

Center Code: NJHK
Transplant Program (Organ): Kidney

Release Date: August 4, 2020

Based on Data Available: May 31, 2020

SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

## **User Guide**

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

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

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

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

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

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



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confidence interval includes (crosses) 1.0, then we cannot say that this program's observed transplant rate is different from what would be expected. The observed transplant rate at this program was 51.6 per 100 person-years. Transplant rates are also provided for adult and pediatric patients separately along with comparisons to adult and pediatric rates in the DSA, the OPTN region, and the nation. Transplant rates are also presented excluding transplants from a living donor (Table B4D and Figures B1D-B3D). Please refer to the PSR Technical Methods documentation available at http://www.srtr.org for more detail regarding how expected rates are calculated.

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

Survival from listing is presented in Table B6 and Figures B7-B9. These data are presented in the same way as the waiting list mortality rate data in the previous section. The intent of this table and figures is to describe risk of death once candidates are listed rather than while they are listed, including after a transplant. As with transplant rates, mortality rates should be interpreted carefully taking into consideration the interval displayed in Figure B8. For a complete description of how observed and expected mortality rates are calculated, please refer to the technical documentation available at http://www.srtr.org.

Table B7 presents information on what happens to candidates on the waiting list by three different time points after listing: 6 months, 12 months, and 18 months. The table displays percentages of candidates who have died, been removed from the waiting list, been transplanted, or been transferred or lost-to-follow-up. Tables B8 and B9 provide more detail regarding how many candidates have received a deceased donor transplant by certain time points during the first 3 years after being put on the transplant waiting list. Each row of Tables B8 and B9 presents the percent of candidates who received a deceased donor transplant by each time point. Table B10 presents data on the time it took for different percentages of patients to be transplanted for candidates added to the list between 01/01/2014 and 06/30/2019. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this program was 1.3 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 12/31/2019 to calculate a particular percentile of transplant times.

Table B11 contains a summary of the offer acceptance practices of the program. The offer acceptance ratio indicates whether the program is more or less likely to accept offers than the average program. If the offer acceptance ratio is greater than 1.0, then the program tends to accept more offers than average; if the offer acceptance ratio is less than 1.0, then the program tends to accept fewer offers than average. Figure B10 shows the distribution of program offer acceptance rates as well as the offer acceptance rate for this program. Figures B11 - B14 similarly show offer acceptance rates for subsets



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of offers.

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

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

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

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

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

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



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# A. Program Summary

Figure A1. Waiting list and transplant activity

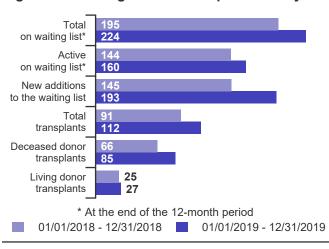


Table A1. Census of transplant recipients

Recipients	01/01/2018- 12/31/2018	01/01/2019- 12/31/2019
Transplanted at this center	91	112
Followed by this center*	340	398
transplanted at this program	n 334	391
transplanted elsewhere	6	7

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

Figure A2. Transplant rates 01/01/2018 - 12/31/2019

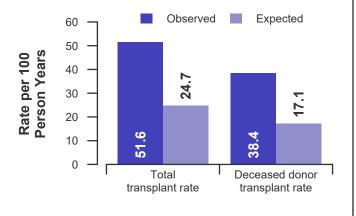


Figure A3. Waiting list mortality rates 01/01/2018 - 12/31/2019



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

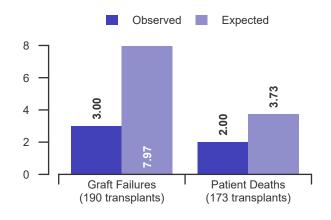
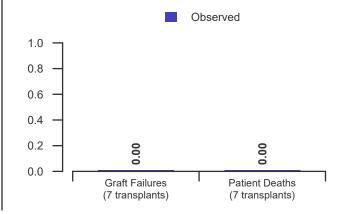


Figure A5. First-year pediatric graft and patient survival: 01/01/2017 - 06/30/2019





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

		its for center	Activity for 01/01/2019 to 12/31/2019 as percent of registrants on waiting list on 01/01/2019			
Waiting List Registrations	01/01/2018- 12/31/2018	01/01/2019- 12/31/2019	This Center (%)	OPTN Region (%)	U.S. (%)	
On waiting list at start Additions	188	195	100.0	100.0	100.0	
New listings at this center	145	193	99.0	40.5	42.2	
Removals						
Transferred to another center	4	3	1.5	2.8	1.4	
Received living donor transplant*	25	27	13.8	6.8	6.7	
Received deceased donor transplant*	66	85	43.6	14.4	16.3	
Died	3	8	4.1	3.8	3.8	
Transplanted at another center	14	12	6.2	5.1	3.9	
Deteriorated	11	16	8.2	4.1	4.2	
Recovered	0	0	0.0	0.2	0.2	
Other reasons	15	13	6.7	4.5	5.4	
On waiting list at end of period	195	224	114.9	98.6	100.2	

<sup>\*</sup> 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.



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Table B2. Demographic characteristics of waiting list candidates
Candidates registered on the waiting list between 01/01/2019 and 12/31/2019

Demographic Characteristic		iting List Regi 2019 to 12/31/2		All Waiting List Registrations on 12/31/2019 (%)			
	This Center (N=193)	OPTN Region (N=5,266)	U.S. (N=42,665)	This Center (N=224)	OPTN Region (N=12,829)	U.S. (N=101,433)	
AII (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Ethnicity/Race (%)*							
White	42.5	44.9	42.0	38.4	39.6	35.3	
African-American	23.8	38.5	29.0	25.9	44.2	32.2	
Hispanic/Latino	18.7	8.5	19.1	22.3	8.2	20.9	
Asian	14.0	7.3	8.0	12.5	7.4	9.8	
Other	1.0	8.0	1.9	0.9	0.6	1.8	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Age (%)							
<2 years	0.0	0.1	0.1	0.0	0.0	0.1	
2-11 years	0.5	8.0	0.9	0.0	0.5	0.5	
12-17 years	4.1	1.1	1.4	5.4	0.9	0.9	
18-34 years	5.2	8.9	10.8	4.9	8.3	10.5	
35-49 years	17.6	21.9	24.6	17.0	25.1	27.3	
50-64 years	33.2	42.5	41.0	34.4	43.9	43.4	
65-69 years	17.6	14.9	13.3	13.8	13.9	12.0	
70+ years	21.8	9.8	7.9	24.6	7.4	5.4	
Gender (%)							
Male	67.4	63.7	61.8	67.9	64.2	62.0	
Female	32.6	36.3	38.2	32.1	35.8	38.0	

<sup>\*</sup> 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%.



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Table B3. Medical characteristics of waiting list candidates
Candidates registered on the waiting list between 01/01/2019 and 12/31/2019

Medical Characteristic		ting List Regis 019 to 12/31/2		All Waiting List Registrations on 12/31/2019 (%)			
medical characteristic	This Center (N=193)	OPTN Region (N=5,266)	U.S. (N=42,665)	This Center (N=224)	OPTN Region (N=12,829)	U.S. (N=101,433)	
All (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Blood Type (%)							
0	52.8	45.6	49.1	50.0	49.9	53.6	
A	29.0	33.4	32.3	24.6	28.6	27.3	
В	14.5	16.8	14.8	22.8	18.5	16.6	
AB	3.6	4.2	3.8	2.7	3.0	2.5	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Previous Transplant (%)							
Yes	14.0	13.3	12.7	14.3	15.3	13.6	
No	86.0	86.7	87.3	85.7	84.7	86.4	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Initial CPRA (%)							
0-9%	77.7	77.5	79.9	72.3	78.0	80.2	
10-79%	14.5	14.3	12.8	17.9	14.0	12.5	
80+%	7.8	8.1	7.2	9.8	8.0	7.2	
Unknown	0.0	0.0	0.1	0.0	0.0	0.1	
Primary Disease (%)*							
Glomerular Diseases	24.9	18.1	19.2	21.0	17.9	19.0	
Tubular and Interstitial Diseases	5.7	3.9	3.9	4.5	4.0	3.6	
Polycystic Kidneys	5.7	7.3	7.5	5.8	7.0	6.8	
Congenital, Familial, Metabolic	0.5	1.7	2.0	0.4	1.5	1.7	
Diabetes	39.9	33.3	35.2	40.6	32.7	36.8	
Renovascular & Vascular Disease		0.2	0.2	0.0	0.2	0.2	
Neoplasms	0.0	0.4	0.4	0.0	0.4	0.3	
Hypertensive Nephrosclerosis	15.5	21.4	19.7	14.7	24.6	21.4	
Other	7.8	13.4	11.5	12.9	11.6	9.8	
Missing*	0.0	0.3	0.4	0.0	0.2	0.4	

<sup>\*</sup> 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.



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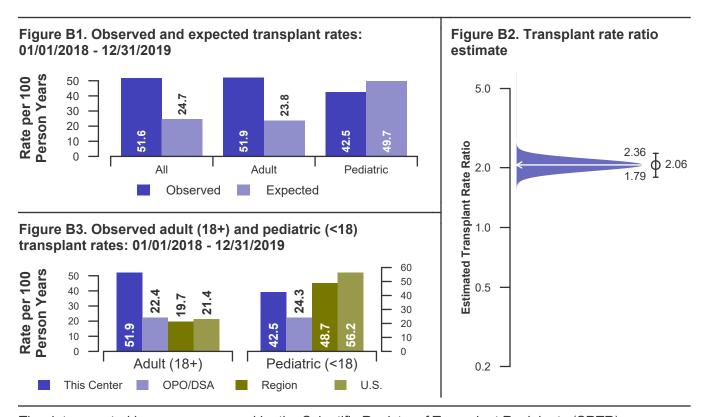
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Table B4. Transplant rates: 01/01/2018 - 12/31/2019

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	188	2,261	13,369	101,257
Person Years**	393.6	4,416.1	26,130.7	201,966.5
Removals for Transplant	203	990	5,268	44,378
Adult (18+) Candidates				
Count on waiting list at start*	183	2,212	13,184	99,726
Person Years**	379.5	4,300.8	25,747.1	198,864.5
Removals for transpant	197	962	5,081	42,635
Pediatric (<18) Candidates				
Count on waiting list at start*	5	49	185	1,531
Person Years**	14.1	115.4	383.7	3,102.0
Removals for transplant	6	28	187	1,743

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.





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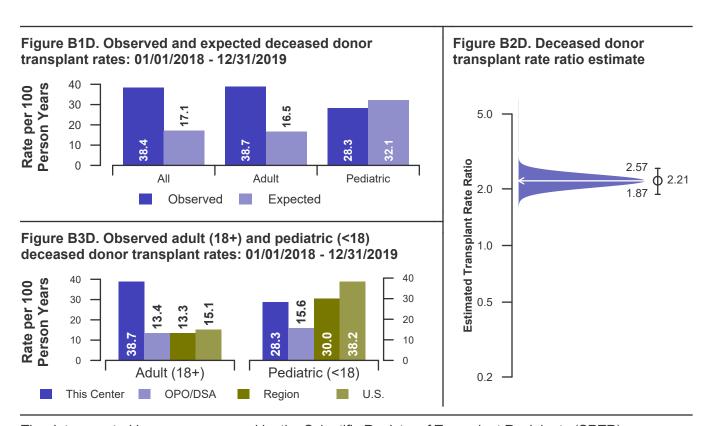
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Table B4D. Deceased donor transplant rates: 01/01/2018 - 12/31/2019

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	188	2,261	13,369	101,257
Person Years**	393.6	4,416.1	26,130.7	201,966.5
Removals for Transplant	151	594	3,546	31,199
Adult (18+) Candidates				
Count on waiting list at start*	183	2,212	13,184	99,726
Person Years**	379.5	4,300.8	25,747.1	198,864.5
Removals for transpant	147	576	3,431	30,015
Pediatric (<18) Candidates				
Count on waiting list at start*	5	49	185	1,531
Person Years**	14.1	115.4	383.7	3,102.0
Removals for transplant	4	18	115	1,184

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.





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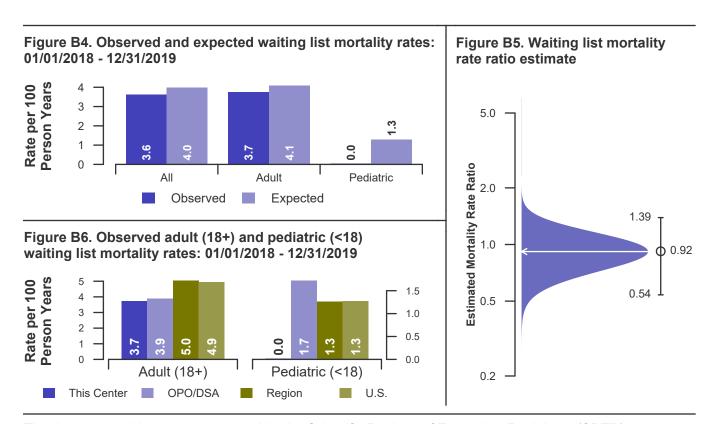
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Table B5. Waiting list mortality rates: 01/01/2018 - 12/31/2019

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	188	2,261	13,369	101,257
Person Years**	442.4	4,874.7	28,502.5	220,145.1
Number of deaths	16	187	1,417	10,726
Adult (18+) Candidates				
Count on waiting list at start*	183	2,212	13,184	99,726
Person Years**	428.3	4,758.1	28,105.2	216,935.0
Number of deaths	16	185	1,412	10,685
Pediatric (<18) Candidates				
Count on waiting list at start*	5	49	185	1,531
Person Years**	14.1	116.6	397.3	3,210.1
Number of deaths	0	2	5	41

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.





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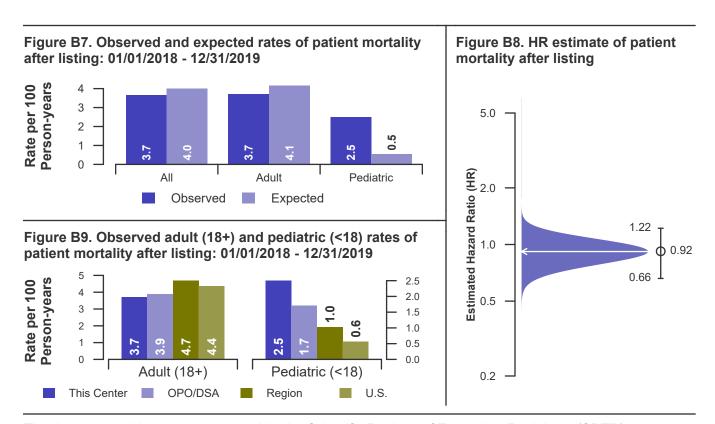
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Table B6. Rates of patient mortality after listing: 01/01/2018 - 12/31/2019

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Patients				
Count at risk during the evaluation period	800	7,509	39,616	296,874
Person-years*	1,064.7	11,035.5	59,666.8	443,039.1
Number of Deaths	39	422	2,737	18,853
Adult (18+) Patients				
Count at risk during the evaluation period	767	7,343	38,666	288,141
Person-years*	1,024.6	10,801.2	58,210.9	429,477.3
Number of Deaths	38	418	2,722	18,776
Pediatric (<18) Patients				
Count at risk during the evaluation period	33	166	950	8,733
Person-years*	40.1	234.3	1,456.0	13,561.8
Number of Deaths	1	4	15	77

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.





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

Waiting list status (survival status)		Center (National National Nati	,	U.S. (N=37,827) Months Since Listing 6 12 18		
Alive on waiting list (%)	74.5	51.9	39.6	77.3	64.3	54.4
Died on the waiting list without transplant (%)	0.0	0.0	0.9	1.1	2.0	2.8
Removed without transplant (%):						
Condition worsened (status unknown)	0.0	0.9	3.8	0.6	1.5	2.3
Condition improved (status unknown)	0.0	0.0	0.0	0.1	0.2	0.2
Refused transplant (status unknown)	0.0	0.0	0.0	0.1	0.1	0.2
Other	1.9	2.8	2.8	0.8	1.6	2.6
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	3.8	8.5	6.6	6.9	10.5	9.5
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.0	0.0	0.0	0.0	0.1	0.1
Status Yet Unknown**	0.0	0.0	1.9	0.1	0.4	3.5
Transplant (deceased donor) (%):						
Functioning (alive)	17.9	28.3	25.5	10.8	14.7	13.1
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.1	0.1
Died	0.0	0.0	0.9	0.2	0.4	0.6
Status Yet Unknown*	1.9	5.7	16.0	1.7	3.5	9.3
Lost or Transferred (status unknown) (%)	0.0	1.9	1.9	0.3	0.7	1.2
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	0.0	0.0	1.9	1.3	2.4	3.6
Total % known died or removed as unstable	0.0	0.9	5.7	1.9	4.0	5.9
Total % removed for transplant	23.6	42.5	50.9	19.7	29.6	36.2
Total % with known functioning transplant (alive)	21.7	36.8	32.1	17.7	25.2	22.6

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



Center Code: NJHK

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Based on Data Available: May 31, 2020

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# **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

Percent transplanted at time periods since listin					ng					
Characteristic		This Center							ates	
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	272	0.4	8.8	16.9	25.7	93,944	3.2	14.8	21.4	26.6
Ethnicity/Race*										
White	104	0.0	1.9	5.8	13.5	37,623	3.6	15.9	22.6	27.6
African-American	62	0.0	16.1	22.6	35.5	29,876	2.9	14.5	21.1	26.4
Hispanic/Latino	63	1.6	11.1	25.4	31.7	17,287	3.3	14.5	21.0	26.4
Asian	42	0.0	11.9	23.8	33.3	7,615	1.9	10.6	17.2	22.7
Other	1	0.0	0.0	0.0	0.0	1,543	3.4	18.0	24.2	29.9
Unknown	0					0				
Age										
<2 years	0					133	5.3	33.1	50.4	63.9
2-11 years	0					840	7.9	48.6	63.0	70.8
12-17 years	6	0.0	50.0	50.0	66.7	1,395	7.5	49.6	62.0	67.7
18-34 years	22	0.0	9.1	13.6	13.6	9,573	2.9	15.8	24.3	31.5
35-49 years	59	1.7	10.2	20.3	32.2	23,788	2.7	13.6	20.5	26.2
50-64 years	109	0.0	8.3	17.4	23.9	40,509	3.3	13.8	19.7	24.5
65-69 years	34	0.0	8.8	14.7	38.2	12,157	3.3	13.9	19.6	24.0
70+ years	42	0.0	2.4	9.5	11.9	5,549	2.8	14.1	19.8	23.7
Gender										
Male	192	0.5	8.9	16.1	24.5	58,265	3.3	14.4	20.6	25.6
Female	80	0.0	8.8	18.8	28.8	35,679	3.0	15.4	22.8	28.3

<sup>\*</sup> 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%.



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# **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

Characteristic	Percent transplanted at time periods since listing This Center United States									
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	272	0.4	8.8	16.9	25.7	93,944	3.2	14.8	21.4	26.6
Blood Type										
Ο	149	0.7	9.4	19.5	27.5	46,715	2.9	12.9	18.4	22.9
A	69	0.0	10.1	17.4	24.6	29,546	3.9	17.7	25.8	32.1
В	41	0.0	2.4	4.9	17.1	14,207	2.2	11.9	17.7	22.4
AB	13	0.0	15.4	23.1	38.5	3,476	5.2	28.8	39.7	47.4
Previous Transplant										
Yes	25	0.0	0.0	20.0	24.0	12,976	2.5	15.0	23.0	28.6
No	247	0.4	9.7	16.6	25.9	80,968	3.3	14.8	21.2	26.3
Peak PRA/CPRA										
0-9%	205	0.5	8.3	14.6	25.4	75,948	3.4	14.3	20.5	25.6
10-79%	34	0.0	14.7	23.5	26.5	10,612	2.3	14.6	22.1	27.8
80+%	33	0.0	6.1	24.2	27.3	7,301	2.5	20.2	30.2	35.5
Unknown	0					7	100.0	100.0	100.0	100.0
Primary Disease*										
Glomerular Diseases	50	0.0	8.0	24.0	34.0	16,973	2.6	15.8	24.0	30.7
Tubular & Interstitial Diseases	6	0.0	0.0	0.0	16.7	3,391	4.5	18.2	26.2	31.2
Polycystic Kidneys	16	0.0	6.2	25.0	37.5	6,192	1.8	13.4	20.7	27.9
Congenital, Familial, Metabolic	3	0.0	0.0	0.0	33.3	1,859	3.9	28.2	38.1	45.1
Diabetes	112	0.0	6.2	11.6	18.8	33,131	2.0	10.7	15.6	19.6
Renovascular & Vascular Diseases	0					149	5.4	19.5	27.5	32.9
Neoplasms	1	0.0	0.0	0.0	0.0	311	5.1	22.5	28.9	33.8
Hypertensive Nephrosclerosis	62	0.0	12.9	21.0	29.0	20,622	2.8	14.4	21.1	26.7
Other	22	4.5	18.2	18.2	27.3	10,940	8.6	24.0	31.5	36.2
Missing*	0					376	1.3	10.9	16.0	20.7

<sup>\*</sup> 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.



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## **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

	Months to Transplant**			
Percentile	Center	OPO/DSA	Region	U.S.
5th	1.3	1.1	1.3	1
10th	2.7	2.6	3.2	2.7
25th	7.4	10.2	11.7	10.2
50th (median time to transplant)	29.0	52.2	50.3	45.4
75th	Not Observed	Not Observed	Not Observed	Not Observed

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.



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Table B11. Offer Acceptance Practices: 01/01/2019 - 12/31/2019

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
Overall				
Number of Offers	5,440	65,557	404,122	1,914,666
Number of Acceptances	86	345	1,800	15,506
Expected Acceptances	29.8	297.0	2,298.1	15,486.6
Offer Acceptance Ratio*	2.76	1.16	0.78	1.00
95% Credible Interval**	[2.22, 3.37]			
Low-KDRI Donors (KDRI < 1.05)				
Number of Offers	418	5,163	39,134	218,756
Number of Acceptances	19	84	554	5,219
Expected Acceptances	8.7	79.8	648.9	5,214.5
Offer Acceptance Ratio*	1.96	1.05	0.85	1.00
95% Credible Interval**	[1.22, 2.89]			
Medium-KDRI Donors (1.05 < KDRI < 1.75)				
Number of Offers	3,141	38,637	247,452	1,285,612
Number of Acceptances	48	206	1,004	8,475
Expected Acceptances	16.5	168.3	1,344.4	8,460.8
Offer Acceptance Ratio*	2.71	1.22	0.75	1.00
95% Credible Interval**	[2.01, 3.51]			
High-KDRI Donors (KDRI > 1.75)				
Number of Offers	1,881	21,757	117,536	410,298
Number of Acceptances	19	55	242	1,812
Expected Acceptances	4.7	49.0	304.8	1,811.2
Offer Acceptance Ratio*	3.14	1.12	0.80	1.00
95% Credible Interval**	[1.94, 4.62]			
Hard-to-Place Kidneys (Over 100 Offers)				
Number of Offers	5,104	61,183	361,626	1,639,492
Number of Acceptances	57	76	277	2,194
Expected Acceptances	5.5	58.5	436.5	2,191.3
Offer Acceptance Ratio*	7.83	1.29	0.64	1.00
95% Credible Interval**	[5.96, 9.95]			

<sup>\*</sup> The offer acceptance ratio estimates the relative offer acceptance practice of Hackensack University Medical Center (NJHK) 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).

<sup>\*\*</sup> As an example, the 95% Credible Interval for the overall offer acceptance ratio, [2.22, 3.37], indicates the location of NJHK's true offer acceptance ratio with 95% probability. The best estimate is 176% more likely to accept an offer compared to national acceptance behavior, but NJHK's performance could plausibly range from 122% higher acceptance up to 237% higher acceptance.



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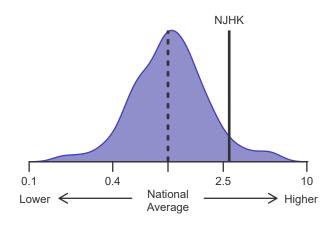
Transplant Program (Organ): Kidney Release Date: August 4, 2020

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Figure B10. Offer acceptance: Overall

Figure B11. Offer acceptance: Low-KDRI



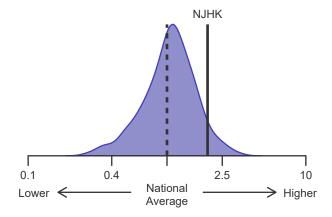
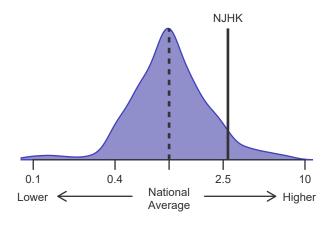


Figure B12. Offer acceptance: Medium-KDRI

Figure B13. Offer acceptance: High-KDRI



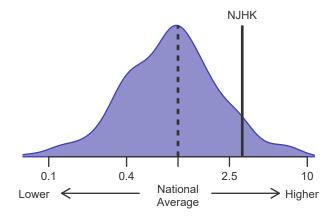
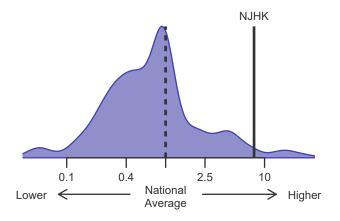


Figure B14. Offer acceptance: Offer number > 100





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# **C. Transplant Information**

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

	Perce	Percentage in each category			
Characteristic	Center (N=85)	Region (N=1,885)	U.S. (N=16,534)		
Ethnicity/Race (%)*	· · · · · · · · · · · · · · · · · · ·				
White	35.3	41.0	37.4		
African-American	28.2	41.5	32.7		
Hispanic/Latino	21.2	9.9	20.1		
Asian	15.3	6.9	7.9		
Other	0.0	0.6	1.9		
Unknown	0.0	0.0	0.0		
Age (%)					
<2 years	0.0	0.1	0.1		
2-11 years	1.2	1.1	1.4		
12-17	1.2	1.4	1.7		
18-34	7.1	8.6	9.6		
35-49 years	16.5	20.3	23.4		
50-64 years	34.1	41.8	40.6		
65-69 years	21.2	15.0	13.6		
70+ years	18.8	11.8	9.7		
Gender (%)					
Male	65.9	62.3	60.2		
Female	34.1	37.7	39.8		

<sup>\*</sup> 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%.



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## **C. Transplant Information**

# Table C1L. Living donor transplant recipient demographic characteristics Patients transplanted between 01/01/2019 and 12/31/2019

	Perce	Percentage in each category		
Characteristic	Center (N=27)	Region (N=904)	U.S. (N=6,867)	
Ethnicity/Race (%)*	· , ,			
White	66.7	68.9	64.1	
African-American	11.1	17.0	12.9	
Hispanic/Latino	14.8	7.2	15.3	
Asian	7.4	6.5	6.1	
Other	0.0	0.3	1.5	
Unknown	0.0	0.0	0.0	
Age (%)				
<2 years	0.0	0.1	0.1	
2-11 years	3.7	1.4	1.8	
12-17	0.0	1.7	1.6	
18-34	7.4	13.4	16.8	
35-49 years	25.9	23.3	25.6	
50-64 years	37.0	40.2	35.4	
65-69 years	11.1	9.2	10.4	
70+ years	14.8	10.7	8.3	
Gender (%)				
Male	81.5	64.9	62.9	
Female	18.5	35.1	37.1	

<sup>\*</sup> 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%.



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# **C. Transplant Information**

# Table C2D. Deceased donor transplant recipient medical characteristics Patients transplanted between 01/01/2019 and 12/31/2019

	Percentage in each category		
Characteristic	Center (N=85)	Region (N=1,885)	U.S. (N=16,534)
Blood Type (%)			
0	47.1	43.9	46.1
A	36.5	35.2	34.8
В	9.4	15.2	13.8
AB	7.1	5.7	5.4
Previous Transplant (%)			
Yes	4.7	14.9	13.3
No	95.3	85.1	86.7
Peak PRA/CPRA Prior to Transplant (%)			
0-9%	75.3	57.9	59.5
10-79%	17.6	22.4	23.0
80+ %	7.1	19.6	17.4
Unknown	0.0	0.0	0.0
Body Mass Index (%)			
0-20	10.6	9.0	9.7
21-25	30.6	26.2	27.7
26-30	34.1	27.4	30.5
31-35	17.6	21.4	21.3
36-40	7.1	8.5	7.8
41+	0.0	1.3	1.4
Unknown	0.0	6.3	1.5
Primary Disease (%)*			
Glomerular Diseases	27.1	19.7	21.3
Tubular and Interstitial Disease	4.7	4.7	4.1
Polycystic Kidneys	8.2	7.4	7.7
Congenital, Familial, Metabolic	2.4	1.8	2.7
Diabetes	34.1	29.1	29.6
Renovascular & Vascular Diseases	0.0	0.2	0.2
Neoplasms	0.0	0.5	0.4
Hypertensive Nephrosclerosis	16.5	27.0	23.2
Other Kidney	7.1	9.4	10.6
Missing*	0.0	0.2	0.2

<sup>\*</sup> 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.



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# C. Transplant Information

# Table C2L. Living donor transplant recipient medical characteristics Patients transplanted between 01/01/2019 and 12/31/2019

	Percentage in each category		
Characteristic	Center (N=27)	Region (N=904)	U.S. (N=6,867)
Blood Type (%)			
0	44.4	41.0	43.6
A	29.6	37.8	38.2
В	14.8	15.4	13.9
AB	11.1	5.8	4.3
Previous Transplant (%)			
Yes	7.4	11.2	10.6
No	92.6	88.8	89.4
Peak PRA/CPRA Prior to Transplant (%)			
0-9%	81.5	73.7	75.2
10-79%	18.5	21.8	19.9
80+ %	0.0	4.5	4.8
Unknown	0.0	0.0	0.0
Body Mass Index (%)			
0-20	18.5	9.5	12.0
21-25	18.5	28.1	27.9
26-30	40.7	32.5	31.2
31-35	18.5	17.7	19.6
36-40	3.7	8.5	7.4
41+	0.0	2.1	1.3
Unknown	0.0	1.5	0.5
Primary Disease (%)*			
Glomerular Diseases	22.2	24.2	29.4
Tubular and Interstitial Disease	3.7	5.6	5.3
Polycystic Kidneys	3.7	12.7	12.4
Congenital, Familial, Metabolic	3.7	3.7	3.8
Diabetes	44.4	26.0	24.2
Renovascular & Vascular Diseases	0.0	0.6	0.2
Neoplasms	0.0	0.6	0.5
Hypertensive Nephrosclerosis	11.1	17.8	15.0
Other Kidney	11.1	8.7	8.9
Missing*	0.0	0.1	0.2

<sup>\*</sup> 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.



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## **C. Transplant Information**

Table C3D. Deceased donor characteristics
Transplants performed between 01/01/2019 and 12/31/2019

	Percentage in each category		
Donor Characteristic	Center (N=85)	Region (N=1,885)	U.S. (N=16,534)
Cause of Death (%)			
Deceased: Stroke	23.5	21.9	23.4
Deceased: MVA	10.6	10.9	13.8
Deceased: Other	65.9	67.2	62.8
Ethnicity/Race (%)*			
White	63.5	71.3	67.7
African-American	21.2	15.3	12.9
Hispanic/Latino	14.1	10.6	15.3
Asian	1.2	2.5	2.8
Other	0.0	0.3	1.3
Not Reported	0.0	0.0	0.0
Age (%)			
<2 years	7.1	0.9	0.9
2-11 years	3.5	1.9	2.7
12-17	4.7	3.3	3.9
18-34	16.5	33.2	32.3
35-49 years	30.6	32.1	32.0
50-64 years	32.9	25.6	25.5
65-69 years	4.7	2.1	2.0
70+ years	0.0	0.9	0.6
Gender (%)			
Male	52.9	59.2	61.7
Female	47.1	40.8	38.3
Blood Type (%)			
0	47.1	45.7	47.9
A	41.2	38.2	37.3
В	9.4	12.7	11.4
AB	2.4	3.4	3.3
Unknown	0.0	0.0	0.0

<sup>\*</sup> 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%.



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## **C. Transplant Information**

Table C3L. Living donor characteristics
Transplants performed between 01/01/2019 and 12/31/2019

	Percentage in each category		
Donor Characteristic	Center (N=27)	Region (N=904)	U.S. (N=6,867)
Ethnicity/Race (%)*			
White	59.3	76.4	70.7
African-American	11.1	9.8	8.7
Hispanic/Latino	22.2	6.7	14.5
Asian	7.4	5.6	4.6
Other	0.0	1.3	1.4
Not Reported	0.0	0.0	0.0
Age (%)			
0-11 years	0.0	0.0	0.0
12-17	0.0	0.0	0.0
18-34	29.6	24.7	26.3
35-49 years	33.3	38.1	38.8
50-64 years	33.3	31.0	29.8
65-69 years	3.7	5.0	3.8
70+ years	0.0	1.3	1.4
Gender (%)			
Male	55.6	36.3	34.9
Female	44.4	63.7	65.1
Blood Type (%)			
0	59.3	57.7	62.7
A	29.6	30.6	27.5
В	11.1	9.1	8.2
AB	0.0	2.5	1.6
Unknown	0.0	0.0	0.0

<sup>\*</sup> 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%.



Center Code: NJHK

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# **C. Transplant Information**

Table C4D. Deceased	donor transplan	nt characteristics
Transplants performed	d hetween 01/01	1/2019 and 12/31/2019

Transplants performed between 01/01/2019 and 12/31/2019	Percentage in each category		
Transplant Characteristic	Center (N=85)	Region (N=1,885)	U.S. (N=16,534)
Cold Ischemic Time (Hours): Local (%)	, ,	, ,	• • •
Deceased: 0-11 hr	28.6	39.4	33.8
Deceased: 12-21 hr	66.7	50.0	48.6
Deceased: 22-31 hr	4.8	9.2	14.4
Deceased: 32-41 hr	0.0	0.4	1.6
Deceased: 42+ hr	0.0	0.0	0.6
Not Reported	0.0	1.1	0.9
Cold Ischemic Time (Hours): Shared (%)	0.0		0.0
Deceased: 0-11 hr	3.1	10.9	8.6
Deceased: 12-21 hr	42.2	52.8	37.9
Deceased: 12-21 hr	53.1	32.5	37.9
Deceased: 32-41 hr	1.6	2.6	11.5
Deceased: 42+ hr	0.0	0.2	3.5
Not Reported	0.0	1.0	0.6
Level of Mismatch (%)			
A Locus Mismatches (%)	0.4	40.0	44.5
0	9.4	10.8	11.5
1	35.3	41.7	39.4
2	55.3	47.5	48.8
Not Reported	0.0	0.1	0.3
B Locus Mismatches (%)			
0	3.5	7.0	7.5
1	24.7	26.5	24.8
2	71.8	66.4	67.4
Not Reported	0.0	0.1	0.3
DR Locus Mismatches (%)			
0	11.8	16.6	16.6
1	43.5	48.3	47.4
2	44.7	35.1	35.7
Not Reported	0.0	0.1	0.3
Total Mismatches (%)			
0	1.2	4.1	4.7
1	1.2	1.6	1.3
2	5.9	5.4	4.7
3	10.6	14.3	13.9
4	25.9	28.1	27.4
5	32.9	32.0	32.6
6	22.4	14.5	15.1
Not Reported	0.0	0.1	0.3
Procedure Type (%)	0.0	J. 1	0.0
Kidney alone	100.0	96.0	94.1
Kidney and another organ	0.0	4.0	5.9
Dialysis in First Week After Transplant (%)	0.0	7.0	0.0
Yes	25.9	31.1	29.5
No	74.1	68.6	70.4
	0.0		
Not Reported	0.0	0.2	0.2
Sharing (%)	24.7	60.0	60.0
Local Shared	24.7 75.3	69.3 30.7	68.9 31.1
Median Time in Hospital After Transplant*	5.0 Days	5.0 Days	5.0 Days

<sup>\*</sup> Multiple organ transplants are excluded from this statistic.



Center Code: NJHK

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# **C. Transplant Information**

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

	Percentage in each category		
Transplant Characteristic	Center	Region	U.S.
	(N=27)	(N=904)	(N=6,867)
Relation with Donor (%)			
Related	55.6	33.1	38.0
Unrelated	44.4	66.9	61.8
Not Reported	0.0	0.0	0.2
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	33.3	17.8	16.5
1	55.6	51.1	47.9
2	11.1	30.9	31.6
Not Reported	0.0	0.2	3.9
B Locus Mismatches (%)			
0	18.5	10.0	9.9
1	44.4	41.8	41.5
2	37.0	48.0	44.7
Not Reported	0.0	0.2	3.9
DR Locus Mismatches (%)			
0	37.0	14.6	15.0
1	40.7	51.1	48.3
2	22.2	34.1	32.8
Not Reported	0.0	0.2	3.9
Total Mismatches (%)			
0	11.1	5.2	4.8
1	14.8	3.9	3.8
2	18.5	10.8	11.5
3	18.5	23.5	23.1
4	18.5	21.0	17.6
5	11.1	22.5	22.7
6	7.4	12.9	12.7
Not Reported	0.0	0.2	3.9
Procedure Type (%)			
Kidney alone	100.0	100.0	100.0
Kidney and another organ	0.0	0.0	0.0
Dialysis in First Week After Transplant (%)			
Yes	3.7	2.7	3.0
No	96.3	96.6	96.9
Not Reported	0.0	0.8	0.2
Median Time in Hospital After Transplant*	3.0 Days	4.0 Days	4.0 Days

<sup>\*</sup> Multiple organ transplants are excluded from this statistic.



Center Code: NJHK

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# 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

Deaths and retransplants are considered graft failures	NJHK	U.S.
Number of transplants evaluated	190	48,030
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	99.47%	98.68%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.59%	
Number of observed graft failures (including deaths) during the first month after transplant	1	636
Number of expected graft failures (including deaths) during the first month after transplant	2.70	
Estimated hazard ratio*	0.64	
95% credible interval for the hazard ratio**	[0.13, 1.54]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

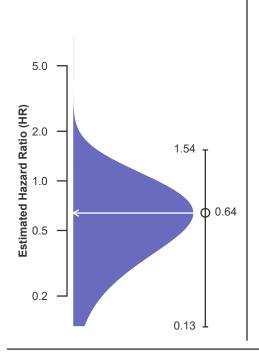
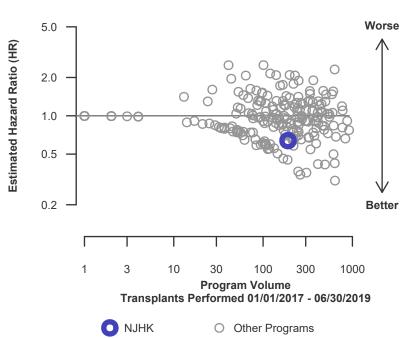


Figure C2. Adult (18+) 1-month graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.13, 1.54], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 36% lower risk of graft failure compared to an average program, but NJHK's performance could plausibly range from 87% reduced risk up to 54% increased risk.



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# C. Transplant Information

Table C5D. Adult (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

Deaths and retransplants are considered graft failures	NJHK	U.S.
Number of transplants evaluated	140	33,069
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	99.29%	98.42%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.34%	
Number of observed graft failures (including deaths) during the first month after transplant	1	524
Number of expected graft failures (including deaths) during the first month after transplant	2.34	
Estimated hazard ratio*	0.69	
95% credible interval for the hazard ratio**	[0.14, 1.66]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

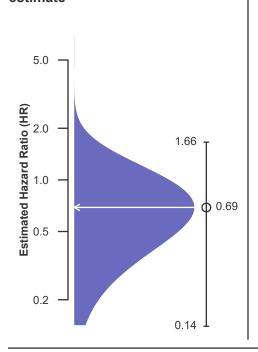
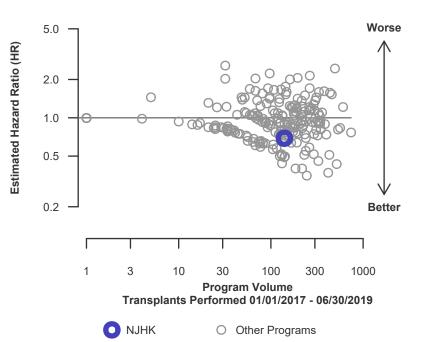


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.14, 1.66], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 31% lower risk of graft failure compared to an average program, but NJHK's performance could plausibly range from 86% reduced risk up to 66% increased risk.



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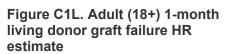
# C. Transplant Information

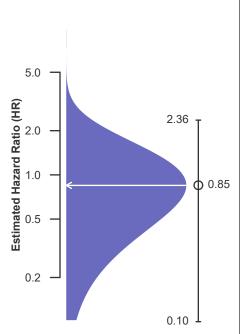
Table C5L. Adult (18+) 1-month survival with a functioning living donor graft Single organ transplants performed between 01/01/2017 and 06/30/2019 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	NJHK	U.S.
Number of transplants evaluated	50	14,961
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.25%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.29%	
Number of observed graft failures (including deaths) during the first month after transplant	0	112
Number of expected graft failures (including deaths) during the first month after transplant	0.36	
Estimated hazard ratio*	0.85	
95% credible interval for the hazard ratio**	[0.10, 2.36]	

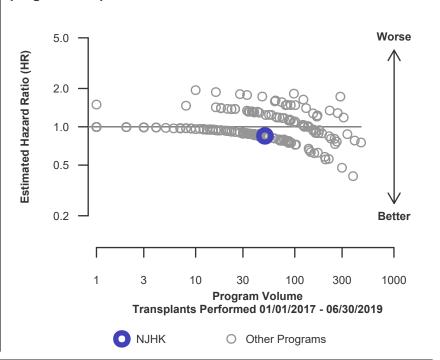
<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 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 NJHK's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.10, 2.36], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 15% lower risk of graft failure compared to an average program, but NJHK's performance could plausibly range from 90% reduced risk up to 136% increased risk.





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





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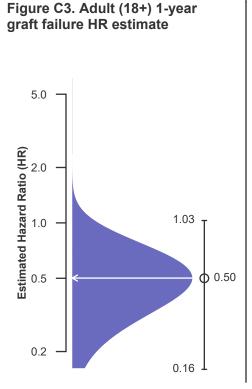
# C. Transplant Information

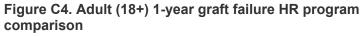
Table C6. Adult (18+) 1-year survival with a functioning graft Single organ transplants performed between 01/01/2017 and 06/30/2019 Deaths and retransplants are considered graft failures

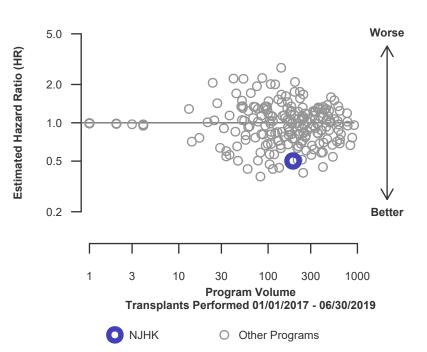
Deaths and retransplants are considered graft failures	NJHK	U.S.
Number of transplants evaluated	190	48,030
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	98.10%	95.89%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	95.56%	
Number of observed graft failures (including deaths) during the first year after transplant	3	1,846
Number of expected graft failures (including deaths) during the first year after transplant	7.97	
Estimated hazard ratio*	0.50	
95% credible interval for the hazard ratio**	[0.16, 1.03]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.16, 1.03], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 50% lower risk of graft failure compared to an average program, but NJHK's performance could plausibly range from 84% reduced risk up to 3% increased risk.









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# C. Transplant Information

Table C6D. Adult (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

Deaths and retransplants are considered graft failures	NJHK	U.S.
Number of transplants evaluated	140	33,069
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	98.36%	94.88%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	94.62%	
Number of observed graft failures (including deaths) during the first year after transplant	2	1,582
Number of expected graft failures (including deaths) during the first year after transplant	7.13	
Estimated hazard ratio*	0.44	
95% credible interval for the hazard ratio**	[0.12, 0.96]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

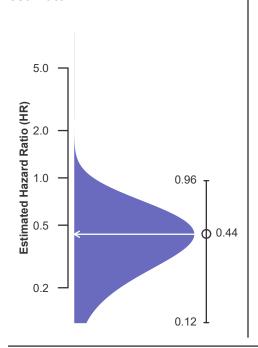
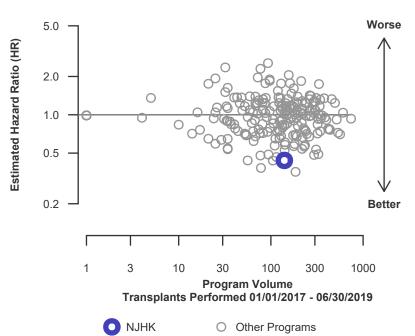


Figure C4D. Adult (18+) 1-year deceased donor graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.12, 0.96], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 56% lower risk of graft failure compared to an average program, but NJHK's performance could plausibly range from 88% reduced risk up to 4% reduced risk.



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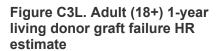
# C. Transplant Information

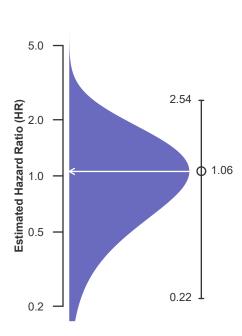
Table C6L. Adult (18+) 1-year survival with a functioning living donor graft Single organ transplants performed between 01/01/2017 and 06/30/2019 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	NJHK	U.S.
Number of transplants evaluated	50	14,961
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	97.37%	98.11%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	98.19%	
Number of observed graft failures (including deaths) during the first year after transplant	1	264
Number of expected graft failures (including deaths) during the first year after transplant	0.84	
Estimated hazard ratio*	1.06	
95% credible interval for the hazard ratio**	[0.22, 2.54]	

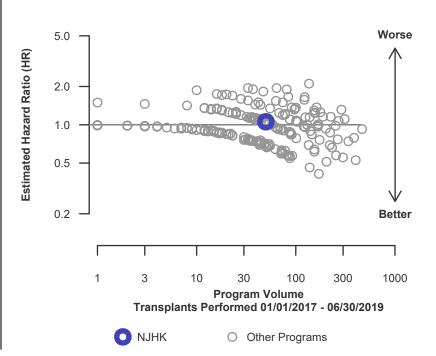
<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 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 NJHK's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.22, 2.54], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 6% higher risk of graft failure compared to an average program, but NJHK's performance could plausibly range from 78% reduced risk up to 154% increased risk.





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





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## 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

Deaths and retransplants are considered graft failures	NJHK	U.S.
Number of transplants evaluated	63	41,625
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	87.30%	89.28%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	89.88%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	8	4,463
Number of expected graft failures (including deaths) during the first 3 years after transplant	5.90	
Estimated hazard ratio*	1.27	
95% credible interval for the hazard ratio**	[0.61, 2.16]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

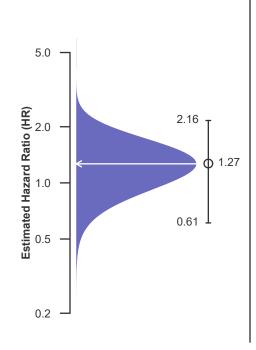
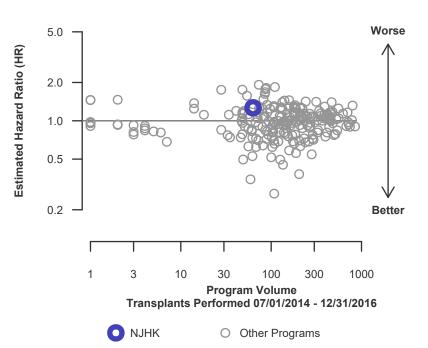


Figure C6. Adult (18+) 3-year graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.61, 2.16], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 27% higher risk of graft failure compared to an average program, but NJHK's performance could plausibly range from 39% reduced risk up to 116% increased risk.



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# 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

Deaths and retransplants are considered graft failures	NJHK	U.S.
Number of transplants evaluated	41	28,182
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	80.49%	86.96%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	87.53%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	8	3,674
Number of expected graft failures (including deaths) during the first 3 years after transplant	4.60	
Estimated hazard ratio*	1.52	
95% credible interval for the hazard ratio**	[0.73, 2.59]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

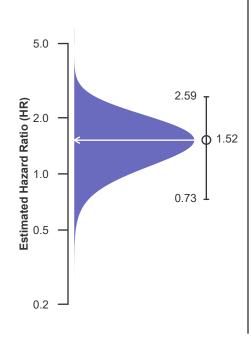
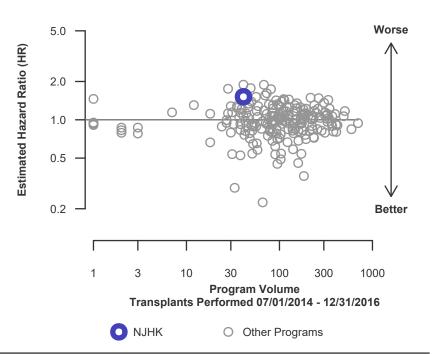


Figure C6D. Adult (18+) 3-year deceased donor graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.73, 2.59], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 52% higher risk of graft failure compared to an average program, but NJHK's performance could plausibly range from 27% reduced risk up to 159% increased risk.



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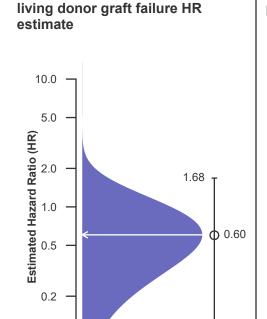
# C. Transplant Information

Table C7L. Adult (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

NJHK	U.S.
22	13,443
100.00%	94.13%
94.26%	
0	789
1.31	
0.60	
[0.07, 1.68]	
	22 100.00% 94.26% 0 1.31 0.60

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.07, 1.68], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 40% lower risk of graft failure compared to an average program, but NJHK's performance could plausibly range from 93% reduced risk up to 68% increased risk.

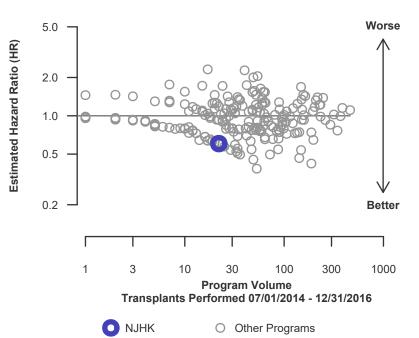


0.07

0.1

Figure C5L. Adult (18+) 3-year







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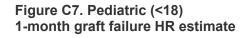
# C. Transplant Information

Table C8. Pediatric (<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

NJHK	U.S.
7	2,081
100.00%	98.99%
98.92%	
0	21
0.08	
0.96	
[0.12, 2.68]	
	7 100.00% 98.92% 0 0.08 0.96

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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



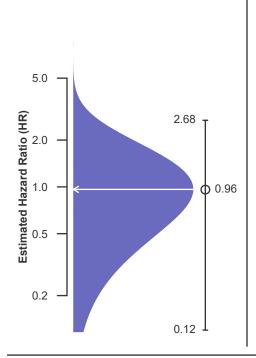
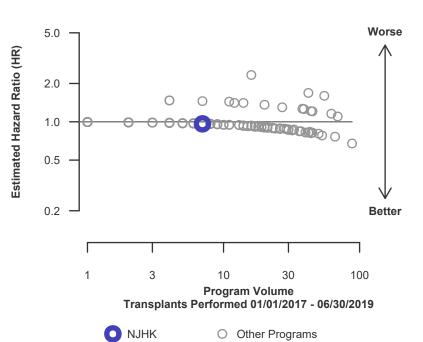


Figure C8. Pediatric (<18) 1-month graft failure HR program comparison





Center Code: NJHK

Transplant Program (Organ): Kidney Release Date: August 4, 2020

Based on Data Available: May 31, 2020

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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

Deaths and retransplants are considered graft failures	NJHK	U.S.
Number of transplants evaluated	6	1,407
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	98.86%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.86%	
Number of observed graft failures (including deaths) during the first month after transplant	0	16
Number of expected graft failures (including deaths) during the first month after transplant	0.07	
Estimated hazard ratio*	0.97	
95% credible interval for the hazard ratio**	[0.12, 2.69]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

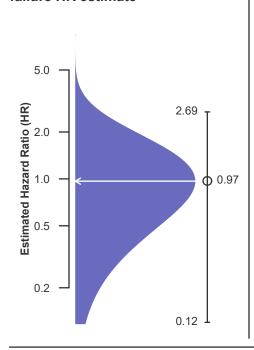
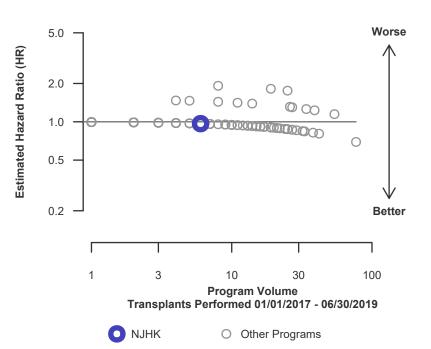


Figure C8D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.12, 2.69], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 3% lower risk of graft failure compared to an average program, but NJHK's performance could plausibly range from 88% reduced risk up to 169% increased risk.



Center Code: NJHK

Transplant Program (Organ): Kidney Release Date: August 4, 2020

Based on Data Available: May 31, 2020

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# C. Transplant Information

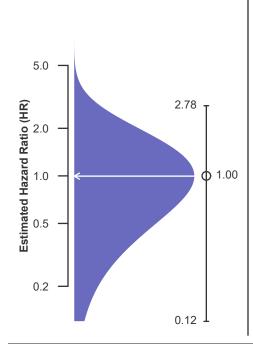
Table C8L. Pediatric (<18) 1-month survival with a functioning living donor graft Single organ transplants performed between 01/01/2017 and 06/30/2019 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	NJHK	U.S.
Number of transplants evaluated	1	674
Estimated probability of surviving with a functioning graft at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.26%
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.26%	
Number of observed graft failures (including deaths) during the first month after transplant	0	5
Number of expected graft failures (including deaths) during the first month after transplant	0.01	
Estimated hazard ratio*	1.00	
95% credible interval for the hazard ratio**	[0.12, 2.78]	

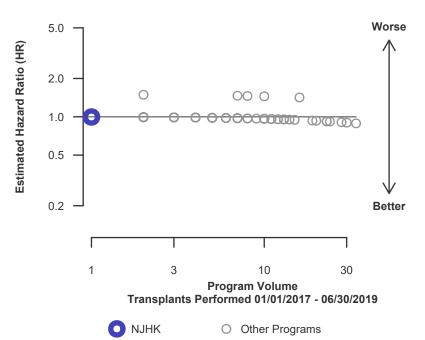
<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 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 NJHK's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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





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





Center Code: NJHK

Transplant Program (Organ): Kidney Release Date: August 4, 2020

Based on Data Available: May 31, 2020

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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

Deaths and retransplants are considered graft failures	NJHK	U.S.
Number of transplants evaluated	7	2,081
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	98.29%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	98.07%	
Number of observed graft failures (including deaths) during the first year after transplant	0	34
Number of expected graft failures (including deaths) during the first year after transplant	0.13	
Estimated hazard ratio*	0.94	
95% credible interval for the hazard ratio**	[0.11, 2.62]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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



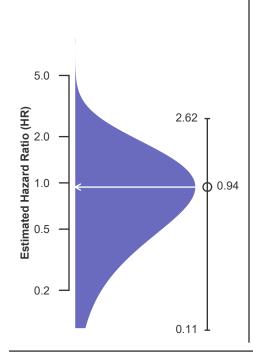
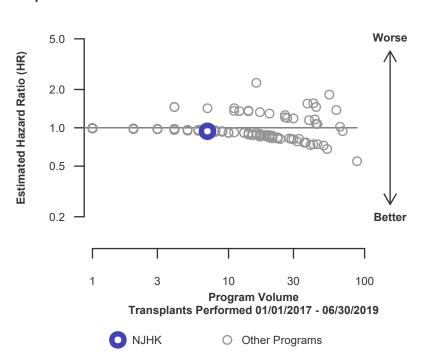


Figure C10. Pediatric (<18) 1-year graft failure HR program comparison





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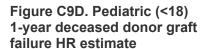
# C. Transplant Information

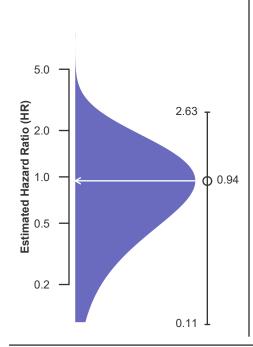
Table C9D. Pediatric (<18) 1-year survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2017 and 06/30/2019 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	NJHK	U.S.
Number of transplants evaluated	6	1,407
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	97.89%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.89%	
Number of observed graft failures (including deaths) during the first year after transplant	0	28
Number of expected graft failures (including deaths) during the first year after transplant	0.12	
Estimated hazard ratio*	0.94	
95% credible interval for the hazard ratio**	[0.11, 2.63]	

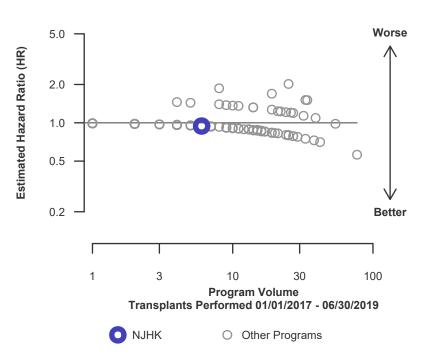
<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 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 NJHK's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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





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





Center Code: NJHK

Transplant Program (Organ): Kidney Release Date: August 4, 2020

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# C. Transplant Information

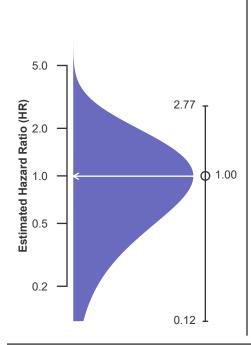
Table C9L. Pediatric (<18) 1-year survival with a functioning living donor graft Single organ transplants performed between 01/01/2017 and 06/30/2019 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	NJHK	U.S.
Number of transplants evaluated	1	674
Estimated probability of surviving with a functioning graft at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.11%
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	99.11%	
Number of observed graft failures (including deaths) during the first year after transplant	0	6
Number of expected graft failures (including deaths) during the first year after transplant	0.01	
Estimated hazard ratio*	1.00	
95% credible interval for the hazard ratio**	[0.12, 2.77]	

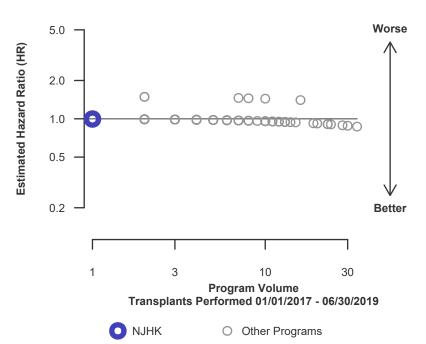
<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 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 NJHK's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.12, 2.77], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 0% lower risk of graft failure compared to an average program, but NJHK's performance could plausibly range from 88% reduced risk up to 177% increased risk.





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





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Transplant Program (Organ): Kidney Release Date: August 4, 2020

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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

Deaths and retransplants are considered graft failures	NJHK	U.S.
Number of transplants evaluated	4	2,089
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	100.00%	93.39%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	93.20%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	138
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.28	
Estimated hazard ratio*	0.88	
95% credible interval for the hazard ratio**	[0.11, 2.44]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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

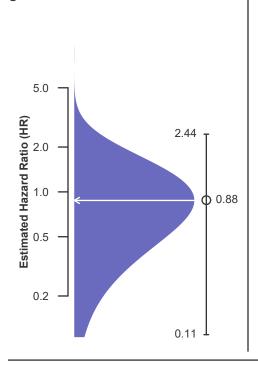


Figure C12. Pediatric (<18) 3-year graft failure HR program comparison



<sup>\*\*</sup> The 95% credible interval, [0.11, 2.44], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 12% lower risk of graft failure compared to an average program, but NJHK's performance could plausibly range from 89% reduced risk up to 144% increased risk.



Center Code: NJHK

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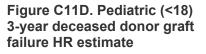
# C. Transplant Information

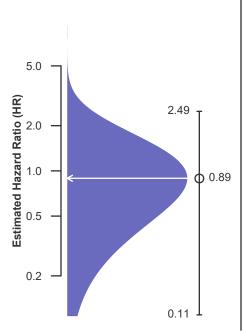
Table C10D. Pediatric (<18) 3-year survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2014 and 12/31/2016 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	NJHK	U.S.
Number of transplants evaluated	3	1,415
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	100.00%	92.23%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	92.32%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	110
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.24	
Estimated hazard ratio*	0.89	
95% credible interval for the hazard ratio**	[0.11, 2.49]	

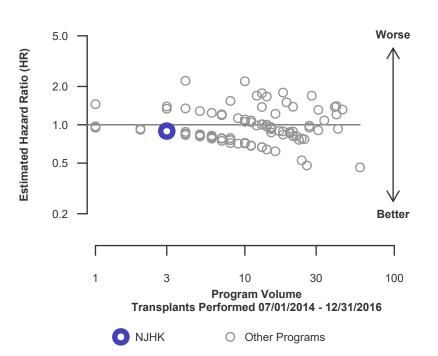
<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 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 NJHK's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.11, 2.49], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 11% lower risk of graft failure compared to an average program, but NJHK's performance could plausibly range from 89% reduced risk up to 149% increased risk.





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





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# C. Transplant Information

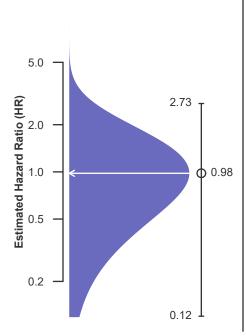
Table C10L. Pediatric (<18) 3-year survival with a functioning living donor graft Single organ transplants performed between 07/01/2014 and 12/31/2016 Deaths and retransplants are considered graft failures

Deaths and retransplants are considered graft failures	NJHK	U.S.
Number of transplants evaluated	1	674
Estimated probability of surviving with a functioning graft at 3 years (unadjusted for patient and donor characteristics)	100.00%	95.85%
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	95.85%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	28
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.04	
Estimated hazard ratio*	0.98	
95% credible interval for the hazard ratio**	[0.12, 2.73]	

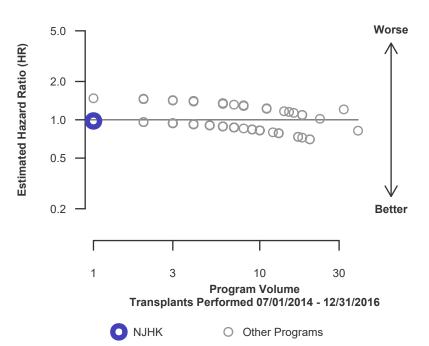
<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 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 NJHK's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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





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





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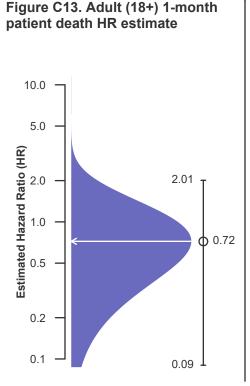
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Table C11. Adult (18+) 1-month patient survival Single organ transplants performed between 01/01/2017 and 06/30/2019 Retransplants excluded

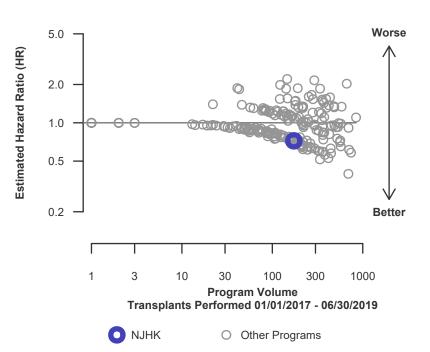
Retransplants excluded	NJHK	U.S.
Number of transplants evaluated	173	42,495
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.57%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.56%	
Number of observed deaths during the first month after transplant	0	183
Number of expected deaths during the first month after transplant	0.77	
Estimated hazard ratio*	0.72	
95% credible interval for the hazard ratio**	[0.09, 2.01]	
95% credible litterval for the nazard ratio	[0.09, 2.01]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.09, 2.01], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 28% lower risk of patient death compared to an average program, but NJHK's performance could plausibly range from 91% reduced risk up to 101% increased risk.









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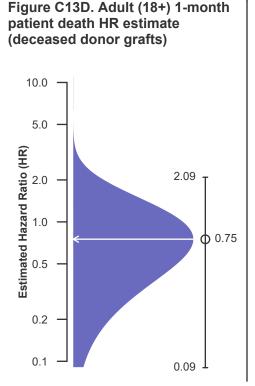
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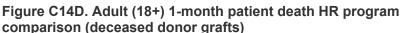
Table C11D. Adult (18+) 1-month patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2017 and 06/30/2019

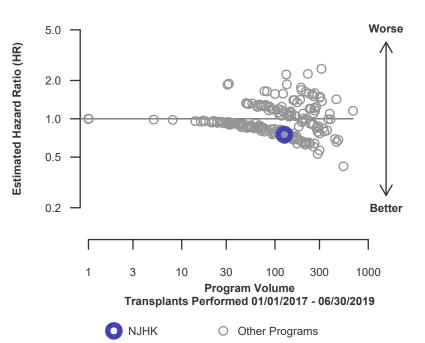
Retransplants excluded	NJHK	U.S.
Number of transplants evaluated	126	28,975
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.47%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.48%	
Number of observed deaths during the first month after transplant	0	154
Number of expected deaths during the first month after transplant	0.66	
Estimated hazard ratio*	0.75	
95% credible interval for the hazard ratio**	[0.09, 2.09]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.09, 2.09], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 25% lower risk of patient death compared to an average program, but NJHK's performance could plausibly range from 91% reduced risk up to 109% increased risk.









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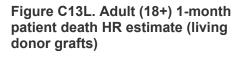
## C. Transplant Information

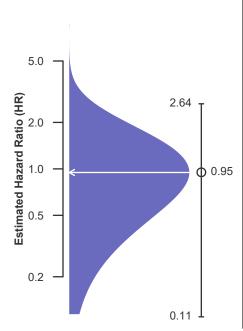
Table C11L. Adult (18+) 1-month patient survival (living donor graft recipients) Single organ transplants performed between 01/01/2017 and 06/30/2019

NJHK	U.S.
47	13,520
100.00%	99.79%
99.76%	
0	29
0.11	
0.95	
[0.11, 2.64]	
	47 100.00% 99.76% 0 0.11 0.95

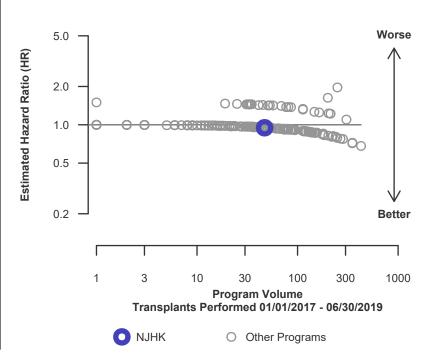
<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 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 NJHK's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.11, 2.64], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 5% lower risk of patient death compared to an average program, but NJHK's performance could plausibly range from 89% reduced risk up to 164% increased risk.





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





Center Code: NJHK

Transplant Program (Organ): Kidney Release Date: August 4, 2020

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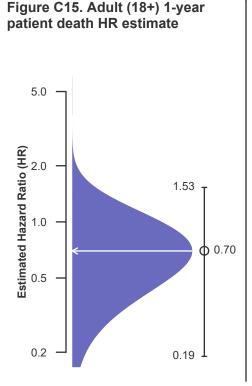
SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

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

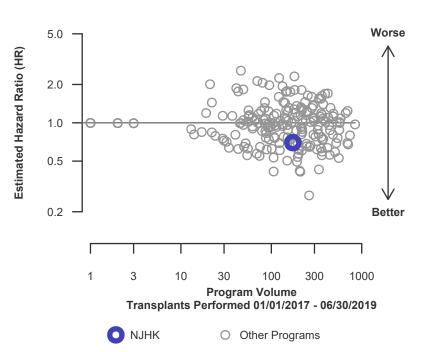
Retransplants excluded	NJHK	U.S.
Number of transplants evaluated	173	42,495
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	98.48%	97.68%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	97.58%	
Number of observed deaths during the first year after transplant	2	899
Number of expected deaths during the first year after transplant	3.73	
Estimated hazard ratio*	0.70	
95% credible interval for the hazard ratio**	[0.19, 1.53]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.19, 1.53], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 30% lower risk of patient death compared to an average program, but NJHK's performance could plausibly range from 81% reduced risk up to 53% increased risk.









Center Code: NJHK

Transplant Program (Organ): Kidney Release Date: August 4, 2020

Based on Data Available: May 31, 2020

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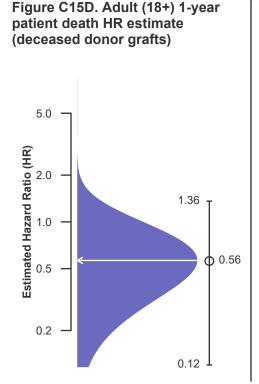
## C. Transplant Information

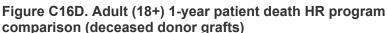
Table C12D. Adult (18+) 1-year patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2017 and 06/30/2019 Retransplants excluded

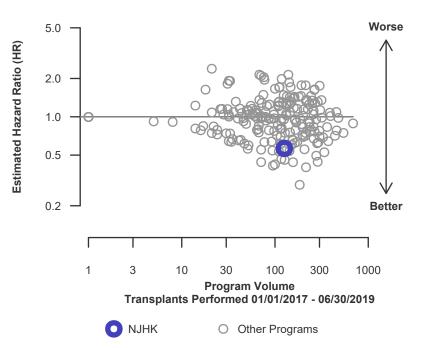
Retransplants excluded	NJHK	U.S.
Number of transplants evaluated	126	28,975
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	98.96%	97.02%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	97.05%	
Number of observed deaths during the first year after transplant	1	788
Number of expected deaths during the first year after transplant	3.31	
Estimated hazard ratio*	0.56	
95% credible interval for the hazard ratio**	[0.12, 1.36]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.12, 1.36], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 44% lower risk of patient death compared to an average program, but NJHK's performance could plausibly range from 88% reduced risk up to 36% increased risk.









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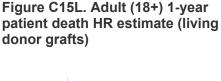
# C. Transplant Information

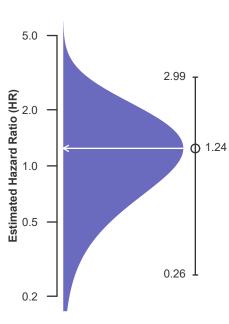
Table C12L. Adult (18+) 1-year patient survival (living donor graft recipients) Single organ transplants performed between 01/01/2017 and 06/30/2019 Retransplants excluded

Retransplants excluded	NJHK	U.S.
Number of transplants evaluated	47	13,520
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	97.22%	99.10%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.01%	
Number of observed deaths during the first year after transplant	1	111
Number of expected deaths during the first year after transplant	0.42	
Estimated hazard ratio*	1.24	
95% credible interval for the hazard ratio**	[0.26, 2.99]	

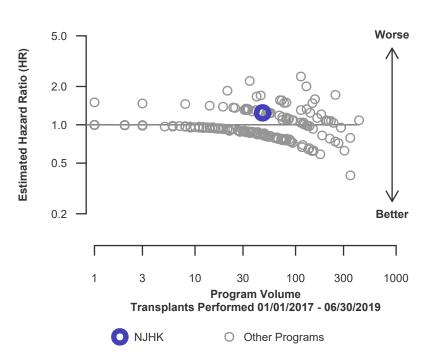
<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 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 NJHK's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.26, 2.99], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 24% higher risk of patient death compared to an average program, but NJHK's performance could plausibly range from 74% reduced risk up to 199% increased risk.





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





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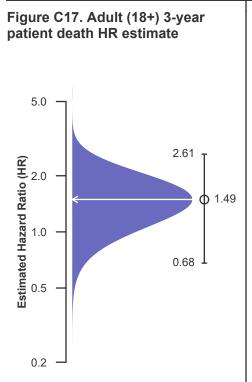
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Table C13. Adult (18+) 3-year patient survival Single organ transplants performed between 07/01/2014 and 12/31/2016 Retransplants excluded

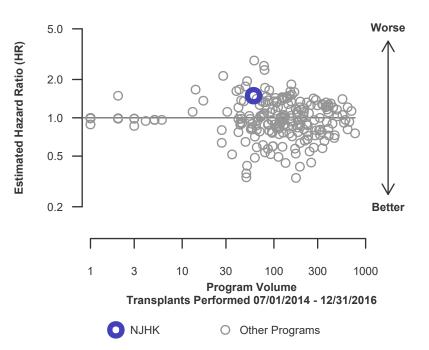
NJHK	U.S.
60	35,996
88.33%	93.69%
92.70%	
7	2,273
4.03	
1.49	
[0.68, 2.61]	
	60 88.33% 92.70% 7 4.03 1.49

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.68, 2.61], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 49% higher risk of patient death compared to an average program, but NJHK's performance could plausibly range from 32% reduced risk up to 161% increased risk.









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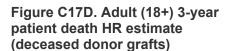
# C. Transplant Information

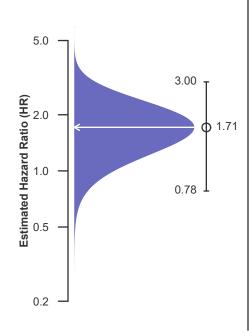
Table C13D. Adult (18+) 3-year patient survival (deceased donor graft recipients) Single organ transplants performed between 07/01/2014 and 12/31/2016 Retransplants excluded

Retransplants excluded	NJHK	U.S.
Number of transplants evaluated	39	23,929
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	82.05%	92.14%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	90.70%	
Number of observed deaths during the first 3 years after transplant	7	1,881
Number of expected deaths during the first 3 years after transplant	3.26	
Estimated hazard ratio*	1.71	
95% credible interval for the hazard ratio**	[0.78, 3.00]	

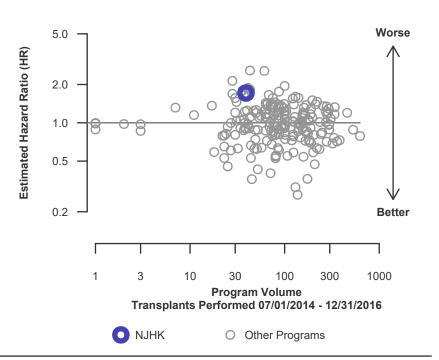
<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 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 NJHK's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.78, 3.00], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 71% higher risk of patient death compared to an average program, but NJHK's performance could plausibly range from 22% reduced risk up to 200% increased risk.





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





Center Code: NJHK

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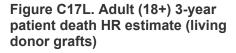
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Table C13L. Adult (18+) 3-year patient survival (living donor graft recipients) Single organ transplants performed between 07/01/2014 and 12/31/2016 Retransplants excluded

Retransplants excluded	NJHK	U.S.
Number of transplants evaluated	21	12,067
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	96.75%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	96.40%	
Number of observed deaths during the first 3 years after transplant	0	392
Number of expected deaths during the first 3 years after transplant	0.78	
Estimated hazard ratio*	0.72	
95% credible interval for the hazard ratio**	[0.09, 2.01]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.09, 2.01], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 28% lower risk of patient death compared to an average program, but NJHK's performance could plausibly range from 91% reduced risk up to 101% increased risk.



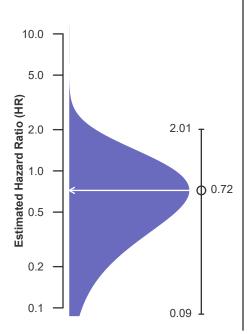
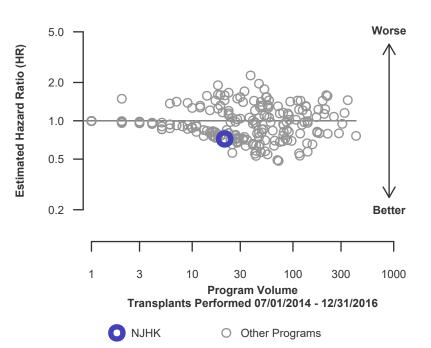


Figure C18L. Adult (18+) 3-year patient death HR program comparison (living donor grafts)





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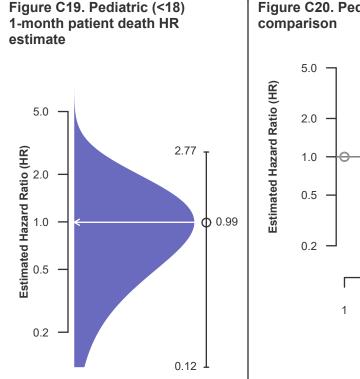
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Table C14. Pediatric (<18) 1-month patient survival Single organ transplants performed between 01/01/2017 and 06/30/2019 Retransplants excluded

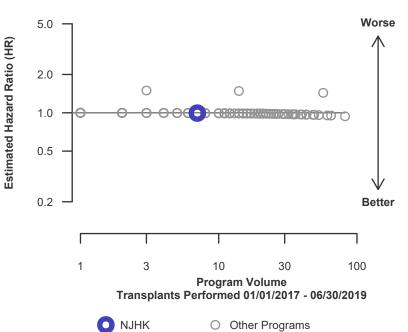
Retransplants excluded	NJHK	U.S.
Number of transplants evaluated	7	1,882
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.84%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.84%	
Number of observed deaths during the first month after transplant	0	3
Number of expected deaths during the first month after transplant	0.01	
Estimated hazard ratio*	0.99	
95% credible interval for the hazard ratio**	[0.12, 2.77]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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









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## C. Transplant Information

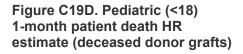
Table C14D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2017 and 06/30/2019

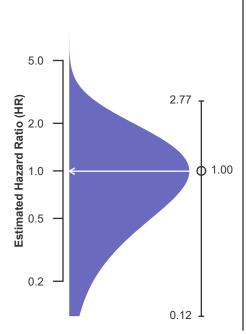
Retransplants excluded

Retransplants excluded	NJHK	U.S.
Number of transplants evaluated	6	1,259
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.84%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.84%	
Number of observed deaths during the first month after transplant	0	2
Number of expected deaths during the first month after transplant	0.01	
Estimated hazard ratio*	1.00	
95% credible interval for the hazard ratio**	[0.12, 2.77]	

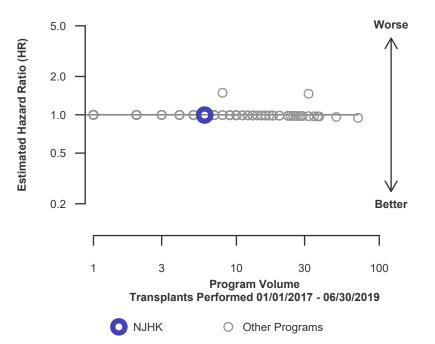
<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 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 NJHK's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

<sup>\*\*</sup> The 95% credible interval, [0.12, 2.77], indicates the location of NJHK's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but NJHK's performance could plausibly range from 88% reduced risk up to 177% increased risk.





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





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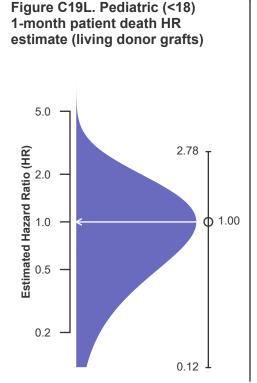
SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

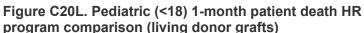
Table C14L. Pediatric (<18) 1-month patient survival (living donor graft recipients) Single organ transplants performed between 01/01/2017 and 06/30/2019

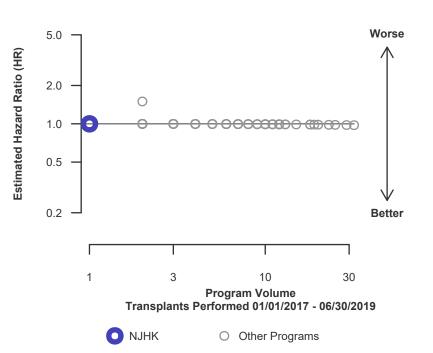
Retransplants excluded	NJHK	U.S.
Number of transplants evaluated	1	623
Estimated probability of surviving at 1 month (unadjusted for patient and donor characteristics)	100.00%	99.84%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.84%	
Number of observed deaths during the first month after transplant	0	1
Number of expected deaths during the first month after transplant	0.00	
Estimated hazard ratio*	1.00	
95% credible interval for the hazard ratio**	[0.12, 2.78]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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









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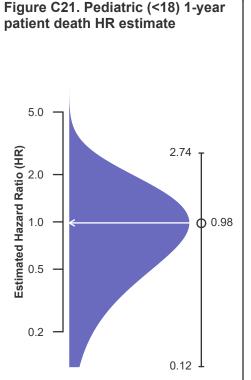
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Table C15. Pediatric (<18) 1-year patient survival
Single organ transplants performed between 01/01/2017 and 06/30/2019
Retransplants excluded

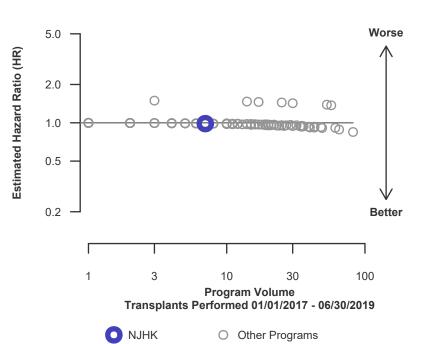
Retransplants excluded	NJHK	U.S.
Number of transplants evaluated	7	1,882
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.60%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.54%	
Number of observed deaths during the first year after transplant	0	7
Number of expected deaths during the first year after transplant	0.03	
Estimated hazard ratio*	0.98	
95% credible interval for the hazard ratio**	[0.12, 2.74]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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









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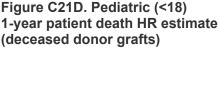
## C. Transplant Information

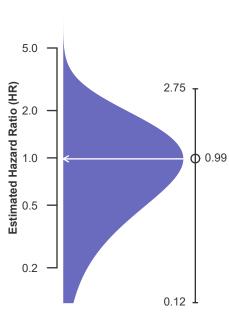
Table C15D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients) Single organ transplants performed between 01/01/2017 and 06/30/2019

Retransplants excluded	NJHK	U.S.
Number of transplants evaluated	6	1,259
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.49%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.49%	
Number of observed deaths during the first year after transplant	0	6
Number of expected deaths during the first year after transplant	0.03	
Estimated hazard ratio*	0.99	
95% credible interval for the hazard ratio**	[0.12, 2.75]	

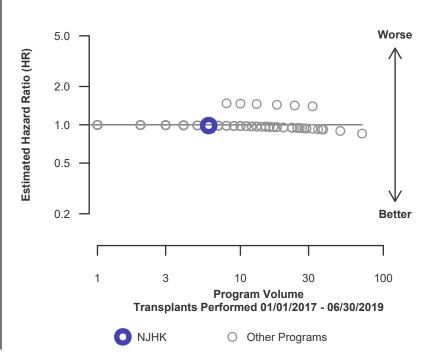
<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'s results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 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 NJHK's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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





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





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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	NJHK	U.S.
Number of transplants evaluated	1	623
Estimated probability of surviving at 1 year (unadjusted for patient and donor characteristics)	100.00%	99.84%
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.84%	
Number of observed deaths during the first year after transplant	0	1
Number of expected deaths during the first year after transplant	0.00	
Estimated hazard ratio*	1.00	
95% credible interval for the hazard ratio**	[0.12, 2.78]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

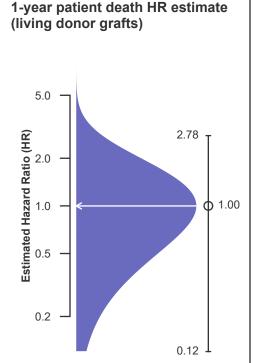
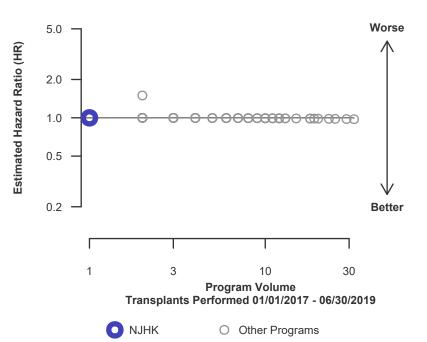


Figure C21L. Pediatric (<18)





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



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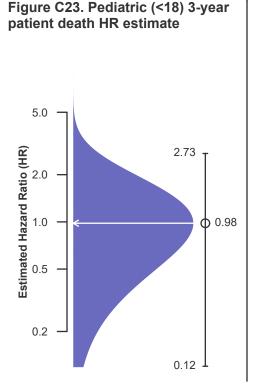
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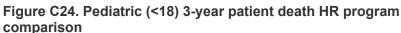
Table C16. Pediatric (<18) 3-year patient survival Single organ transplants performed between 07/01/2014 and 12/31/2016 Retransplants excluded

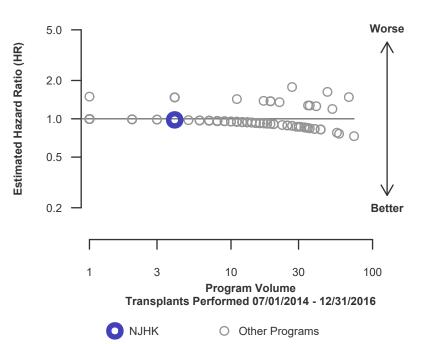
Retransplants excluded	NJHK	U.S.
Number of transplants evaluated	4	1,881
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	98.99%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	99.00%	
Number of observed deaths during the first 3 years after transplant	0	19
Number of expected deaths during the first 3 years after transplant	0.04	
Estimated hazard ratio*	0.98	
95% credible interval for the hazard ratio**	[0.12, 2.73]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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









Center Code: NJHK

Transplant Program (Organ): Kidney Release Date: August 4, 2020

Based on Data Available: May 31, 2020

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## 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

Retransplants excluded	NJHK	U.S.
Number of transplants evaluated	3	1,264
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	99.05%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	99.05%	
Number of observed deaths during the first 3 years after transplant	0	12
Number of expected deaths during the first 3 years after transplant	0.03	
Estimated hazard ratio*	0.99	
95% credible interval for the hazard ratio**	[0.12, 2.75]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

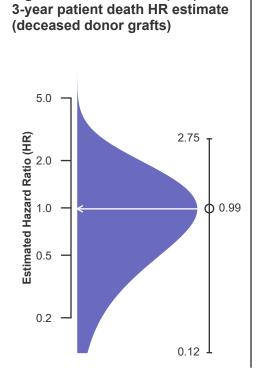
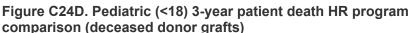
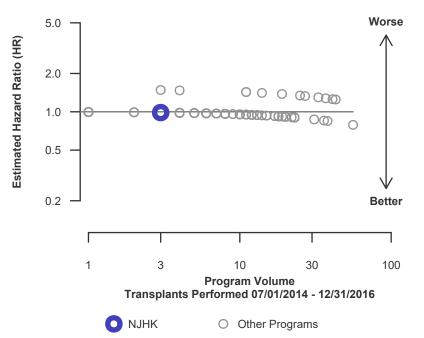


Figure C23D. Pediatric (<18)





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



Center Code: NJHK

Transplant Program (Organ): Kidney Release Date: August 4, 2020

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## 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	NJHK	U.S.
Number of transplants evaluated	1	617
Estimated probability of surviving at 3 years (unadjusted for patient and donor characteristics)	100.00%	98.87%
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	98.87%	
Number of observed deaths during the first 3 years after transplant	0	7
Number of expected deaths during the first 3 years after transplant	0.01	
Estimated hazard ratio*	0.99	
95% credible interval for the hazard ratio**	[0.12, 2.77]	

<sup>\*</sup> The hazard ratio provides an estimate of how Hackensack University Medical Center (NJHK)'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 NJHK's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

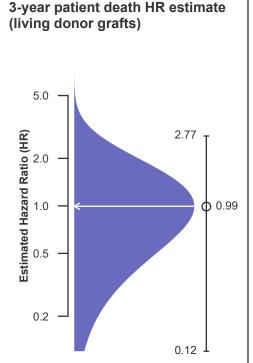
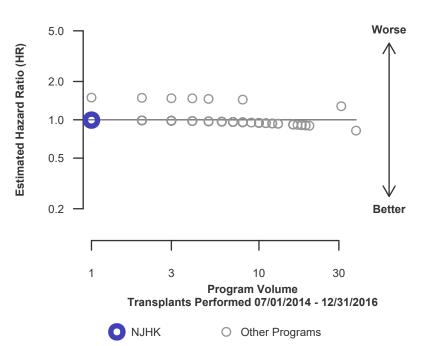


Figure C23L. Pediatric (<18)





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



Center Code: NJHK

Transplant Program (Organ): Kidney Release Date: August 4, 2020

Based on Data Available: May 31, 2020

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# **C. Transplant Information**

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

Adult (18+) Transplants First-Year Outcomes

Transplant Type	•	Transplants Performed		Kidney Graft Failures		Estimated Kidney Graft Survival	
	NJHK-TX1	USA	NJHK-TX1	USA	NJHK-TX1	USA	
Kidney-Pancreas	2	2,048	0	62	100.0%	96.8%	

## 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 First-Year Outcomes

Transplant Type	Transplants Performed		Patient Deaths		Estimated Patient Survival	
	NJHK-TX1		NJHK-TX1		NJHK-TX1	
Kidney-Pancreas	2	2,048	0	37	100.0%	98.0%

## Pediatric (<18) Transplants

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



Center Code: NJHK

Transplant Program (Organ): Kidney Release Date: August 4, 2020

Based on Data Available: May 31, 2020

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# **D. Living Donor Information**

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

	This Center		United States			
Living Donor Follow-Up	01/2017- 12/2017	01/2018- 12/2018	01/2019- 06/2019	01/2017- 12/2017	01/2018- 12/2018	01/2019- 06/2019
Number of Living Donors	13	25	12	5,814	6,448	3,383
<b>6-Month Follow-Up</b> Donors due for follow-up	13	25	12	5,811	6,447	3,381
Timely clinical data	11 84.6%	23 92.0%	12 100.0%	5,134 88.3%	5,612 87.0%	2,943 87.0%
Timely lab data	11 84.6%	22 88.0%	12 100.0%	4,947 85.1%	5,385 83.5%	2,857 84.5%
<b>12-Month Follow-Up</b> Donors due for follow-up	13	25		5,810	6,442	
Timely clinical data	12 92.3%	22 88.0%		4,819 82.9%	5,343 82.9%	
Timely lab data	12 92.3%	22 88.0%		4,559 78.5%	5,028 78.1%	
<b>24-Month Follow-Up</b> Donors due for follow-up	13			5,808		
Timely clinical data	12 92.3%			4,395 75.7%		
Timely lab data	12 92.3%			4,038 69.5%		

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