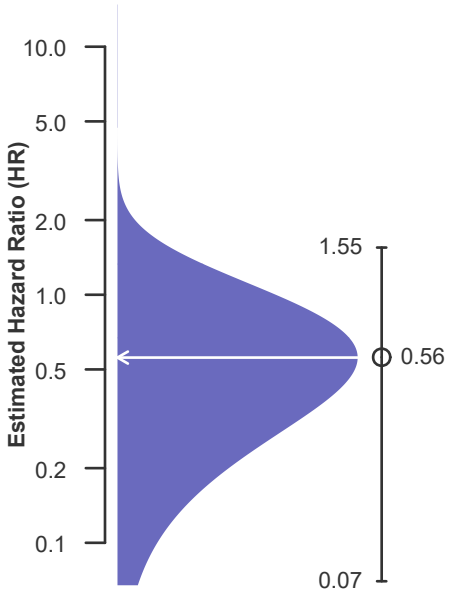
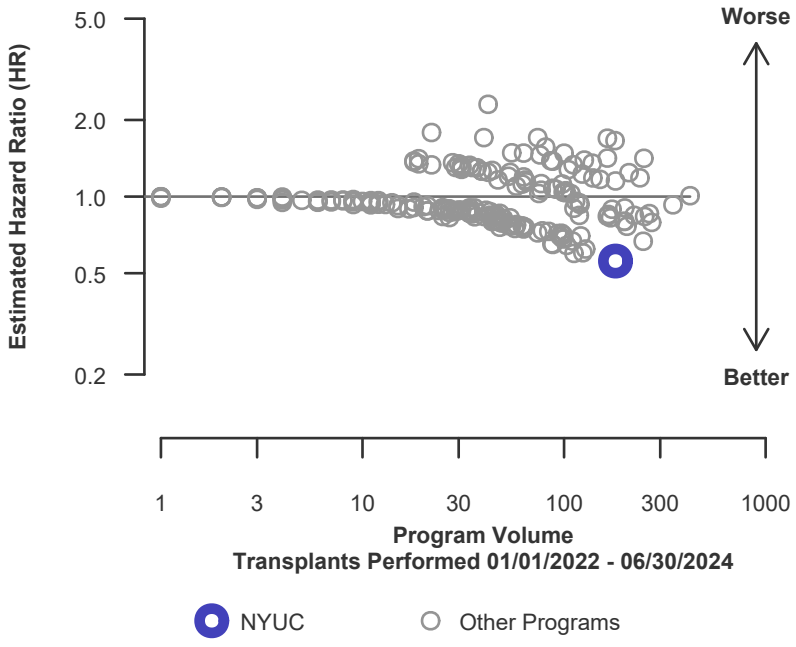


Figure C24L. Adult (18+) 1-year patient death HR program comparison (living donor grafts)



C. Transplant Information

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

Single organ transplants performed between 07/01/2019 and 03/12/2020, and 06/13/2020 and 12/31/2021
Retransplants excluded
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NYUC	U.S.
Number of transplants evaluated	511	45,064
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	90.77% [87.96%-93.67%]	91.20% [90.89%-91.50%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	90.18%	--
Number of observed deaths during the first 3 years after transplant	37	2,955
Number of expected deaths during the first 3 years after transplant	39.58	--
Estimated hazard ratio*	0.94	--
95% credible interval for the hazard ratio**	[0.67, 1.25]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.67, 1.25], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 6% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 33% reduced risk up to 25% increased risk.

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

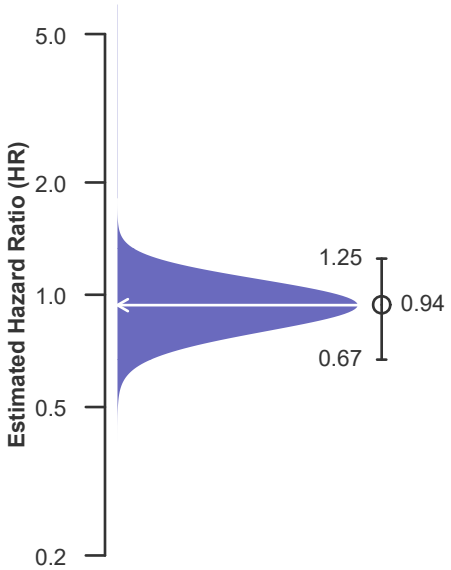
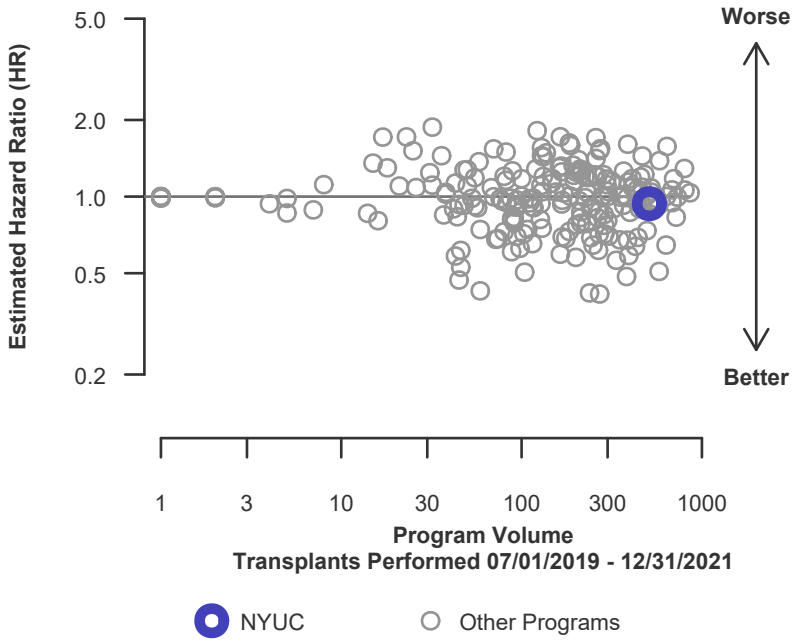


Figure C26. Adult (18+) 3-year patient death HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2019 and 03/12/2020, and 06/13/2020 and 12/31/2021
Retransplants excluded
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NYUC	U.S.
Number of transplants evaluated	366	32,829
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	88.26% [84.61%-92.07%]	89.56% [89.18%-89.94%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	88.29%	--
Number of observed deaths during the first 3 years after transplant	34	2,593
Number of expected deaths during the first 3 years after transplant	34.36	--
Estimated hazard ratio*	0.99	--
95% credible interval for the hazard ratio**	[0.69, 1.34]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.69, 1.34], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 1% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 31% reduced risk up to 34% increased risk.

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

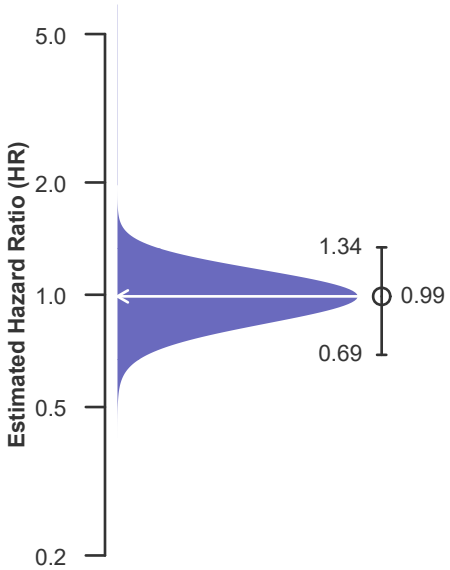
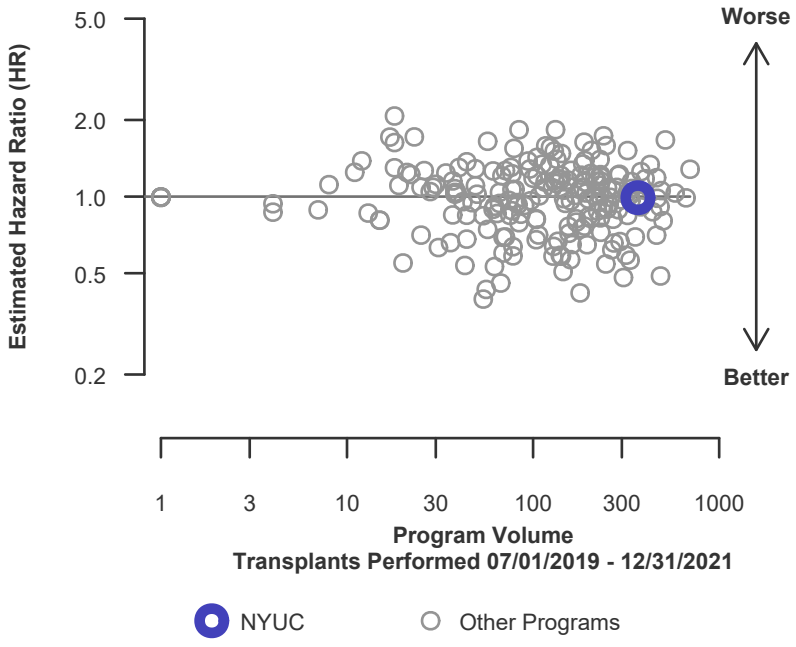


Figure C26D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

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

Single organ transplants performed between 07/01/2019 and 03/12/2020, and 06/13/2020 and 12/31/2021
Retransplants excluded
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NYUC	U.S.
Number of transplants evaluated	145	12,235
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	97.34% [94.40%-100.00%]	95.82% [95.39%-96.24%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	94.96%	--
Number of observed deaths during the first 3 years after transplant	3	362
Number of expected deaths during the first 3 years after transplant	5.22	--
Estimated hazard ratio*	0.69	--
95% credible interval for the hazard ratio**	[0.22, 1.42]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.22, 1.42], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 31% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 78% reduced risk up to 42% increased risk.

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

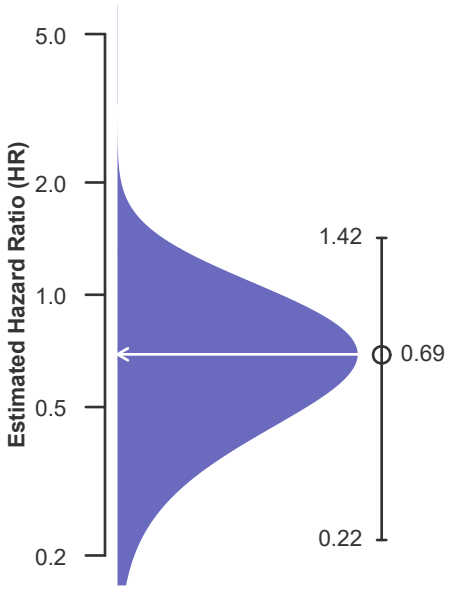
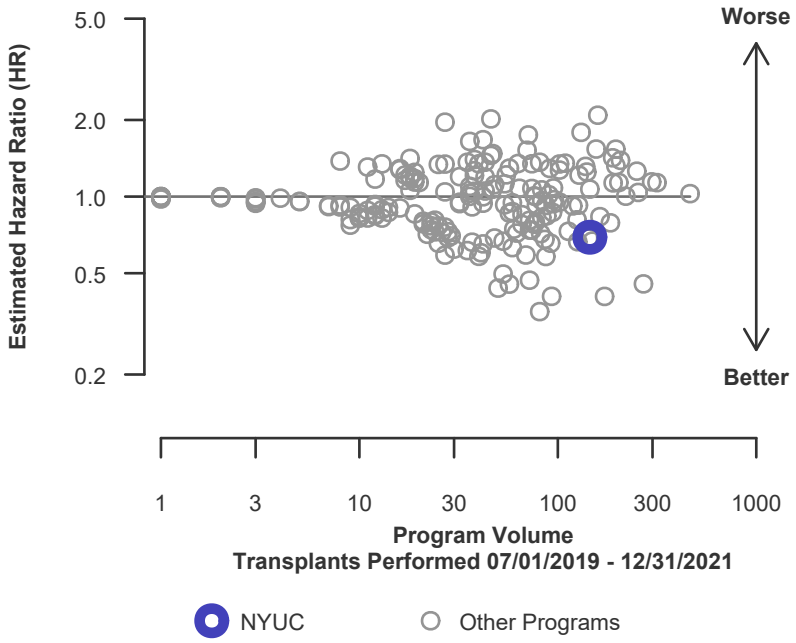


Figure C26L. Adult (18+) 3-year patient death HR program comparison (living donor grafts)



C. Transplant Information

Table C18. Pediatric (<18) 1-month patient survival

Single organ transplants performed between 01/01/2022 and 06/30/2024
Retransplants excluded

	NYUC	U.S.
Number of transplants evaluated	9	1,953
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 NYU Langone Health'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 NYUC'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 NYUC's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 179% increased risk.

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

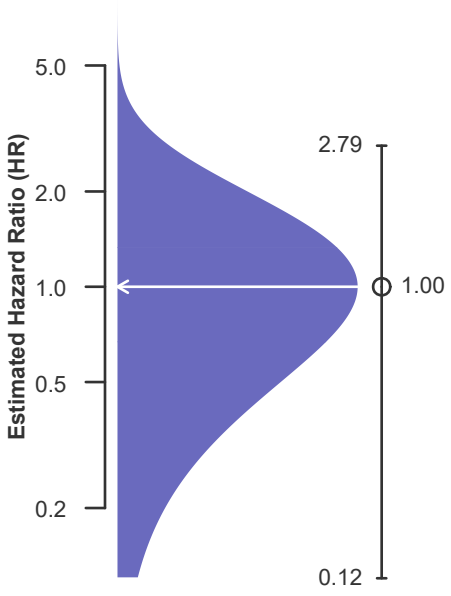
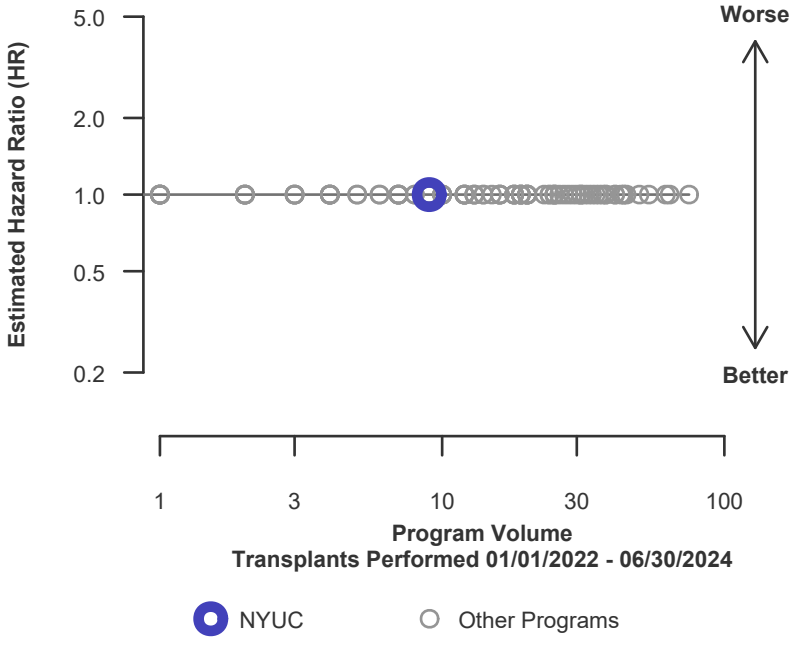


Figure C28. Pediatric (<18) 1-month patient death HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Retransplants excluded

	NYUC	U.S.
Number of transplants evaluated	6	1,380
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 NYU Langone Health'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 NYUC'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 NYUC's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but NYUC'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)

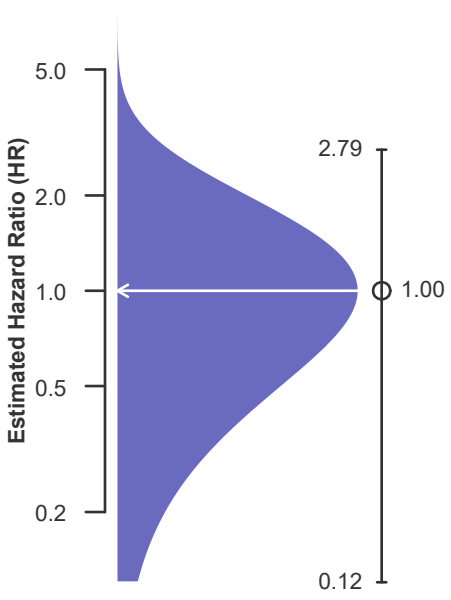
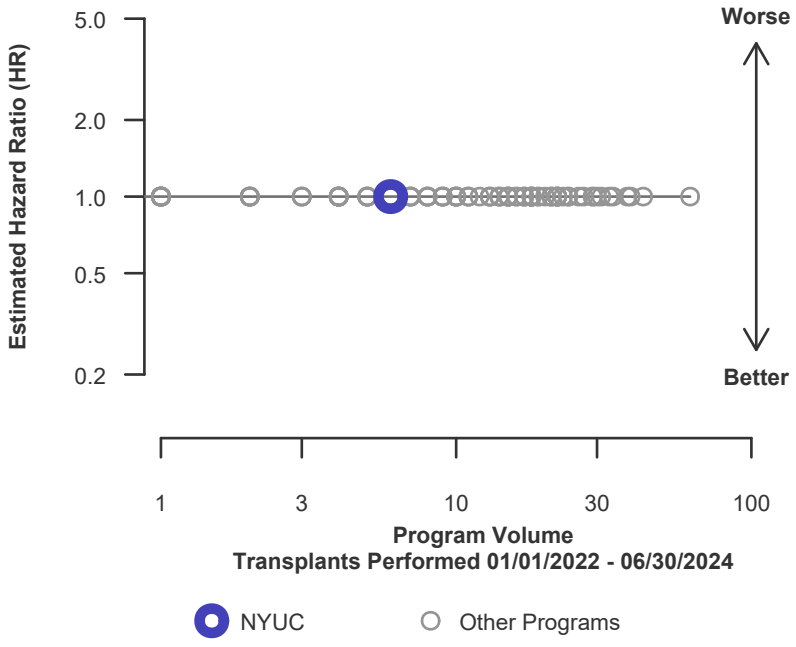


Figure C28D. Pediatric (<18) 1-month patient death HR program comparison (deceased donor grafts)



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Retransplants excluded

	NYUC	U.S.
Number of transplants evaluated	3	573
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 NYU Langone Health'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 NYUC'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 NYUC's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but NYUC'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)

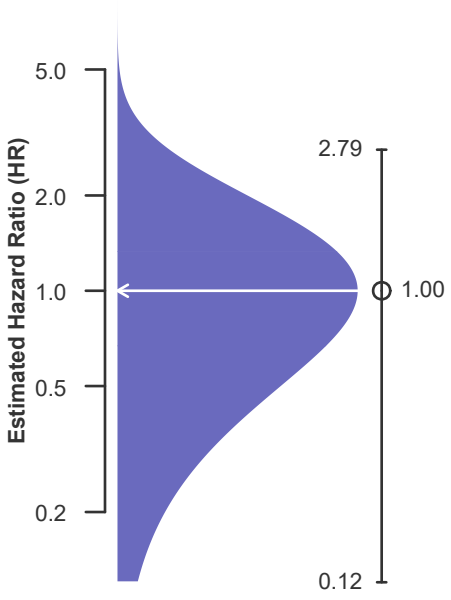
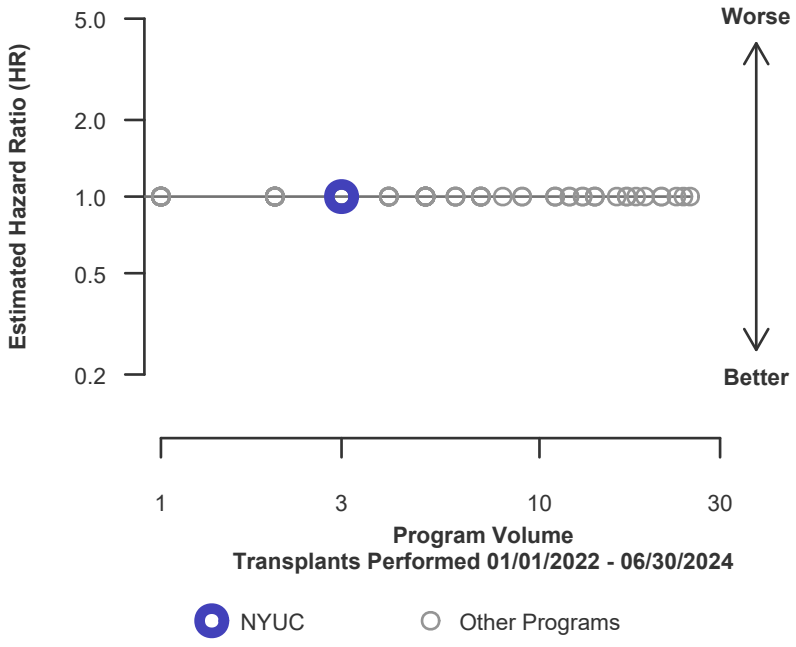


Figure C28L. Pediatric (<18) 1-month patient death HR program comparison (living donor grafts)



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Retransplants excluded

	NYUC	U.S.
Number of transplants evaluated	9	1,953
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.27% [98.87%-99.67%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.47%	--
Number of observed deaths during the first year after transplant	0	13
Number of expected deaths during the first year 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 NYU Langone Health'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 NYUC'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 NYUC's true hazard ratio with 95% probability. The best estimate is 2% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 172% increased risk.

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

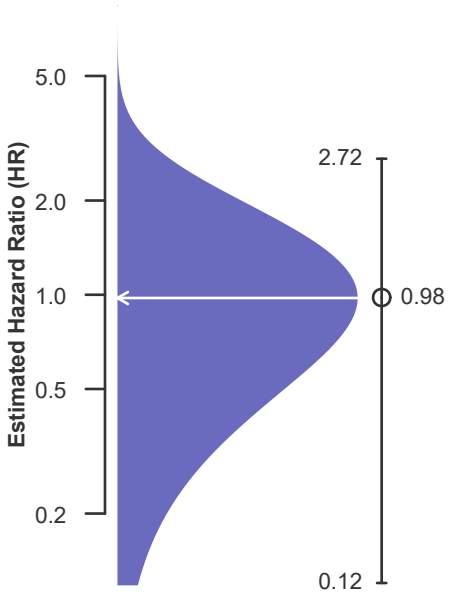
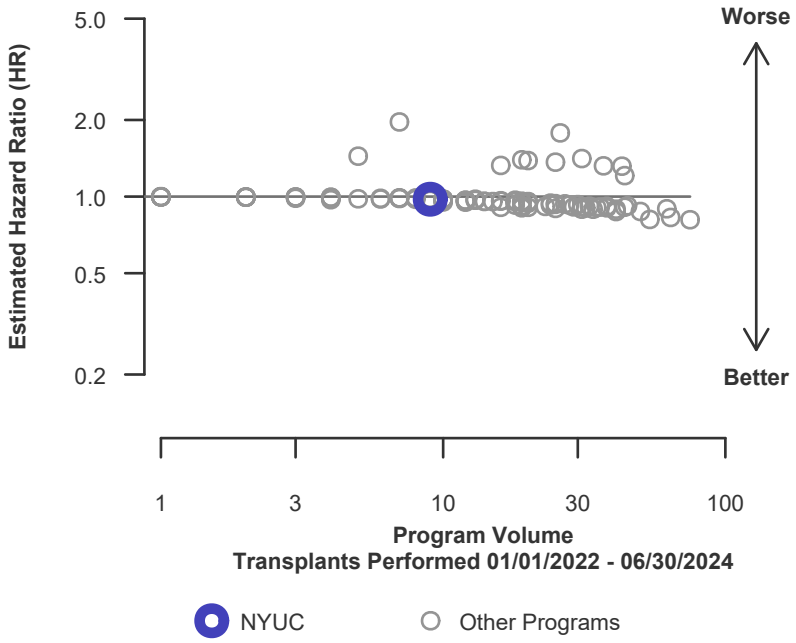


Figure C30. Pediatric (<18) 1-year patient death HR program comparison



C. Transplant Information

Table C19D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients)

Single organ transplants performed between 01/01/2022 and 06/30/2024
Retransplants excluded

	NYUC	U.S.
Number of transplants evaluated	6	1,380
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.10% [98.57%-99.63%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.37%	--
Number of observed deaths during the first year after transplant	0	11
Number of expected 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 NYU Langone Health'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 NYUC's patient death 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 NYUC's true hazard ratio with 95% probability. The best estimate is 2% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 173% increased risk.

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

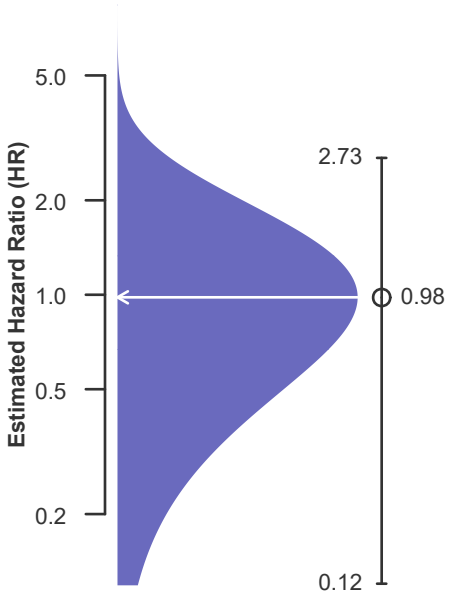
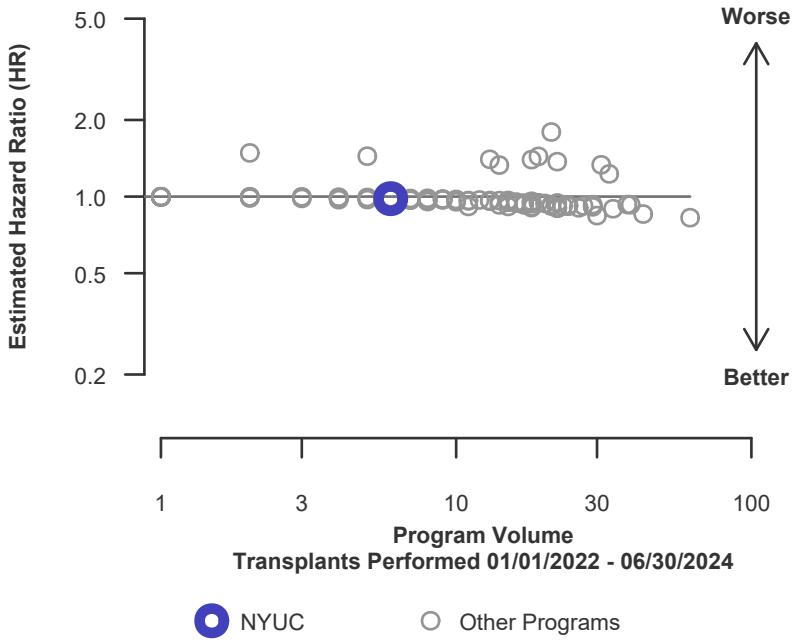


Figure C30D. Pediatric (<18) 1-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

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

Single organ transplants performed between 01/01/2022 and 06/30/2024
Retransplants excluded

	NYUC	U.S.
Number of transplants evaluated	3	573
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.65% [99.17%-100.00%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.65%	--
Number of observed deaths during the first year after transplant	0	2
Number of expected deaths during the first year 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 NYU Langone Health'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 NYUC'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 NYUC's true hazard ratio with 95% probability. The best estimate is 1% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 177% increased risk.

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

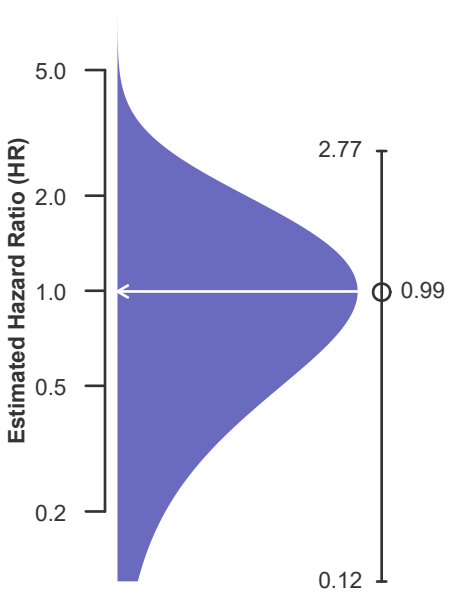
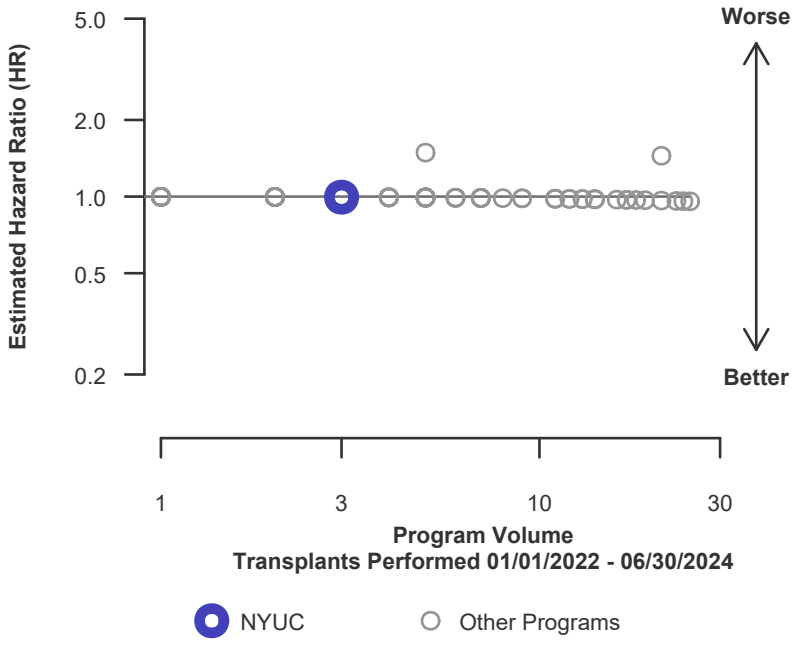


Figure C30L. Pediatric (<18) 1-year patient death HR program comparison (living donor grafts)



C. Transplant Information

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

Single organ transplants performed between 07/01/2019 and 03/12/2020, and 06/13/2020 and 12/31/2021
Retransplants excluded
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NYUC	U.S.
Number of transplants evaluated	8	1,870
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.83% [98.27%-99.39%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	98.77%	--
Number of observed deaths during the first 3 years after transplant	0	17
Number of expected deaths during the first 3 years 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 NYU Langone Health'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 NYUC'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 NYUC's true hazard ratio with 95% probability. The best estimate is 5% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 165% increased risk.

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

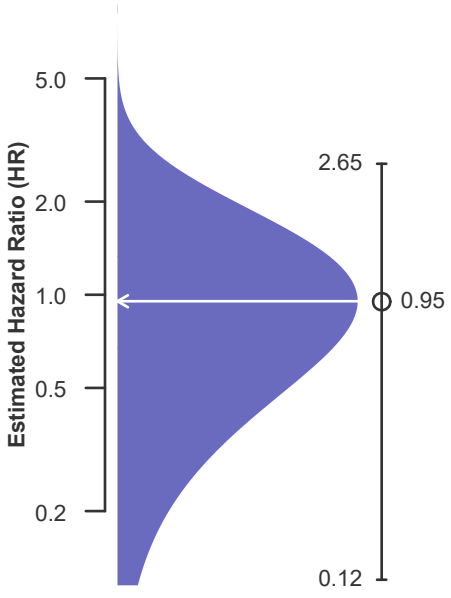
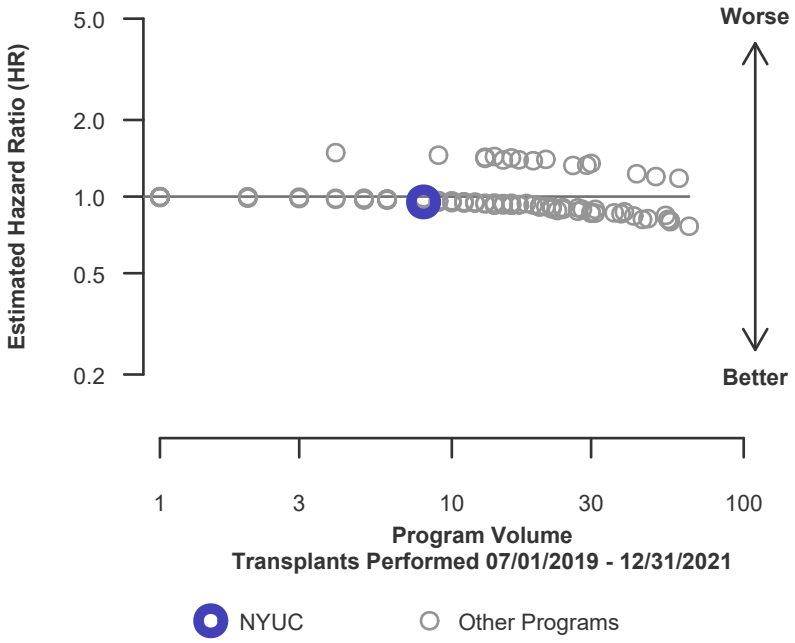


Figure C32. Pediatric (<18) 3-year patient death HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2019 and 03/12/2020, and 06/13/2020 and 12/31/2021
Retransplants excluded
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NYUC	U.S.
Number of transplants evaluated	4	1,297
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.97% [98.33%-99.61%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	99.03%	--
Number of observed deaths during the first 3 years after transplant	0	10
Number of expected deaths during the first 3 years after transplant	0.04	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.73]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death 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 NYUC's true hazard ratio with 95% probability. The best estimate is 2% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 173% increased risk.

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

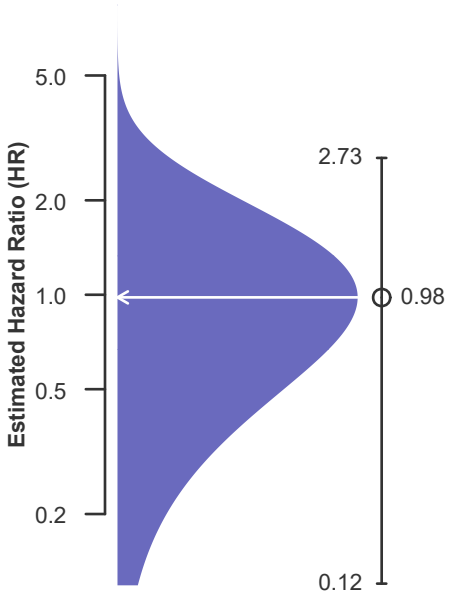
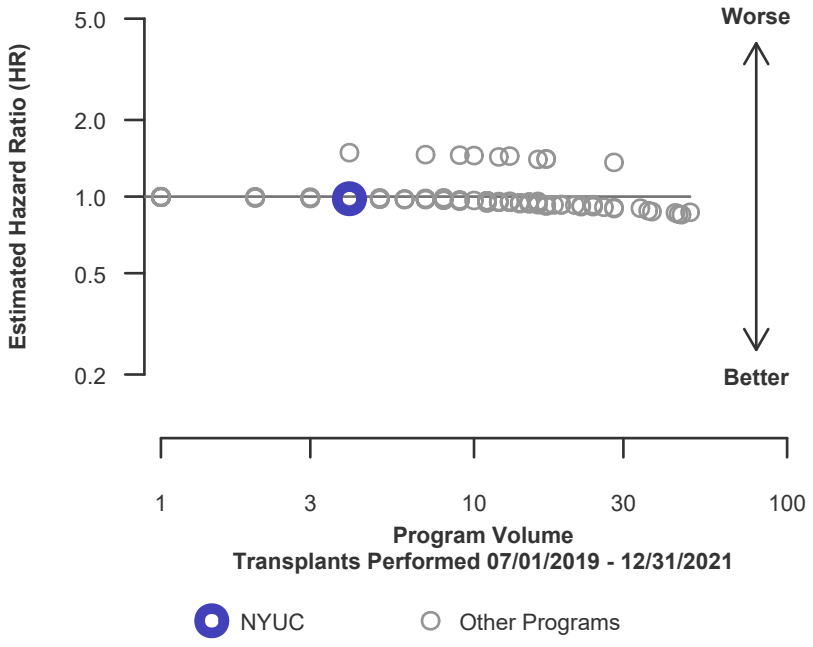


Figure C32D. Pediatric (<18) 3-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

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

Single organ transplants performed between 07/01/2019 and 03/12/2020, and 06/13/2020 and 12/31/2021
Retransplants excluded
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NYUC	U.S.
Number of transplants evaluated	4	573
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.51% [97.41%-99.62%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	98.51%	--
Number of observed deaths during the first 3 years after transplant	0	7
Number of expected deaths during the first 3 years after transplant	0.06	--
Estimated hazard ratio*	0.97	--
95% credible interval for the hazard ratio**	[0.12, 2.70]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.70], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 3% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 170% increased risk.

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

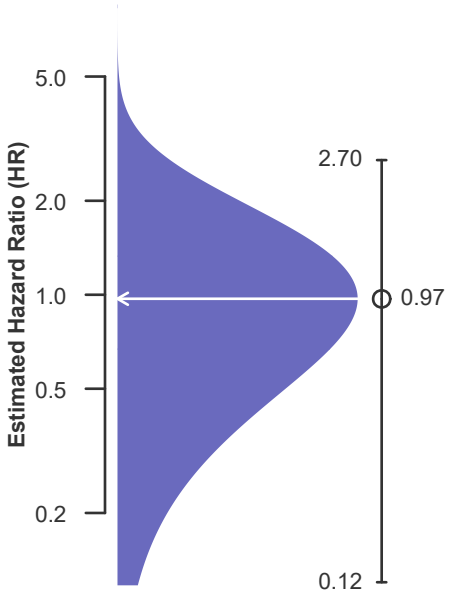
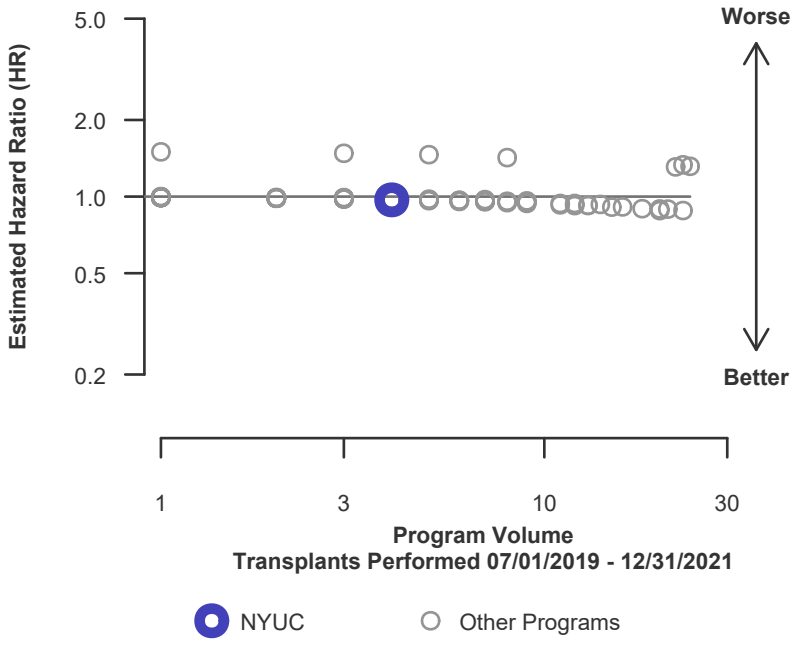


Figure C32L. Pediatric (<18) 3-year patient death HR program comparison (living donor grafts)



C. Transplant Information

Table C21. Multi-organ transplant graft survival: 01/01/2022 - 06/30/2024

Adult (18+) Transplants

Transplant Type	Transplants Performed		First-Year Outcomes: Kidney Graft Failures		First-Year Outcomes: Estimated Kidney Graft Survival	
	NYUC-TX1	USA	NYUC-TX1	USA	NYUC-TX1	USA
Kidney-Heart-Lung	1	4	0	1	100.0%	75.0%
Kidney-Heart	29	987	4	146	86.2%	85.2%
Kidney-Liver	21	1,953	2	235	90.5%	88.0%
Kidney Lung	4	55	1	13	75.0%	76.4%
Kidney-Pancreas	8	1,965	0	89	100.0%	95.5%

Pediatric (<18) Transplants

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

Table C22. Multi-organ transplant patient survival: 01/01/2022 - 06/30/2024

Adult (18+) Transplants

Transplant Type	Transplants Performed		First-Year Outcomes: Patient Deaths		First-Year Outcomes: Estimated Patient Survival	
	NYUC-TX1	USA	NYUC-TX1	USA	NYUC-TX1	USA
Kidney-Heart-Lung	1	4	0	1	100.0%	75.0%
Kidney-Heart	29	987	4	101	86.2%	89.8%
Kidney-Liver	21	1,953	2	176	90.5%	91.0%
Kidney Lung	4	55	1	10	75.0%	81.8%
Kidney-Pancreas	8	1,965	0	65	100.0%	96.7%

Pediatric (<18) Transplants

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

D. Living Donor Information

Table D1. Living donor summary: 01/01/2022 - 12/31/2024

Living Donor Follow-Up	This Center			United States		
	01/2022-12/2022	01/2023-12/2023	01/2024-06/2024	01/2022-12/2022	01/2023-12/2023	01/2024-06/2024
Number of Living Donors	56	81	48	5,864	6,289	3,164
6-Month Follow-Up						
Donors due for follow-up	56	81	41	5,863	6,287	2,638
Timely clinical data	24 42.9%	48 59.3%	14 34.1%	4,864 83.0%	5,227 83.1%	2,172 82.3%
Timely lab data	19 33.9%	42 51.9%	11 26.8%	4,703 80.2%	5,086 80.9%	2,154 81.7%
12-Month Follow-Up						
Donors due for follow-up	56	75		5,863	5,764	
Timely clinical data	9 16.1%	19 25.3%		4,502 76.8%	4,598 79.8%	
Timely lab data	9 16.1%	16 21.3%		4,288 73.1%	4,358 75.6%	
24-Month Follow-Up						
Donors due for follow-up	49			5,420		
Timely clinical data	4 8.2%			3,913 72.2%		
Timely lab data	3 6.1%			3,706 68.4%		

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