This report contains a wide range of useful information about the kidney transplant program at Wake Forest Baptist Medical Center (NCBG). 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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User Guide

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<td>Living donor transplant recipient demographic characteristics</td>
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</tr>
<tr>
<td>Deceased donor transplant recipient medical characteristics</td>
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<tr>
<td>Living donor transplant recipient medical characteristics</td>
<td>18</td>
</tr>
<tr>
<td>Deceased donor characteristics</td>
<td>19</td>
</tr>
<tr>
<td>Living donor characteristics</td>
<td>20</td>
</tr>
<tr>
<td>Deceased donor transplant characteristics</td>
<td>21</td>
</tr>
<tr>
<td>Living donor transplant characteristics</td>
<td>22</td>
</tr>
<tr>
<td>Graft survival</td>
<td>23</td>
</tr>
<tr>
<td>Patient survival</td>
<td>41</td>
</tr>
<tr>
<td>Multi-organ transplant graft survival</td>
<td>59</td>
</tr>
<tr>
<td>Multi-organ transplant patient survival</td>
<td>59</td>
</tr>
<tr>
<td>D. Living Donor Information</td>
<td></td>
</tr>
<tr>
<td>Living donor follow-up summary</td>
<td>60</td>
</tr>
</tbody>
</table>
A. Program Summary

Figure A1. Waiting list and transplant activity

Table A1. Census of transplant recipients

Table A2. Summary of transplant recipients

Figure A2. Transplant rates

Figure A3. Waiting list mortality rates

Figure A4. First-year adult graft and patient survival: 01/01/2017 - 06/30/2019

Figure A5. First-year pediatric graft and patient survival: 01/01/2017 - 06/30/2019

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B. Waiting List Information

Table B1. Waiting list activity summary: 01/01/2018 - 12/31/2019

<table>
<thead>
<tr>
<th>Waiting List Registrations</th>
<th>01/01/2018-12/31/2018</th>
<th>01/01/2019-12/31/2019</th>
<th>Counts for this center</th>
<th>Activity for 01/01/2019 to 12/31/2019 as percent of registrants on waiting list on 01/01/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>On waiting list at start</td>
<td>596</td>
<td>652</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Additions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New listings at this center</td>
<td>376</td>
<td>389</td>
<td>59.7</td>
<td>52.1</td>
</tr>
<tr>
<td>Removals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transferred to another center</td>
<td>2</td>
<td>0</td>
<td>0.0</td>
<td>1.4</td>
</tr>
<tr>
<td>Received living donor transplant*</td>
<td>35</td>
<td>46</td>
<td>7.1</td>
<td>5.9</td>
</tr>
<tr>
<td>Received deceased donor transplant*</td>
<td>140</td>
<td>171</td>
<td>26.2</td>
<td>21.2</td>
</tr>
<tr>
<td>Died</td>
<td>24</td>
<td>25</td>
<td>3.8</td>
<td>3.8</td>
</tr>
<tr>
<td>Transplanted at another center</td>
<td>13</td>
<td>30</td>
<td>4.6</td>
<td>4.5</td>
</tr>
<tr>
<td>Deteriorated</td>
<td>56</td>
<td>32</td>
<td>4.9</td>
<td>5.4</td>
</tr>
<tr>
<td>Recovered</td>
<td>2</td>
<td>0</td>
<td>0.0</td>
<td>0.2</td>
</tr>
<tr>
<td>Other reasons</td>
<td>48</td>
<td>17</td>
<td>2.6</td>
<td>5.1</td>
</tr>
<tr>
<td>On waiting list at end of period</td>
<td>652</td>
<td>720</td>
<td>110.4</td>
<td>104.6</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Demographic Characteristic</th>
<th>New Waiting List Registrations</th>
<th>All Waiting List Registrations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This Center 01/01/2019 to 12/31/2019 (%)</td>
<td>OPTN Region 01/01/2019 to 12/31/2019 (%)</td>
</tr>
<tr>
<td></td>
<td>(N=389)</td>
<td>(N=4,568)</td>
</tr>
<tr>
<td>All (%)</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Ethnicity/Race (%)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>45.5</td>
<td>44.9</td>
</tr>
<tr>
<td>African-American</td>
<td>37.5</td>
<td>46.3</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>5.9</td>
<td>3.9</td>
</tr>
<tr>
<td>Asian</td>
<td>3.9</td>
<td>2.8</td>
</tr>
<tr>
<td>Other</td>
<td>7.2</td>
<td>2.1</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Age (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;2 years</td>
<td>0.5</td>
<td>0.2</td>
</tr>
<tr>
<td>2-11 years</td>
<td>0.3</td>
<td>0.9</td>
</tr>
<tr>
<td>12-17 years</td>
<td>1.3</td>
<td>1.4</td>
</tr>
<tr>
<td>18-34 years</td>
<td>9.8</td>
<td>10.8</td>
</tr>
<tr>
<td>35-49 years</td>
<td>27.8</td>
<td>26.4</td>
</tr>
<tr>
<td>50-64 years</td>
<td>33.9</td>
<td>41.0</td>
</tr>
<tr>
<td>65-69 years</td>
<td>14.9</td>
<td>13.6</td>
</tr>
<tr>
<td>70+ years</td>
<td>11.6</td>
<td>5.6</td>
</tr>
<tr>
<td>Gender (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>56.6</td>
<td>60.3</td>
</tr>
<tr>
<td>Female</td>
<td>43.4</td>
<td>39.7</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Medical Characteristic</th>
<th>New Waiting List Registrations</th>
<th>All Waiting List Registrations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01/01/2019 to 12/31/2019 (%)</td>
<td>on 12/31/2019 (%)</td>
</tr>
<tr>
<td></td>
<td>This Center (N=389)</td>
<td>OPTN Region (N=4,568)</td>
</tr>
<tr>
<td></td>
<td>This Center (N=720)</td>
<td>OPTN Region (N=9,175)</td>
</tr>
<tr>
<td>All (%)</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Blood Type (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O</td>
<td>50.9</td>
<td>49.5</td>
</tr>
<tr>
<td>A</td>
<td>29.6</td>
<td>31.9</td>
</tr>
<tr>
<td>B</td>
<td>15.7</td>
<td>14.6</td>
</tr>
<tr>
<td>AB</td>
<td>3.9</td>
<td>4.0</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Previous Transplant (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>9.3</td>
<td>12.4</td>
</tr>
<tr>
<td>No</td>
<td>90.7</td>
<td>87.6</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Initial CPRA (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-9%</td>
<td>92.5</td>
<td>77.7</td>
</tr>
<tr>
<td>10-79%</td>
<td>4.4</td>
<td>14.5</td>
</tr>
<tr>
<td>80+%</td>
<td>3.1</td>
<td>7.8</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Primary Disease (%)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glomerular Diseases</td>
<td>21.3</td>
<td>18.9</td>
</tr>
<tr>
<td>Tubular and Interstitial Diseases</td>
<td>3.3</td>
<td>3.8</td>
</tr>
<tr>
<td>Polycystic Kidneys</td>
<td>8.7</td>
<td>7.4</td>
</tr>
<tr>
<td>Congenital, Familial, Metabolic</td>
<td>1.8</td>
<td>2.4</td>
</tr>
<tr>
<td>Diabetes</td>
<td>36.5</td>
<td>36.8</td>
</tr>
<tr>
<td>Renovascular &amp; Vascular Diseases</td>
<td>0.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>0.0</td>
<td>0.3</td>
</tr>
<tr>
<td>Hypertensive Nephrosclerosis</td>
<td>15.7</td>
<td>21.5</td>
</tr>
<tr>
<td>Other</td>
<td>12.1</td>
<td>8.4</td>
</tr>
<tr>
<td>Missing*</td>
<td>0.0</td>
<td>0.3</td>
</tr>
</tbody>
</table>

* 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>
<thead>
<tr>
<th>Table B4. Transplant rates: 01/01/2018 - 12/31/2019</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Waiting List Registrations</th>
<th>This Center</th>
<th>OPO/DSA</th>
<th>Region</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Candidates</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count on waiting list at start*</td>
<td>596</td>
<td>2,142</td>
<td>8,390</td>
<td>101,257</td>
</tr>
<tr>
<td>Person Years**</td>
<td>1,297.7</td>
<td>4,633.6</td>
<td>17,509.2</td>
<td>201,966.5</td>
</tr>
<tr>
<td>Removals for Transplant</td>
<td>392</td>
<td>1,116</td>
<td>4,457</td>
<td>44,378</td>
</tr>
<tr>
<td><strong>Adult (18+) Candidates</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count on waiting list at start*</td>
<td>588</td>
<td>2,089</td>
<td>8,257</td>
<td>99,726</td>
</tr>
<tr>
<td>Person Years**</td>
<td>1,280.5</td>
<td>4,531.2</td>
<td>17,233.3</td>
<td>198,864.5</td>
</tr>
<tr>
<td>Removals for transplant</td>
<td>377</td>
<td>1,064</td>
<td>4,305</td>
<td>42,635</td>
</tr>
<tr>
<td><strong>Pediatric (&lt;18) Candidates</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count on waiting list at start*</td>
<td>8</td>
<td>53</td>
<td>133</td>
<td>1,531</td>
</tr>
<tr>
<td>Person Years**</td>
<td>17.2</td>
<td>102.4</td>
<td>275.8</td>
<td>3,102.0</td>
</tr>
<tr>
<td>Removals for transplant</td>
<td>15</td>
<td>52</td>
<td>152</td>
<td>1,743</td>
</tr>
</tbody>
</table>

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

** Person years are calculated as days (converted to fractional years). The number of days from 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: 01/01/2018 - 12/31/2019

![Observed and Expected Transplant Rates](image)

#### Figure B2. Transplant rate ratio estimate

![Transplant Rate Ratio Estimate](image)

#### Figure B3. Observed adult (18+) and pediatric (<18) transplant rates: 01/01/2018 - 12/31/2019

![Observed Adult and Pediatric Transplant Rates](image)
## B. Waiting List Information

### Table B4D. Deceased donor transplant rates: 01/01/2018 - 12/31/2019

<table>
<thead>
<tr>
<th>Waiting List Registrations</th>
<th>This Center</th>
<th>OPO/DSA</th>
<th>Region</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Candidates</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count on waiting list at start*</td>
<td>596</td>
<td>2,142</td>
<td>8,390</td>
<td>101,257</td>
</tr>
<tr>
<td>Person Years**</td>
<td>1,297.7</td>
<td>4,633.6</td>
<td>17,509.2</td>
<td>201,966.5</td>
</tr>
<tr>
<td>Removaals for Transplant</td>
<td>311</td>
<td>852</td>
<td>3,473</td>
<td>31,199</td>
</tr>
<tr>
<td><strong>Adult (18+) Candidates</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count on waiting list at start*</td>
<td>588</td>
<td>2,089</td>
<td>8,257</td>
<td>99,726</td>
</tr>
<tr>
<td>Person Years**</td>
<td>1,280.5</td>
<td>4,531.2</td>
<td>17,233.3</td>
<td>198,864.5</td>
</tr>
<tr>
<td>Removals for transplant</td>
<td>304</td>
<td>823</td>
<td>3,375</td>
<td>30,015</td>
</tr>
<tr>
<td><strong>Pediatric (&lt;18) Candidates</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count on waiting list at start*</td>
<td>8</td>
<td>53</td>
<td>133</td>
<td>1,531</td>
</tr>
<tr>
<td>Person Years**</td>
<td>17.2</td>
<td>102.4</td>
<td>275.8</td>
<td>3,102.0</td>
</tr>
<tr>
<td>Removals for transplant</td>
<td>7</td>
<td>29</td>
<td>98</td>
<td>1,184</td>
</tr>
</tbody>
</table>

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

** Person years are calculated as days (converted to fractional years). The number of days from 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: 01/01/2018 - 12/31/2019**

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

**Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 01/01/2018 - 12/31/2019**

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The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA).
B. Waiting List Information

Table B5. Waiting list mortality rates: 01/01/2018 - 12/31/2019

<table>
<thead>
<tr>
<th>Waiting List Registrations</th>
<th>This Center</th>
<th>OPO/DSA</th>
<th>Region</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Candidates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count on waiting list at start*</td>
<td>596</td>
<td>2,142</td>
<td>8,390</td>
<td>101,257</td>
</tr>
<tr>
<td>Person Years**</td>
<td>1,461.3</td>
<td>5,050.4</td>
<td>19,031.4</td>
<td>220,145.1</td>
</tr>
<tr>
<td>Number of deaths</td>
<td>77</td>
<td>224</td>
<td>936</td>
<td>10,726</td>
</tr>
<tr>
<td>Adult (18+) Candidates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count on waiting list at start*</td>
<td>588</td>
<td>2,089</td>
<td>8,257</td>
<td>99,726</td>
</tr>
<tr>
<td>Person Years**</td>
<td>1,444.1</td>
<td>4,944.1</td>
<td>18,748.1</td>
<td>216,935.0</td>
</tr>
<tr>
<td>Number of deaths</td>
<td>76</td>
<td>221</td>
<td>932</td>
<td>10,685</td>
</tr>
<tr>
<td>Pediatric (&lt;18) Candidates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count on waiting list at start*</td>
<td>8</td>
<td>53</td>
<td>133</td>
<td>1,531</td>
</tr>
<tr>
<td>Person Years**</td>
<td>17.2</td>
<td>106.2</td>
<td>283.4</td>
<td>3,210.1</td>
</tr>
<tr>
<td>Number of deaths</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>41</td>
</tr>
</tbody>
</table>

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

** Person years are calculated as days (converted to fractional years). The number of days from January 1 or from the date of first wait listing until death, transplant, 60 days after recovery, transfer or December 31.
B. Waiting List Information

Table B6. Rates of patient mortality after listing: 01/01/2018 - 12/31/2019

<table>
<thead>
<tr>
<th>Waiting List Registrations</th>
<th>This Center</th>
<th>OPO/DSA</th>
<th>Region</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Patients</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count at risk during the evaluation period</td>
<td>2,215</td>
<td>7,195</td>
<td>28,201</td>
<td>296,874</td>
</tr>
<tr>
<td>Person-years*</td>
<td>3,123.7</td>
<td>10,520.9</td>
<td>41,015.9</td>
<td>443,039.1</td>
</tr>
<tr>
<td>Number of Deaths</td>
<td>131</td>
<td>451</td>
<td>1,868</td>
<td>18,853</td>
</tr>
<tr>
<td><strong>Adult (18+) Patients</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count at risk during the evaluation period</td>
<td>2,163</td>
<td>6,972</td>
<td>27,445</td>
<td>288,141</td>
</tr>
<tr>
<td>Person-years*</td>
<td>3,046.2</td>
<td>10,169.0</td>
<td>39,869.7</td>
<td>429,477.3</td>
</tr>
<tr>
<td>Number of Deaths</td>
<td>131</td>
<td>447</td>
<td>1,858</td>
<td>18,776</td>
</tr>
<tr>
<td><strong>Pediatric (&lt;18) Patients</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count at risk during the evaluation period</td>
<td>52</td>
<td>223</td>
<td>756</td>
<td>8,733</td>
</tr>
<tr>
<td>Person-years*</td>
<td>77.5</td>
<td>351.8</td>
<td>1,146.2</td>
<td>13,561.8</td>
</tr>
<tr>
<td>Number of Deaths</td>
<td>0</td>
<td>4</td>
<td>10</td>
<td>77</td>
</tr>
</tbody>
</table>

* Person-years are calculated as days (converted to fractional years). The number of days from 01/01/2018, or from the date of first wait listing until death, reaching 7 years after listing or December 31, 2019.

** 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: 01/01/2018 - 12/31/2019

Figure B8. HR estimate of patient mortality after listing

Figure B9. Observed adult (18+) and pediatric (<18) rates of patient mortality after listing: 01/01/2018 - 12/31/2019
B. Waiting List Information

Table B7. Waiting list candidate status after listing
Candidates registered on waiting list between 07/01/2017 and 06/30/2018

<table>
<thead>
<tr>
<th>Waiting list status (survival status)</th>
<th>This Center (N=354) Months Since Listing</th>
<th>U.S. (N=37,827) Months Since Listing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Alive on waiting list (%)</td>
<td>75.1</td>
<td>63.0</td>
</tr>
<tr>
<td>Died on the waiting list without transplant (%)</td>
<td>1.1</td>
<td>2.0</td>
</tr>
<tr>
<td>Removed without transplant (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition worsened (status unknown)</td>
<td>0.0</td>
<td>0.8</td>
</tr>
<tr>
<td>Condition improved (status unknown)</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Refused transplant (status unknown)</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Transplant (living donor from waiting list only) (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functioning (alive)</td>
<td>5.9</td>
<td>7.6</td>
</tr>
<tr>
<td>Failed-Retransplanted (alive)</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Failed-alive not retransplanted</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Died</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Status Yet Unknown**</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Transplant (deceased donor) (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functioning (alive)</td>
<td>15.3</td>
<td>22.0</td>
</tr>
<tr>
<td>Failed-Retransplanted (alive)</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Failed-alive not retransplanted</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Died</td>
<td>0.3</td>
<td>0.6</td>
</tr>
<tr>
<td>Status Yet Unknown*</td>
<td>1.1</td>
<td>2.8</td>
</tr>
<tr>
<td>Lost or Transferred (status unknown) (%)</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL (%)</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

* 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 01/01/2014 and 12/31/2016

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>This Center</th>
<th>United States</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>30 day</td>
<td>1 year</td>
<td>2 years</td>
<td>3 years</td>
<td>N</td>
<td>30 day</td>
<td>1 year</td>
<td>2 years</td>
<td>3 years</td>
<td>N</td>
<td>30 day</td>
<td>1 year</td>
<td>2 years</td>
<td>3 years</td>
</tr>
<tr>
<td>All</td>
<td>607</td>
<td>6.9</td>
<td>32.1</td>
<td>43.0</td>
<td>48.4</td>
<td>93,944</td>
<td>3.2</td>
<td>14.8</td>
<td>21.4</td>
<td>26.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity/Race*</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>294</td>
<td>6.1</td>
<td>30.6</td>
<td>40.5</td>
<td>44.9</td>
<td>37,623</td>
<td>3.6</td>
<td>15.9</td>
<td>22.6</td>
<td>27.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African-American</td>
<td>267</td>
<td>7.9</td>
<td>30.7</td>
<td>42.3</td>
<td>49.8</td>
<td>29,876</td>
<td>2.9</td>
<td>14.5</td>
<td>21.1</td>
<td>26.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>17</td>
<td>17.6</td>
<td>64.7</td>
<td>76.5</td>
<td>76.5</td>
<td>17,287</td>
<td>3.3</td>
<td>14.5</td>
<td>21.0</td>
<td>26.4</td>
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</tr>
<tr>
<td>Asian</td>
<td>24</td>
<td>0.0</td>
<td>41.7</td>
<td>54.2</td>
<td>54.2</td>
<td>7,615</td>
<td>1.9</td>
<td>10.6</td>
<td>17.2</td>
<td>22.7</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Other</td>
<td>5</td>
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<td>40.0</td>
<td>60.0</td>
<td>60.0</td>
<td>1,543</td>
<td>3.4</td>
<td>18.0</td>
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<td>29.9</td>
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</tr>
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</tr>
<tr>
<td>Age</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>&lt;2 years</td>
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<td>--</td>
<td>--</td>
<td>--</td>
<td>133</td>
<td>5.3</td>
<td>33.1</td>
<td>50.4</td>
<td>63.9</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2-11 years</td>
<td>6</td>
<td>0.0</td>
<td>66.7</td>
<td>66.7</td>
<td>83.3</td>
<td>840</td>
<td>7.9</td>
<td>48.6</td>
<td>63.0</td>
<td>70.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-17 years</td>
<td>8</td>
<td>12.5</td>
<td>62.5</td>
<td>87.5</td>
<td>87.5</td>
<td>1,395</td>
<td>7.5</td>
<td>49.6</td>
<td>62.0</td>
<td>67.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-34 years</td>
<td>56</td>
<td>5.4</td>
<td>25.0</td>
<td>41.1</td>
<td>46.4</td>
<td>9,573</td>
<td>2.9</td>
<td>15.8</td>
<td>24.3</td>
<td>31.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-49 years</td>
<td>156</td>
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<td>17.3</td>
<td>26.3</td>
<td>32.7</td>
<td>23,788</td>
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<td>26.2</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>50-64 years</td>
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<td>33.3</td>
<td>45.1</td>
<td>50.4</td>
<td>40,509</td>
<td>3.3</td>
<td>13.8</td>
<td>19.7</td>
<td>24.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65-69 years</td>
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<td>10.0</td>
<td>38.6</td>
<td>50.0</td>
<td>54.3</td>
<td>12,157</td>
<td>3.3</td>
<td>13.9</td>
<td>19.6</td>
<td>24.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70+ years</td>
<td>65</td>
<td>13.8</td>
<td>55.4</td>
<td>61.5</td>
<td>66.2</td>
<td>5,549</td>
<td>2.8</td>
<td>14.1</td>
<td>19.8</td>
<td>23.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>372</td>
<td>5.1</td>
<td>26.9</td>
<td>37.4</td>
<td>42.7</td>
<td>58,265</td>
<td>3.3</td>
<td>14.4</td>
<td>20.6</td>
<td>25.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>235</td>
<td>9.8</td>
<td>40.4</td>
<td>51.9</td>
<td>57.4</td>
<td>35,679</td>
<td>3.0</td>
<td>15.4</td>
<td>22.8</td>
<td>28.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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 01/01/2014 and 12/31/2016

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percent transplanted at time periods since listing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This Center</td>
</tr>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>All</td>
<td>607</td>
</tr>
<tr>
<td>Blood Type</td>
<td></td>
</tr>
<tr>
<td>O</td>
<td>318</td>
</tr>
<tr>
<td>A</td>
<td>186</td>
</tr>
<tr>
<td>B</td>
<td>84</td>
</tr>
<tr>
<td>AB</td>
<td>19</td>
</tr>
<tr>
<td>Previous Transplant</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>75</td>
</tr>
<tr>
<td>No</td>
<td>532</td>
</tr>
<tr>
<td>Peak PRA/CPRA</td>
<td></td>
</tr>
<tr>
<td>0-9%</td>
<td>553</td>
</tr>
<tr>
<td>10-79%</td>
<td>23</td>
</tr>
<tr>
<td>80+%</td>
<td>31</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
</tr>
<tr>
<td>Primary Disease*</td>
<td></td>
</tr>
<tr>
<td>Glomerular Diseases</td>
<td>109</td>
</tr>
<tr>
<td>Tubular &amp; Interstitial Diseases</td>
<td>10</td>
</tr>
<tr>
<td>Polycystic Kidneys</td>
<td>38</td>
</tr>
<tr>
<td>Congenital, Familial, Metabolic Diabetes</td>
<td>7</td>
</tr>
<tr>
<td>Diabetes</td>
<td>248</td>
</tr>
<tr>
<td>Renovascular &amp; Vascular Diseases</td>
<td>1</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>0</td>
</tr>
<tr>
<td>Hypertensive Nephrosclerosis</td>
<td>131</td>
</tr>
<tr>
<td>Other</td>
<td>57</td>
</tr>
<tr>
<td>Missing*</td>
<td>6</td>
</tr>
</tbody>
</table>

* 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 01/01/2014 and 06/30/2019

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Center</th>
<th>Months to Transplant**</th>
<th>Region</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th</td>
<td>0.7</td>
<td>0.9</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>10th</td>
<td>1.5</td>
<td>2.2</td>
<td>2.4</td>
<td>2.7</td>
</tr>
<tr>
<td>25th</td>
<td>5.9</td>
<td>9.5</td>
<td>9.5</td>
<td>10.2</td>
</tr>
<tr>
<td>50th (median time to transplant)</td>
<td>21.7</td>
<td>39.8</td>
<td>39.1</td>
<td>45.4</td>
</tr>
<tr>
<td>75th</td>
<td>Not Observed</td>
<td>Not Observed</td>
<td>Not Observed</td>
<td>Not Observed</td>
</tr>
</tbody>
</table>

* 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 12/31/2019. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had received a transplant.
Table B11. Offer Acceptance Practices: 01/01/2019 - 12/31/2019

<table>
<thead>
<tr>
<th>Offers Acceptance Characteristics</th>
<th>This Center</th>
<th>OPO/DSA</th>
<th>Region</th>
<th>U.S.</th>
</tr>
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<tbody>
<tr>
<td><strong>Overall</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Number of Offers</td>
<td>19,734</td>
<td>44,507</td>
<td>136,218</td>
<td>1,914,666</td>
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<tr>
<td>Number of Acceptances</td>
<td>176</td>
<td>444</td>
<td>1,781</td>
<td>15,506</td>
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<tr>
<td>Expected Acceptances</td>
<td>93.4</td>
<td>357.8</td>
<td>1,589.0</td>
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</tr>
<tr>
<td>Offer Acceptance Ratio*</td>
<td>1.87</td>
<td>1.24</td>
<td>1.12</td>
<td>1.00</td>
</tr>
<tr>
<td>95% Credible Interval**</td>
<td>[1.60, 2.15]</td>
<td></td>
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</tr>
<tr>
<td><strong>Low-KDRI Donors (KDRI &lt; 1.05)</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Number of Offers</td>
<td>1,193</td>
<td>3,686</td>
<td>13,646</td>
<td>218,756</td>
</tr>
<tr>
<td>Number of Acceptances</td>
<td>53</td>
<td>116</td>
<td>583</td>
<td>5,219</td>
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<tr>
<td>Expected Acceptances</td>
<td>32.2</td>
<td>98.8</td>
<td>558.7</td>
<td>5,214.5</td>
</tr>
<tr>
<td>Offer Acceptance Ratio*</td>
<td>1.61</td>
<td>1.17</td>
<td>1.04</td>
<td>1.00</td>
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<tr>
<td>95% Credible Interval**</td>
<td>[1.21, 2.06]</td>
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<tr>
<td><strong>Medium-KDRI Donors (1.05 &lt; KDRI &lt; 1.75)</strong></td>
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<tr>
<td>Number of Offers</td>
<td>11,953</td>
<td>30,296</td>
<td>87,481</td>
<td>1,285,612</td>
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<tr>
<td>Number of Acceptances</td>
<td>80</td>
<td>255</td>
<td>993</td>
<td>8,475</td>
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<tr>
<td>Expected Acceptances</td>
<td>39.9</td>
<td>213.8</td>
<td>845.5</td>
<td>8,460.8</td>
</tr>
<tr>
<td>Offer Acceptance Ratio*</td>
<td>1.96</td>
<td>1.19</td>
<td>1.17</td>
<td>1.00</td>
</tr>
<tr>
<td>95% Credible Interval**</td>
<td>[1.56, 2.40]</td>
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</tr>
<tr>
<td><strong>High-KDRI Donors (KDRI &gt; 1.75)</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Number of Offers</td>
<td>6,588</td>
<td>10,525</td>
<td>35,091</td>
<td>410,298</td>
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<tr>
<td>Number of Acceptances</td>
<td>43</td>
<td>73</td>
<td>205</td>
<td>1,812</td>
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<td>Expected Acceptances</td>
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<td>45.3</td>
<td>184.7</td>
<td>1,811.2</td>
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<tr>
<td>Offer Acceptance Ratio*</td>
<td>1.94</td>
<td>1.59</td>
<td>1.11</td>
<td>1.00</td>
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<tr>
<td>95% Credible Interval**</td>
<td>[1.41, 2.54]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hard-to-Place Kidneys (Over 100 Offers)</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Number of Offers</td>
<td>17,339</td>
<td>37,149</td>
<td>105,662</td>
<td>1,639,492</td>
</tr>
<tr>
<td>Number of Acceptances</td>
<td>56</td>
<td>82</td>
<td>212</td>
<td>2,194</td>
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<tr>
<td>Expected Acceptances</td>
<td>23.6</td>
<td>53.7</td>
<td>171.3</td>
<td>2,191.3</td>
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<tr>
<td>Offer Acceptance Ratio*</td>
<td>2.27</td>
<td>1.51</td>
<td>1.23</td>
<td>1.00</td>
</tr>
<tr>
<td>95% Credible Interval**</td>
<td>[1.72, 2.89]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

** As an example, the 95% Credible Interval for the overall offer acceptance ratio, [1.60, 2.15], indicates the location of NCBG’s true offer acceptance ratio with 95% probability. The best estimate is 87% more likely to accept an offer compared to national acceptance behavior, but NCBG’s performance could plausibly range from 60% higher acceptance up to 115% higher acceptance.
B. Waiting List Information

Figure B10. Offer acceptance: Overall

Figure B11. Offer acceptance: Low-KDRI

Figure B12. Offer acceptance: Medium-KDRI

Figure B13. Offer acceptance: High-KDRI

Figure B14. Offer acceptance: Offer number > 100
C. Transplant Information

Table C1D. Deceased donor transplant recipient demographic characteristics
Patients transplanted between 01/01/2019 and 12/31/2019

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Center (N=174)</th>
<th>Region (N=1,871)</th>
<th>U.S. (N=16,534)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethnicity/Race (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>38.5</td>
<td>37.2</td>
<td>37.4</td>
</tr>
<tr>
<td>African-American</td>
<td>47.1</td>
<td>53.8</td>
<td>32.7</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>9.8</td>
<td>4.1</td>
<td>20.1</td>
</tr>
<tr>
<td>Asian</td>
<td>1.1</td>
<td>2.8</td>
<td>7.9</td>
</tr>
<tr>
<td>Other</td>
<td>3.4</td>
<td>2.1</td>
<td>1.9</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Age (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;2 years</td>
<td>0.6</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>2-11 years</td>
<td>0.6</td>
<td>1.4</td>
<td>1.4</td>
</tr>
<tr>
<td>12-17</td>
<td>1.7</td>
<td>1.5</td>
<td>1.7</td>
</tr>
<tr>
<td>18-34</td>
<td>8.0</td>
<td>9.3</td>
<td>9.6</td>
</tr>
<tr>
<td>35-49 years</td>
<td>23.6</td>
<td>24.9</td>
<td>23.4</td>
</tr>
<tr>
<td>50-64 years</td>
<td>31.6</td>
<td>41.7</td>
<td>40.6</td>
</tr>
<tr>
<td>65-69 years</td>
<td>18.4</td>
<td>13.5</td>
<td>13.6</td>
</tr>
<tr>
<td>70+ years</td>
<td>15.5</td>
<td>7.5</td>
<td>9.7</td>
</tr>
<tr>
<td><strong>Gender (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>46.0</td>
<td>59.3</td>
<td>60.2</td>
</tr>
<tr>
<td>Female</td>
<td>54.0</td>
<td>40.7</td>
<td>39.8</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percentage in each category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Center (N=46)</td>
</tr>
<tr>
<td>Ethnicity/Race (%)*</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>67.4</td>
</tr>
<tr>
<td>African-American</td>
<td>13.0</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>6.5</td>
</tr>
<tr>
<td>Asian</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>13.0</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.0</td>
</tr>
<tr>
<td>Age (%)</td>
<td></td>
</tr>
<tr>
<td>&lt;2 years</td>
<td>2.2</td>
</tr>
<tr>
<td>2-11 years</td>
<td>2.2</td>
</tr>
<tr>
<td>12-17</td>
<td>6.5</td>
</tr>
<tr>
<td>18-34</td>
<td>15.2</td>
</tr>
<tr>
<td>35-49 years</td>
<td>28.3</td>
</tr>
<tr>
<td>50-64 years</td>
<td>32.6</td>
</tr>
<tr>
<td>65-69 years</td>
<td>8.7</td>
</tr>
<tr>
<td>70+ years</td>
<td>4.3</td>
</tr>
<tr>
<td>Gender (%)</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>60.9</td>
</tr>
<tr>
<td>Female</td>
<td>39.1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percentage in each category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Center (N=174)</td>
</tr>
<tr>
<td><strong>Blood Type (%)</strong></td>
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</tr>
<tr>
<td>O</td>
<td>43.7</td>
</tr>
<tr>
<td>A</td>
<td>37.4</td>
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<tr>
<td>B</td>
<td>14.4</td>
</tr>
<tr>
<td>AB</td>
<td>4.6</td>
</tr>
<tr>
<td><strong>Previous Transplant (%)</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>9.8</td>
</tr>
<tr>
<td>No</td>
<td>90.2</td>
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<tr>
<td><strong>Peak PRA/CPRA Prior to Transplant (%)</strong></td>
<td></td>
</tr>
<tr>
<td>0-9%</td>
<td>75.3</td>
</tr>
<tr>
<td>10-79%</td>
<td>9.8</td>
</tr>
<tr>
<td>80+ %</td>
<td>14.9</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Body Mass Index (%)</strong></td>
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</tr>
<tr>
<td>0-20</td>
<td>6.9</td>
</tr>
<tr>
<td>21-25</td>
<td>21.8</td>
</tr>
<tr>
<td>26-30</td>
<td>32.8</td>
</tr>
<tr>
<td>31-35</td>
<td>27.0</td>
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<td>36-40</td>
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<td>41+</td>
<td>1.7</td>
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<tr>
<td>Unknown</td>
<td>1.1</td>
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<tr>
<td><strong>Primary Disease (%)</strong></td>
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<tr>
<td>Glomerular Diseases</td>
<td>24.7</td>
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<tr>
<td>Tubular and Interstitial Disease</td>
<td>2.9</td>
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<tr>
<td>Polycystic Kidneys</td>
<td>5.7</td>
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<tr>
<td>Congenital, Familial, Metabolic</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Renovascular &amp; Vascular Diseases</td>
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<td>0.0</td>
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<tr>
<td>Hypertensive Nephrosclerosis</td>
<td>15.5</td>
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<tr>
<td>Other Kidney</td>
<td>8.6</td>
</tr>
<tr>
<td>Missing*</td>
<td>0.0</td>
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</tbody>
</table>

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

<table>
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<tr>
<th>Characteristic</th>
<th>Percentage in each category</th>
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<tr>
<td></td>
<td>Center (N=46)</td>
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<td></td>
<td>Region (N=521)</td>
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<tr>
<td></td>
<td>U.S. (N=6,867)</td>
</tr>
<tr>
<td>Blood Type (%)</td>
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<td>O</td>
<td>23.9</td>
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<tr>
<td>A</td>
<td>58.7</td>
</tr>
<tr>
<td>B</td>
<td>13.0</td>
</tr>
<tr>
<td>AB</td>
<td>4.3</td>
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<tr>
<td>Previous Transplant (%)</td>
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<td>Yes</td>
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<tr>
<td>No</td>
<td>87.0</td>
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<tr>
<td>Peak PRA/CPRA Prior to Transplant (%)</td>
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</tr>
<tr>
<td>0-9%</td>
<td>87.0</td>
</tr>
<tr>
<td>10-79%</td>
<td>10.9</td>
</tr>
<tr>
<td>80+ %</td>
<td>2.2</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.0</td>
</tr>
<tr>
<td>Body Mass Index (%)</td>
<td></td>
</tr>
<tr>
<td>0-20</td>
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<td>21-25</td>
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<td>26-30</td>
<td>15.2</td>
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<td>36-40</td>
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<tr>
<td>Unknown</td>
<td>0.0</td>
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<tr>
<td>Primary Disease (%)*</td>
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</tr>
<tr>
<td>Glomerular Diseases</td>
<td>23.9</td>
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<tr>
<td>Tubular and Interstitial Disease</td>
<td>10.9</td>
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<tr>
<td>Polycystic Kidneys</td>
<td>4.3</td>
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<tr>
<td>Congenital, Familial, Metabolic</td>
<td>4.3</td>
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<tr>
<td>Diabetes</td>
<td>15.2</td>
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<tr>
<td>Renovascular &amp; Vascular Diseases</td>
<td>0.0</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>0.0</td>
</tr>
<tr>
<td>Hypertensive Nephrosclerosis</td>
<td>6.5</td>
</tr>
<tr>
<td>Other Kidney</td>
<td>34.8</td>
</tr>
<tr>
<td>Missing*</td>
<td>0.0</td>
</tr>
</tbody>
</table>

* 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.
The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA).
## C. Transplant Information

### Table C3L. Living donor characteristics

Transplants performed between 01/01/2019 and 12/31/2019

<table>
<thead>
<tr>
<th>Donor Characteristic</th>
<th>Percentage in each category</th>
</tr>
</thead>
<tbody>
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<td>Center (N=46)</td>
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<tr>
<td><strong>Ethnicity/Race (%)</strong></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>93.5</td>
</tr>
<tr>
<td>African-American</td>
<td>0.0</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>2.2</td>
</tr>
<tr>
<td>Asian</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>4.3</td>
</tr>
<tr>
<td>Not Reported</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Age (%)</strong></td>
<td></td>
</tr>
<tr>
<td>0-11 years</td>
<td>0.0</td>
</tr>
<tr>
<td>12-17</td>
<td>0.0</td>
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<tr>
<td>18-34</td>
<td>19.6</td>
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<tr>
<td>35-49 years</td>
<td>41.3</td>
</tr>
<tr>
<td>50-64 years</td>
<td>32.6</td>
</tr>
<tr>
<td>65-69 years</td>
<td>4.3</td>
</tr>
<tr>
<td>70+ years</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Gender (%)</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>30.4</td>
</tr>
<tr>
<td>Female</td>
<td>69.6</td>
</tr>
<tr>
<td><strong>Blood Type (%)</strong></td>
<td></td>
</tr>
<tr>
<td>O</td>
<td>60.9</td>
</tr>
<tr>
<td>A</td>
<td>32.6</td>
</tr>
<tr>
<td>B</td>
<td>4.3</td>
</tr>
<tr>
<td>AB</td>
<td>2.2</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.0</td>
</tr>
</tbody>
</table>

* 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%.
### Table C4D. Deceased donor transplant characteristics

Transplants performed between 01/01/2019 and 12/31/2019

<table>
<thead>
<tr>
<th>Transplant Characteristic</th>
<th>Percentage in each category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Center (N=174)</td>
</tr>
<tr>
<td><strong>Cold Ischemic Time (Hours): Local (%)</strong></td>
<td></td>
</tr>
<tr>
<td>Deceased: 0-11 hr</td>
<td>7.8</td>
</tr>
<tr>
<td>Deceased: 12-21 hr</td>
<td>75.6</td>
</tr>
<tr>
<td>Deceased: 22-31 hr</td>
<td>14.4</td>
</tr>
<tr>
<td>Deceased: 32-41 hr</td>
<td>2.2</td>
</tr>
<tr>
<td>Deceased: 42+ hr</td>
<td>0.0</td>
</tr>
<tr>
<td>Not Reported</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Cold Ischemic Time (Hours): Shared (%)</strong></td>
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</tr>
<tr>
<td>Deceased: 0-11 hr</td>
<td>0.0</td>
</tr>
<tr>
<td>Deceased: 12-21 hr</td>
<td>38.1</td>
</tr>
<tr>
<td>Deceased: 22-31 hr</td>
<td>52.4</td>
</tr>
<tr>
<td>Deceased: 32-41 hr</td>
<td>9.5</td>
</tr>
<tr>
<td>Deceased: 42+ hr</td>
<td>0.0</td>
</tr>
<tr>
<td>Not Reported</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Level of Mismatch (%)</strong></td>
<td></td>
</tr>
<tr>
<td>A Locus Mismatches (%)</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>16.7</td>
</tr>
<tr>
<td>1</td>
<td>38.5</td>
</tr>
<tr>
<td>2</td>
<td>44.8</td>
</tr>
<tr>
<td>Not Reported</td>
<td>0.0</td>
</tr>
<tr>
<td>B Locus Mismatches (%)</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>9.8</td>
</tr>
<tr>
<td>1</td>
<td>21.8</td>
</tr>
<tr>
<td>2</td>
<td>68.4</td>
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<tr>
<td>Not Reported</td>
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<tr>
<td>DR Locus Mismatches (%)</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>16.1</td>
</tr>
<tr>
<td>1</td>
<td>47.7</td>
</tr>
<tr>
<td>2</td>
<td>36.2</td>
</tr>
<tr>
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<td>0.0</td>
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<tr>
<td><strong>Total Mismatches (%)</strong></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>6.9</td>
</tr>
<tr>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>2</td>
<td>5.7</td>
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<td>3</td>
<td>10.9</td>
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<td>4</td>
<td>27.6</td>
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<td>5</td>
<td>35.1</td>
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<tr>
<td>6</td>
<td>12.6</td>
</tr>
<tr>
<td>Not Reported</td>
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</tr>
<tr>
<td><strong>Procedure Type (%)</strong></td>
<td></td>
</tr>
<tr>
<td>Kidney alone</td>
<td>100.0</td>
</tr>
<tr>
<td>Kidney and another organ</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Dialysis in First Week After Transplant (%)</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>19.0</td>
</tr>
<tr>
<td>No</td>
<td>81.0</td>
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<tr>
<td>Not Reported</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Sharing (%)</strong></td>
<td></td>
</tr>
<tr>
<td>Local</td>
<td>51.7</td>
</tr>
<tr>
<td>Shared</td>
<td>48.3</td>
</tr>
</tbody>
</table>

---

*Multiple organ transplants are excluded from this statistic.

The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA).
## C. Transplant Information

### Table C4L. Living donor transplant characteristics
Transplants performed between 01/01/2019 and 12/31/2019

<table>
<thead>
<tr>
<th>Transplant Characteristic</th>
<th>Percentage in each category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Center (N=46)</td>
</tr>
<tr>
<td>Relation with Donor (%)</td>
<td></td>
</tr>
<tr>
<td>Related</td>
<td>17.4</td>
</tr>
<tr>
<td>Unrelated</td>
<td>82.6</td>
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<tr>
<td>Not Reported</td>
<td>0.0</td>
</tr>
<tr>
<td>Level of Mismatch (%)</td>
<td></td>
</tr>
<tr>
<td>A Locus Mismatches (%)</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>8.7</td>
</tr>
<tr>
<td>1</td>
<td>52.2</td>
</tr>
<tr>
<td>2</td>
<td>37.0</td>
</tr>
<tr>
<td>Not Reported</td>
<td>2.2</td>
</tr>
<tr>
<td>B Locus Mismatches (%)</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>6.5</td>
</tr>
<tr>
<td>1</td>
<td>32.6</td>
</tr>
<tr>
<td>2</td>
<td>58.7</td>
</tr>
<tr>
<td>Not Reported</td>
<td>2.2</td>
</tr>
<tr>
<td>DR Locus Mismatches (%)</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>13.0</td>
</tr>
<tr>
<td>1</td>
<td>54.3</td>
</tr>
<tr>
<td>2</td>
<td>30.4</td>
</tr>
<tr>
<td>Not Reported</td>
<td>2.2</td>
</tr>
<tr>
<td>Total Mismatches (%)</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>2.2</td>
</tr>
<tr>
<td>1</td>
<td>0.0</td>
</tr>
<tr>
<td>2</td>
<td>10.9</td>
</tr>
<tr>
<td>3</td>
<td>19.6</td>
</tr>
<tr>
<td>4</td>
<td>28.3</td>
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<tr>
<td>5</td>
<td>23.9</td>
</tr>
<tr>
<td>6</td>
<td>13.0</td>
</tr>
<tr>
<td>Not Reported</td>
<td>2.2</td>
</tr>
<tr>
<td>Procedure Type (%)</td>
<td></td>
</tr>
<tr>
<td>Kidney alone</td>
<td>100.0</td>
</tr>
<tr>
<td>Kidney and another organ</td>
<td>0.0</td>
</tr>
<tr>
<td>Dialysis in First Week After Transplant (%)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2.2</td>
</tr>
<tr>
<td>No</td>
<td>97.8</td>
</tr>
<tr>
<td>Not Reported</td>
<td>0.0</td>
</tr>
<tr>
<td>Median Time in Hospital After Transplant*</td>
<td>3.0 Days</td>
</tr>
</tbody>
</table>

* Multiple organ transplants are excluded from this statistic.
C. Transplant Information

Table C5. Adult (18+) 1-month survival with a functioning graft
Single organ transplants performed between 01/01/2017 and 06/30/2019
Deaths and retransplants are considered graft failures

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>417</td>
<td>48,030</td>
</tr>
<tr>
<td>Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)</td>
<td>98.56%</td>
<td>98.68%</td>
</tr>
<tr>
<td>Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)</td>
<td>98.29%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed graft failures (including deaths) during the first month after transplant</td>
<td>6</td>
<td>636</td>
</tr>
<tr>
<td>Number of expected graft failures (including deaths) during the first month after transplant</td>
<td>7.12</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.88</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.38, 1.58]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.38, 1.58], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 12% lower risk of graft failure compared to an average program, but NCBG's performance could plausibly range from 62% reduced risk up to 58% increased risk.
C. Transplant Information

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

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>343</td>
<td>33,069</td>
</tr>
<tr>
<td>Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)</td>
<td>98.25%</td>
<td>98.42%</td>
</tr>
<tr>
<td>Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)</td>
<td>98.09%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed graft failures (including deaths) during the first month after transplant</td>
<td>6</td>
<td>524</td>
</tr>
<tr>
<td>Number of expected graft failures (including deaths) during the first month after transplant</td>
<td>6.54</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.94</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.40, 1.69]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.40, 1.69], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 6% lower risk of graft failure compared to an average program, but NCBG's performance could plausibly range from 60% reduced risk up to 69% 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 01/01/2017 and 06/30/2019*

Deaths and retransplants are considered graft failures

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>74</td>
<td>14,961</td>
</tr>
<tr>
<td>Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)</td>
<td>100.00%</td>
<td>99.25%</td>
</tr>
<tr>
<td>Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)</td>
<td>99.22%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed graft failures (including deaths) during the first month after transplant</td>
<td>0</td>
<td>112</td>
</tr>
<tr>
<td>Number of expected graft failures (including deaths) during the first month after transplant</td>
<td>0.58</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.78</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.09, 2.16]</td>
<td>--</td>
</tr>
</tbody>
</table>

*The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.*

**The 95% credible interval, [0.09, 2.16], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 22% lower risk of graft failure compared to an average program, but NCBG's performance could plausibly range from 91% reduced risk up to 116% increased risk.

![Figure C1L. Adult (18+) 1-month living donor graft failure HR estimate](image1)

![Figure C2L. Adult (18+) 1-month living donor graft failure HR program comparison](image2)
C. Transplant Information

Table C6. Adult (18+) 1-year survival with a functioning graft
Single organ transplants performed between 01/01/2017 and 06/30/2019
Deaths and retransplants are considered graft failures

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>417</td>
<td>48,030</td>
</tr>
<tr>
<td>Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)</td>
<td>96.38%</td>
<td>95.89%</td>
</tr>
<tr>
<td>Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)</td>
<td>94.59%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed graft failures (including deaths) during the first year after transplant</td>
<td>14</td>
<td>1,846</td>
</tr>
<tr>
<td>Number of expected graft failures (including deaths) during the first year after transplant</td>
<td>20.90</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.70</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.40, 1.08]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.40, 1.08], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 30% lower risk of graft failure compared to an average program, but NCBG's performance could plausibly range from 60% reduced risk up to 8% increased risk.
C. Transplant Information

Table C6D. Adult (18+) 1-year survival with a functioning deceased donor graft

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>343</td>
<td>33,069</td>
</tr>
<tr>
<td>Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)</td>
<td>95.58%</td>
<td>94.88%</td>
</tr>
<tr>
<td>Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)</td>
<td>93.85%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed graft failures (including deaths) during the first year after transplant</td>
<td>14</td>
<td>1,582</td>
</tr>
<tr>
<td>Number of expected graft failures (including deaths) during the first year after transplant</td>
<td>19.53</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.74</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.42, 1.15]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.42, 1.15], indicates the location of NCBG’s true hazard ratio with 95% probability. The best estimate is 26% lower risk of graft failure compared to an average program, but NCBG's performance could plausibly range from 58% reduced risk up to 15% increased risk.

The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA).
C. Transplant Information

Table C6L. Adult (18+) 1-year survival with a functioning living donor graft
Single organ transplants performed between 01/01/2017 and 06/30/2019
Deaths and retransplants are considered graft failures

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>74</td>
<td>14,961</td>
</tr>
<tr>
<td>Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)</td>
<td>100.00%</td>
<td>98.11%</td>
</tr>
<tr>
<td>Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)</td>
<td>98.04%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed graft failures (including deaths) during the first year after transplant</td>
<td>0</td>
<td>264</td>
</tr>
<tr>
<td>Number of expected graft failures (including deaths) during the first year after transplant</td>
<td>1.36</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.59</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.07, 1.66]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.07, 1.66], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 41% lower risk of graft failure compared to an average program, but NCBG's performance could plausibly range from 93% reduced risk up to 66% increased risk.

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

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

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

Single organ transplants performed between 07/01/2014 and 12/31/2016
Deaths and retransplants are considered graft failures

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>388</td>
<td>41,625</td>
</tr>
<tr>
<td>Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)</td>
<td>85.31%</td>
<td>89.28%</td>
</tr>
<tr>
<td>Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)</td>
<td>85.91%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed graft failures (including deaths) during the first 3 years after transplant</td>
<td>57</td>
<td>4,463</td>
</tr>
<tr>
<td>Number of expected graft failures (including deaths) during the first 3 years after transplant</td>
<td>54.51</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>1.04</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.79, 1.33]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.79, 1.33], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 4% higher risk of graft failure compared to an average program, but NCBG's performance could plausibly range from 21% reduced risk up to 33% increased risk.

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

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

The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA).
C. Transplant Information

Table C7D. Adult (18+) 3-year survival with a functioning deceased donor graft
Single organ transplants performed between 07/01/2014 and 12/31/2016
Deaths and retransplants are considered graft failures

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>325</td>
<td>28,182</td>
</tr>
<tr>
<td>Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)</td>
<td>84.00%</td>
<td>86.96%</td>
</tr>
<tr>
<td>Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)</td>
<td>84.26%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed graft failures (including deaths) during the first 3 years after transplant</td>
<td>52</td>
<td>3,674</td>
</tr>
<tr>
<td>Number of expected graft failures (including deaths) during the first 3 years after transplant</td>
<td>51.06</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>1.02</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.76, 1.31]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.76, 1.31], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 2% higher risk of graft failure compared to an average program, but NCBG's performance could plausibly range from 24% reduced risk up to 31% increased risk.

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

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

The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA).
C. Transplant Information

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

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>63</td>
<td>13,443</td>
</tr>
<tr>
<td>Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)</td>
<td>92.06%</td>
<td>94.13%</td>
</tr>
<tr>
<td>Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)</td>
<td>94.44%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed graft failures (including deaths) during the first 3 years after transplant</td>
<td>5</td>
<td>789</td>
</tr>
<tr>
<td>Number of expected graft failures (including deaths) during the first 3 years after transplant</td>
<td>3.45</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>1.28</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.52, 2.40]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.52, 2.40], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 28% higher risk of graft failure compared to an average program, but NCBG's performance could plausibly range from 48% reduced risk up to 140% increased risk.
C. Transplant Information

Table C8. Pediatric (<18) 1-month survival with a functioning graft

<table>
<thead>
<tr>
<th>Number of transplants evaluated</th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)</td>
<td>21</td>
<td>2,081</td>
</tr>
<tr>
<td>Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)</td>
<td>100.00%</td>
<td>98.99%</td>
</tr>
<tr>
<td>Number of observed graft failures (including deaths) during the first month after transplant</td>
<td>99.05%</td>
<td>--</td>
</tr>
<tr>
<td>Number of expected graft failures (including deaths) during the first month after transplant</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.20</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>0.91</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

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

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

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

Single organ transplants performed between 01/01/2017 and 06/30/2019

Deaths and retransplants are considered graft failures

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>11</td>
<td>1,407</td>
</tr>
<tr>
<td>Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)</td>
<td>100.00%</td>
<td>98.86%</td>
</tr>
<tr>
<td>Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)</td>
<td>98.86%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed graft failures (including deaths) during the first month after transplant</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Number of expected graft failures (including deaths) during the first month after transplant</td>
<td>0.13</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.94</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.11, 2.62]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.11, 2.62], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 6% lower risk of graft failure compared to an average program, but NCBG's performance could plausibly range from 89% reduced risk up to 162% increased risk.

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

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

The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA).
C. Transplant Information

Table C8L. Pediatric (<18) 1-month survival with a functioning living donor graft
Single organ transplants performed between 01/01/2017 and 06/30/2019
Deaths and retransplants are considered graft failures

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>10</td>
<td>674</td>
</tr>
<tr>
<td>Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)</td>
<td>100.00%</td>
<td>99.26%</td>
</tr>
<tr>
<td>Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)</td>
<td>99.26%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed graft failures (including deaths) during the first month after transplant</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Number of expected graft failures (including deaths) during the first month after transplant</td>
<td>0.07</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.96</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.12, 2.69]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG'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 NCBG's true hazard ratio with 95% probability. The best estimate is 4% lower risk of graft failure compared to an average program, but NCBG's performance could plausibly range from 88% reduced risk up to 169% increased risk.

The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA).
C. Transplant Information

Table C9. Pediatric (<18) 1-year survival with a functioning graft
Single organ transplants performed between 01/01/2017 and 06/30/2019
Deaths and retransplants are considered graft failures

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>21</td>
<td>2,081</td>
</tr>
<tr>
<td>Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)</td>
<td>100.00%</td>
<td>98.29%</td>
</tr>
<tr>
<td>Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)</td>
<td>98.47%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed graft failures (including deaths) during the first year after transplant</td>
<td>0</td>
<td>34</td>
</tr>
<tr>
<td>Number of expected graft failures (including deaths) during the first year after transplant</td>
<td>0.30</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.87</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.11, 2.42]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

Table C9D. Pediatric (<18) 1-year survival with a functioning deceased donor graft
Single organ transplants performed between 01/01/2017 and 06/30/2019
Deaths and retransplants are considered graft failures

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>11</td>
<td>1,407</td>
</tr>
<tr>
<td>Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)</td>
<td>100.00%</td>
<td>97.89%</td>
</tr>
<tr>
<td>Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)</td>
<td>97.89%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed graft failures (including deaths) during the first year after transplant</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>Number of expected graft failures (including deaths) during the first year after transplant</td>
<td>0.22</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.90</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.11, 2.52]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.11, 2.52], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 10% lower risk of graft failure compared to an average program, but NCBG's performance could plausibly range from 89% reduced risk up to 152% increased risk.

The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA).
## C. Transplant Information

### Table C9L. Pediatric (<18) 1-year survival with a functioning living donor graft

Deaths and retransplants are considered graft failures.

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>10</td>
<td>674</td>
</tr>
<tr>
<td>Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)</td>
<td>100.00%</td>
<td>99.11%</td>
</tr>
<tr>
<td>Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)</td>
<td>99.11%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed graft failures (including deaths) during the first year after transplant</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Number of expected graft failures (including deaths) during the first year after transplant</td>
<td>0.09</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.96</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.12, 2.67]</td>
<td>--</td>
</tr>
</tbody>
</table>

*The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)’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 NCBG’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 NCBG’s true hazard ratio with 95% probability. The best estimate is 4% lower risk of graft failure compared to an average program, but NCBG’s performance could plausibly range from 88% reduced risk up to 167% increased risk.

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

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

Table C10. Pediatric (<18) 3-year survival with a functioning graft
Single organ transplants performed between 07/01/2014 and 12/31/2016
Deaths and retransplants are considered graft failures

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>8</td>
<td>2,089</td>
</tr>
<tr>
<td>Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)</td>
<td>87.50%</td>
<td>93.39%</td>
</tr>
<tr>
<td>Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)</td>
<td>93.81%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed graft failures (including deaths) during the first 3 years after transplant</td>
<td>1</td>
<td>138</td>
</tr>
<tr>
<td>Number of expected graft failures (including deaths) during the first 3 years after transplant</td>
<td>0.50</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>1.20</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.25, 2.89]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.25, 2.89], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 20% higher risk of graft failure compared to an average program, but NCBG's performance could plausibly range from 75% reduced risk up to 189% increased risk.

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

Figure C12. Pediatric (<18) 3-year graft failure HR program comparison
Table C10D. Pediatric (<18) 3-year survival with a functioning deceased donor graft

Single organ transplants performed between 07/01/2014 and 12/31/2016
Deaths and retransplants are considered graft failures

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>6</td>
<td>1,415</td>
</tr>
<tr>
<td>Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)</td>
<td>83.33%</td>
<td>92.23%</td>
</tr>
<tr>
<td>Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)</td>
<td>93.12%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed graft failures (including deaths) during the first 3 years after transplant</td>
<td>1</td>
<td>110</td>
</tr>
<tr>
<td>Number of expected graft failures (including deaths) during the first 3 years after transplant</td>
<td>0.42</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>1.24</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.26, 2.99]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.26, 2.99], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 24% higher risk of graft failure compared to an average program, but NCBG's performance could plausibly range from 74% reduced risk up to 199% increased risk.
C. Transplant Information

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

Single organ transplants performed between 07/01/2014 and 12/31/2016
Deaths and retransplants are considered graft failures

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>2</td>
<td>674</td>
</tr>
<tr>
<td>Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)</td>
<td>100.00%</td>
<td>95.85%</td>
</tr>
<tr>
<td>Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)</td>
<td>95.85%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed graft failures (including deaths) during the first 3 years after transplant</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>Number of expected graft failures (including deaths) during the first 3 years after transplant</td>
<td>0.08</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.96</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.12, 2.67]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG'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 NCBG's true hazard ratio with 95% probability. The best estimate is 4% lower risk of graft failure compared to an average program, but NCBG's performance could plausibly range from 88% reduced risk up to 167% increased risk.

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

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

Table C11. Adult (18+) 1-month patient survival
Single organ transplants performed between 01/01/2017 and 06/30/2019
Retransplants excluded

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>366</td>
<td>42,495</td>
</tr>
<tr>
<td>Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)</td>
<td>99.73%</td>
<td>99.57%</td>
</tr>
<tr>
<td>Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)</td>
<td>99.44%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed deaths during the first month after transplant</td>
<td>1</td>
<td>183</td>
</tr>
<tr>
<td>Number of expected deaths during the first month after transplant</td>
<td>2.06</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.74</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.15, 1.78]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.15, 1.78], indicates the location of NCBG’s true hazard ratio with 95% probability. The best estimate is 26% lower risk of patient death compared to an average program, but NCBG’s performance could plausibly range from 85% reduced risk up to 78% increased risk.

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

--

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

--

The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA).
C. Transplant Information

Table C11D. Adult (18+) 1-month patient survival (deceased donor graft recipients)
Single organ transplants performed between 01/01/2017 and 06/30/2019
Retransplants excluded

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>299</td>
<td>28,975</td>
</tr>
<tr>
<td>Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)</td>
<td>99.67%</td>
<td>99.47%</td>
</tr>
<tr>
<td>Number of observed deaths during the first month after transplant</td>
<td>1</td>
<td>154</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.77</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.16, 1.85]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.16, 1.85], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 23% lower risk of patient death compared to an average program, but NCBG's performance could plausibly range from 84% reduced risk up to 85% increased risk.
C. Transplant Information

Table C11L. Adult (18+) 1-month patient survival (living donor graft recipients)
Single organ transplants performed between 01/01/2017 and 06/30/2019
Retransplants excluded

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>67</td>
<td>13,520</td>
</tr>
<tr>
<td>Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)</td>
<td>100.00%</td>
<td>99.79%</td>
</tr>
<tr>
<td>Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)</td>
<td>99.78%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed deaths during the first month after transplant</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td>Number of expected deaths during the first month after transplant</td>
<td>0.15</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.93</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.11, 2.59]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.11, 2.59], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 7% lower risk of patient death compared to an average program, but NCBG's performance could plausibly range from 89% reduced risk up to 159% increased risk.
C. Transplant Information

Table C12. Adult (18+) 1-year patient survival
Single organ transplants performed between 01/01/2017 and 06/30/2019
Retransplants excluded

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>366</td>
<td>42,495</td>
</tr>
<tr>
<td>Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)</td>
<td>97.99%</td>
<td>97.68%</td>
</tr>
<tr>
<td>Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)</td>
<td>96.90%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed deaths during the first year after transplant</td>
<td>7</td>
<td>899</td>
</tr>
<tr>
<td>Number of expected deaths during the first year after transplant</td>
<td>10.16</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.74</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.34, 1.30]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.34, 1.30], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 26% lower risk of patient death compared to an average program, but NCBG's performance could plausibly range from 66% reduced risk up to 30% increased risk.
C. Transplant Information

Table C12D. Adult (18+) 1-year patient survival (deceased donor graft recipients)
Single organ transplants performed between 01/01/2017 and 06/30/2019
Retransplants excluded

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>299</td>
<td>28,975</td>
</tr>
<tr>
<td>Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)</td>
<td>97.54%</td>
<td>97.02%</td>
</tr>
<tr>
<td>Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)</td>
<td>96.42%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed deaths during the first year after transplant</td>
<td>7</td>
<td>788</td>
</tr>
<tr>
<td>Number of expected deaths during the first year after transplant</td>
<td>9.58</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.78</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.36, 1.36]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.36, 1.36], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 22% lower risk of patient death compared to an average program, but NCBG's performance could plausibly range from 64% reduced risk up to 36% increased risk.

The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA).
C. Transplant Information

Table C12L. Adult (18+) 1-year patient survival (living donor graft recipients)
Single organ transplants performed between 01/01/2017 and 06/30/2019
Retransplants excluded

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>67</td>
<td>13,520</td>
</tr>
<tr>
<td>Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)</td>
<td>100.00%</td>
<td>99.10%</td>
</tr>
<tr>
<td>Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)</td>
<td>99.07%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed deaths during the first year after transplant</td>
<td>0</td>
<td>111</td>
</tr>
<tr>
<td>Number of expected deaths during the first year after transplant</td>
<td>0.57</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.78</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.09, 2.16]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.09, 2.16], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 22% lower risk of patient death compared to an average program, but NCBG's performance could plausibly range from 91% reduced risk up to 116% increased risk.

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

Figure C16L. Adult (18+) 1-year patient death HR program comparison (living donor grafts)
### C. Transplant Information

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

<table>
<thead>
<tr>
<th>Description</th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>334</td>
<td>35,996</td>
</tr>
<tr>
<td>Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)</td>
<td>94.01%</td>
<td>93.69%</td>
</tr>
<tr>
<td>Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)</td>
<td>92.31%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed deaths during the first 3 years after transplant</td>
<td>20</td>
<td>2,273</td>
</tr>
<tr>
<td>Number of expected deaths during the first 3 years after transplant</td>
<td>26.49</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.77</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.48, 1.13]</td>
<td>--</td>
</tr>
</tbody>
</table>

*The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

**The 95% credible interval, [0.48, 1.13], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 23% lower risk of patient death compared to an average program, but NCBG's performance could plausibly range from 52% reduced risk up to 13% increased risk.

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

![Estimated Hazard Ratio (HR) for NCBG and Other Programs](image)

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

![Program Volume vs. Estimated Hazard Ratio (HR) for NCBG and Other Programs](image)
C. Transplant Information

Table C13D. Adult (18+) 3-year patient survival (deceased donor graft recipients)
Single organ transplants performed between 07/01/2014 and 12/31/2016
Retransplants excluded

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>278</td>
<td>23,929</td>
</tr>
<tr>
<td>Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)</td>
<td>93.88%</td>
<td>92.14%</td>
</tr>
<tr>
<td>Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)</td>
<td>91.39%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed deaths during the first 3 years after transplant</td>
<td>17</td>
<td>1,881</td>
</tr>
<tr>
<td>Number of expected deaths during the first 3 years after transplant</td>
<td>24.74</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.71</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.43, 1.06]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.43, 1.06], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 29% lower risk of patient death compared to an average program, but NCBG's performance could plausibly range from 57% reduced risk up to 6% increased risk.

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

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

Table C13L. Adult (18+) 3-year patient survival (living donor graft recipients)
Single organ transplants performed between 07/01/2014 and 12/31/2016
Retransplants excluded

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>56</td>
<td>12,067</td>
</tr>
<tr>
<td>Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)</td>
<td>94.64%</td>
<td>96.75%</td>
</tr>
<tr>
<td>Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)</td>
<td>96.87%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed deaths during the first 3 years after transplant</td>
<td>3</td>
<td>392</td>
</tr>
<tr>
<td>Number of expected deaths during the first 3 years after transplant</td>
<td>1.75</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>1.33</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.43, 2.73]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.43, 2.73], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 33% higher risk of patient death compared to an average program, but NCBG's performance could plausibly range from 57% reduced risk up to 173% increased risk.
C. Transplant Information

Table C14. Pediatric (<18) 1-month patient survival
Single organ transplants performed between 01/01/2017 and 06/30/2019
Retransplants excluded

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>19</td>
<td>1,882</td>
</tr>
<tr>
<td>Estimated probability of surviving at 1 month</td>
<td>100.00%</td>
<td>99.84%</td>
</tr>
<tr>
<td>(unadjusted for patient and donor characteristics)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected probability of surviving at 1 month</td>
<td>99.84%</td>
<td>--</td>
</tr>
<tr>
<td>(adjusted for patient and donor characteristics)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of observed deaths during the first month after transplant</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Number of expected deaths during the first month after transplant</td>
<td>0.03</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.99</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.12, 2.74]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

** The 95% credible interval, [0.12, 2.74], indicates the location of NCBG's true hazard ratio with 95% probability. The best estimate is 1% lower risk of patient death compared to an average program, but NCBG's performance could plausibly range from 88% reduced risk up to 174% increased risk.

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

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

Table C14D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients)
Single organ transplants performed between 01/01/2017 and 06/30/2019
Retransplants excluded

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>9</td>
<td>1,259</td>
</tr>
<tr>
<td>Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)</td>
<td>100.00%</td>
<td>99.84%</td>
</tr>
<tr>
<td>Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)</td>
<td>99.84%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed deaths during the first month after transplant</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Number of expected deaths during the first month after transplant</td>
<td>0.01</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.99</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.12, 2.77]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG'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 NCBG's true hazard ratio with 95% probability. The best estimate is 1% lower risk of patient death compared to an average program, but NCBG's performance could plausibly range from 88% reduced risk up to 177% increased risk.

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

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

Table C14L. Pediatric (<18) 1-month patient survival (living donor graft recipients)
Single organ transplants performed between 01/01/2017 and 06/30/2019
Retransplants excluded

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>10</td>
<td>623</td>
</tr>
<tr>
<td>Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)</td>
<td>100.00%</td>
<td>99.84%</td>
</tr>
<tr>
<td>Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)</td>
<td>99.84%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed deaths during the first month after transplant</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Number of expected deaths during the first month after transplant</td>
<td>0.02</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.99</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.12, 2.76]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

Table C15. Pediatric (<18) 1-year patient survival
Single organ transplants performed between 01/01/2017 and 06/30/2019
Retransplants excluded

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>19</td>
<td>1,882</td>
</tr>
<tr>
<td>Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)</td>
<td>100.00%</td>
<td>99.60%</td>
</tr>
<tr>
<td>Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)</td>
<td>99.67%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed deaths during the first year after transplant</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Number of expected deaths during the first year after transplant</td>
<td>0.06</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.97</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.12, 2.71]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

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

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

The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA).
C. Transplant Information

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

Single organ transplants performed between 01/01/2017 and 06/30/2019
Retransplants excluded

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>9</td>
<td>1,259</td>
</tr>
<tr>
<td>Estimated probability of surviving at 1 year</td>
<td>100.00%</td>
<td>99.49%</td>
</tr>
<tr>
<td>Expected probability of surviving at 1 year</td>
<td>99.49%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed deaths during the first year after transplant</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Number of expected deaths during the first year after transplant</td>
<td>0.04</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.98</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.12, 2.73]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG'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 NCBG's true hazard ratio with 95% probability. The best estimate is 2% lower risk of patient death compared to an average program, but NCBG's performance could plausibly range from 88% reduced risk up to 173% increased risk.

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

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

Table C15L. Pediatric (<18) 1-year patient survival (living donor graft recipients)
Single organ transplants performed between 01/01/2017 and 06/30/2019
Retransplants excluded

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>10</td>
<td>623</td>
</tr>
<tr>
<td>Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)</td>
<td>100.00%</td>
<td>99.84%</td>
</tr>
<tr>
<td>Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)</td>
<td>99.84%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed deaths during the first year after transplant</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Number of expected deaths during the first year after transplant</td>
<td>0.02</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.99</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.12, 2.76]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)’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 NCBG’s patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA).
C. Transplant Information

Table C16. Pediatric (<18) 3-year patient survival
Single organ transplants performed between 07/01/2014 and 12/31/2016
Retransplants excluded

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>8</td>
<td>1,881</td>
</tr>
<tr>
<td>Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)</td>
<td>100.00%</td>
<td>98.99%</td>
</tr>
<tr>
<td>Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)</td>
<td>99.00%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed deaths during the first 3 years after transplant</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Number of expected deaths during the first 3 years after transplant</td>
<td>0.08</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.96</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.12, 2.68]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

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

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

Table C16D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients)
Single organ transplants performed between 07/01/2014 and 12/31/2016
Retransplants excluded

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>6</td>
<td>1,264</td>
</tr>
<tr>
<td>Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)</td>
<td>100.00%</td>
<td>99.05%</td>
</tr>
<tr>
<td>Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)</td>
<td>99.05%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed deaths during the first 3 years after transplant</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Number of expected deaths during the first 3 years after transplant</td>
<td>0.06</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.97</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.12, 2.71]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

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

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

Table C16L. Pediatric (<18) 3-year patient survival (living donor graft recipients)
Single organ transplants performed between 07/01/2014 and 12/31/2016
Retransplants excluded

<table>
<thead>
<tr>
<th></th>
<th>NCBG</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transplants evaluated</td>
<td>2</td>
<td>617</td>
</tr>
<tr>
<td>Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)</td>
<td>100.00%</td>
<td>98.87%</td>
</tr>
<tr>
<td>Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)</td>
<td>98.87%</td>
<td>--</td>
</tr>
<tr>
<td>Number of observed deaths during the first 3 years after transplant</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Number of expected deaths during the first 3 years after transplant</td>
<td>0.02</td>
<td>--</td>
</tr>
<tr>
<td>Estimated hazard ratio*</td>
<td>0.99</td>
<td>--</td>
</tr>
<tr>
<td>95% credible interval for the hazard ratio**</td>
<td>[0.12, 2.75]</td>
<td>--</td>
</tr>
</tbody>
</table>

* The hazard ratio provides an estimate of how Wake Forest Baptist Medical Center (NCBG)'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 NCBG's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA). Page: 58
## C. Transplant Information

### Table C17. Multi-organ transplant graft survival: 01/01/2017 - 06/30/2019

#### Adult (18+) Transplants

<table>
<thead>
<tr>
<th>Transplant Type</th>
<th>Transplants Performed NCBG-TX1 USA</th>
<th>Kidney Graft Failures NCBG-TX1 USA</th>
<th>Estimated Kidney Graft Survival NCBG-TX1 USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney-Heart</td>
<td>1 493</td>
<td>0 67</td>
<td>100.0% 86.2%</td>
</tr>
<tr>
<td>Kidney-Pancreas</td>
<td>36 2,048</td>
<td>1 62</td>
<td>97.2% 96.8%</td>
</tr>
</tbody>
</table>

#### Pediatric (<18) Transplants

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

### Table C18. Multi-organ transplant patient survival: 01/01/2017 - 06/30/2019

#### Adult (18+) Transplants

<table>
<thead>
<tr>
<th>Transplant Type</th>
<th>Transplants Performed NCBG-TX1 USA</th>
<th>Patient Deaths NCBG-TX1 USA</th>
<th>Estimated Patient Survival NCBG-TX1 USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney-Heart</td>
<td>1 493</td>
<td>0 47</td>
<td>100.0% 90.3%</td>
</tr>
<tr>
<td>Kidney-Pancreas</td>
<td>36 2,048</td>
<td>0 37</td>
<td>100.0% 98.0%</td>
</tr>
</tbody>
</table>

#### Pediatric (<18) Transplants

No pediatric (<18) multi-organ transplants were performed
D. Living Donor Information

Table D1. Living donor summary: 01/01/2017 - 12/31/2019

<table>
<thead>
<tr>
<th>Living Donor Follow-Up</th>
<th>01/2017-12/2017</th>
<th>01/2018-12/2018</th>
<th>01/2019-06/2019</th>
<th>This Center</th>
<th>United States</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>01/2017-12/2017</td>
<td>01/2018-12/2018</td>
<td>01/2019-06/2019</td>
</tr>
<tr>
<td>Number of Living Donors</td>
<td>25</td>
<td>38</td>
<td>21</td>
<td>5,814</td>
<td>6,448</td>
<td>3,383</td>
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<tr>
<td>6-Month Follow-Up</td>
<td></td>
<td></td>
<td></td>
<td>5,811</td>
<td>6,447</td>
<td>3,381</td>
</tr>
<tr>
<td>Donors due for follow-up</td>
<td>25</td>
<td>38</td>
<td>21</td>
<td>5,134</td>
<td>5,612</td>
<td>2,943</td>
</tr>
<tr>
<td>Timely clinical data</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>88.3%</td>
<td>87.0%</td>
<td>87.0%</td>
</tr>
<tr>
<td>Timely lab data</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>85.1%</td>
<td>83.5%</td>
<td>84.5%</td>
</tr>
<tr>
<td>12-Month Follow-Up</td>
<td></td>
<td></td>
<td></td>
<td>5,808</td>
<td>6,442</td>
<td></td>
</tr>
<tr>
<td>Donors due for follow-up</td>
<td>25</td>
<td>38</td>
<td></td>
<td>4,819</td>
<td>5,343</td>
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</tr>
<tr>
<td>Timely clinical data</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
<td>82.9%</td>
<td>82.9%</td>
<td></td>
</tr>
<tr>
<td>Timely lab data</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
<td>78.5%</td>
<td>78.1%</td>
<td></td>
</tr>
<tr>
<td>24-Month Follow-Up</td>
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<td></td>
<td></td>
<td>5,808</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donors due for follow-up</td>
<td>25</td>
<td></td>
<td></td>
<td>4,395</td>
<td></td>
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</tr>
<tr>
<td>Timely clinical data</td>
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<td></td>
<td>75.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timely lab data</td>
<td>96.0%</td>
<td></td>
<td></td>
<td>69.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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