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Adjustments to Transplant Program and OPO Evaluation Metrics

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

In response to the current global pandemic, SRTR modified the evaluation metrics for transplant programs and OPOs for the reports released in January 2021, July 2021, January 2022, July 2022, January 2023, July 2023, January 2024 and July 2024. These reports made adjustments to transplant program and OPO performance metrics so that data during the time around the declaration of a national public health emergency on March 13, 2020, were not included in the metrics.

Modifications for the January 2025 reporting cycle were considered at the Analytic Methods Subcommittee of the SRTR Review Committee (SRC) at its meeting on March 24, 2021, and the full SRC meetings April 27, 2021 and on January 11, 2022. Both the Analytic Methods Subcommittee and the full SRC recommended an ongoing carve out of the first quarter of the pandemic (March 13, 2020 through June 12, 2020) from adjusted performance metrics, as detailed below. These recommendations were reviewed by HRSA's Division of Transplantation, which oversees SRTR. HRSA approved these recommendations, which SRTR will implement for the January 2025 reporting cycle. These changes will remain in force beyond the January 2025 reporting cycle, unless otherwise amended:

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

1-month, 90-day, 1-year & 1-year conditional on 90-day Patient and Graft Survival Evaluations: Transplants 7/1/2021-12/31/2023, follow-up through 6/30/2024.

3-year Patient and Graft Survival Evaluations: Transplants 1/1/2019-3/12/2020, follow-up through 3/12/2020. Transplants 6/13/2020-6/30/2021; follow-up through 6/30/2024.

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

Days after listing (and before transplant) between 7/1/2022 and 6/30/2024.

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

Candidates on the waitlist 7/1/2022-6/30/2024.

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

Evaluation period: 7/1/2022-6/30/2024.

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

Offers received 7/1/2023-6/30/2024.

These decisions will apply to the evaluations released in the SRTR's semi-annual program-specific reports scheduled for release on January 7, 2025. These changes have been communicated to the leadership of the Organ Procurement and Transplantation Network's (OPTN) Membership and Professional Standards Committee (MSPC). These decisions will then be re-evaluated as more information becomes available in preparation for the release scheduled for July 2025.

As with the July 2024 reports, SRTR will continue to report descriptive data beyond March 12, 2020, e.g., waitlist counts, transplant counts, recipient characteristics, donor counts, donor characteristics, etc., but will alter data for performance evaluation metrics as described above.

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This report contains a wide range of useful information about the kidney transplant program at Cedars-Sinai Medical Center. The report has three main sections:

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

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

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

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

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

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confidence interval includes (crosses) 1.0, then we cannot say that this program's observed transplant rate is different from what would be expected. The observed transplant rate at this program was 26.9 per 100 person-years. Transplant rates are also provided for adult and pediatric patients separately along with comparisons to adult and pediatric rates in the DSA, the OPTN region, and the nation. Transplant rates are also presented excluding transplants from a living donor (Table B4D and Figures B1D-B3D). Please refer to the PSR Technical Methods documentation available at http://www.srtr.org for more detail regarding how expected rates are calculated.

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

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

Table B7 presents information on what happens to candidates on the waiting list by three different time points after listing: 6 months, 12 months, and 18 months. The table displays percentages of candidates who have died, been removed from the waiting list, been transplanted, or been transferred or lost-to-follow-up. Tables B8 and B9 provide more detail regarding how many candidates have received a deceased donor transplant by certain time points during the first 3 years after being put on the transplant waiting list. Each row of Tables B8 and B9 presents the percent of candidates who received a deceased donor transplant by each time point. Table B10 presents data on the time it took for different percentages of patients to be transplanted for candidates added to the list between 07/01/2018 and 12/31/2023. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this program was 0.5 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 06/30/2024 to calculate a particular percentile of transplant times.

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

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of offers.

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

Starting with Table C5, transplant outcomes are presented along with comparisons to what would be expected at this program and what happened in the nation as a whole. Tables C5-C14 (tables C5-C10 for Pancreas) present information on graft survival (survival of the transplanted organ), with data presented separately for adult and pediatric recipients. Patients are followed from the time of transplant until either failure of the transplanted organ or death, whichever comes first. Please refer to the technical methods for more information on these calculations (http://www.srtr.org).

While Tables C5-C14 present data on graft survival, Tables C15-C20 (tables C11-C20 for Pancreas) present information on patient survival. For these tables, patients are followed from the time of transplant until death, regardless of whether the transplant is functioning or the patient required another transplant to survive.

Tables C21 and C22 summarize the multiorgan transplant outcomes at this program. The summary statistics in these tables are descriptive and are not risk-adjusted for different donor and candidate characteristics.

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

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

Table of Contents

A. Program Summary

Figure A1. Waiting list and transplant activity

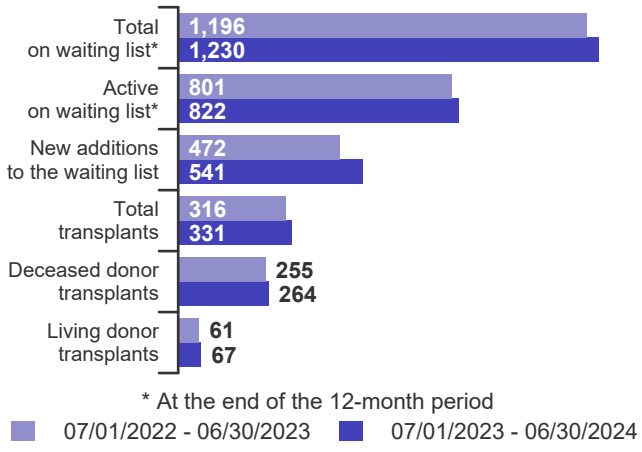


Table A1. Census of transplant recipients

Recipients	07/01/2022-06/30/2023	07/01/2023-06/30/2024
Transplanted at this center	316	331
Followed by this center*	2,087	2,237
...transplanted at this program	2,049	2,197
...transplanted elsewhere	38	40

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

Figure A2. Transplant rates 07/01/2022 - 06/30/2024

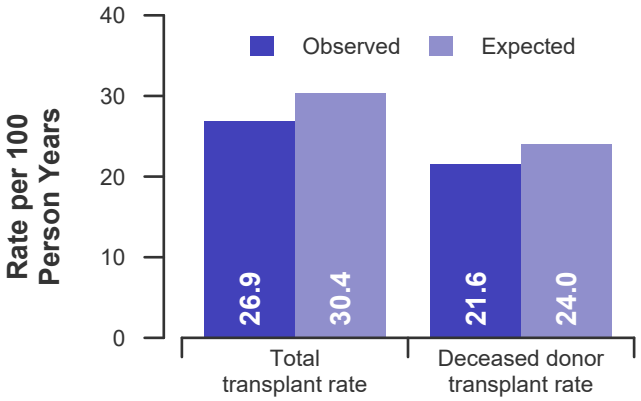


Figure A3. Pre-transplant mortality rates 07/01/2022 - 06/30/2024

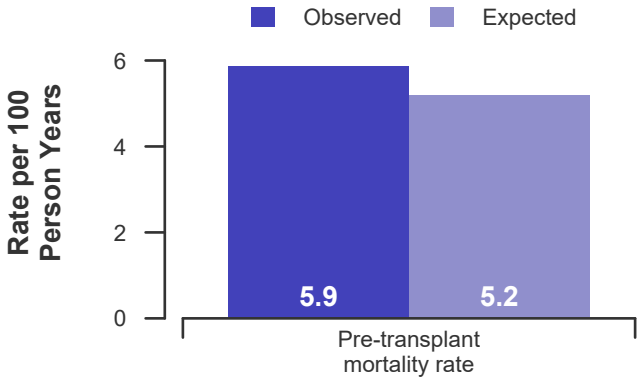


Figure A4. First-year adult graft and patient survival: 07/01/2021 - 12/31/2023

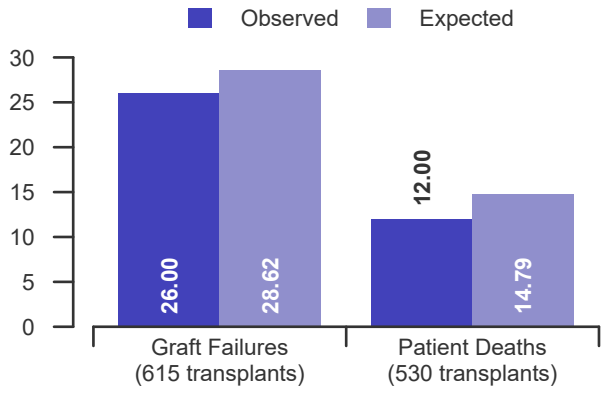
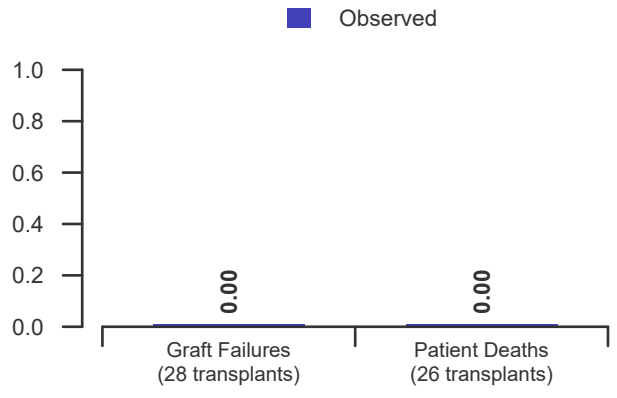


Figure A5. First-year pediatric graft and patient survival: 07/01/2021 - 12/31/2023



B. Waiting List Information

Table B1. Waiting list activity summary: 07/01/2022 - 06/30/2024

Waiting List Registrations	Counts for this center		Activity for 07/01/2023 to 06/30/2024 as percent of registrants on waiting list on 07/01/2023		
	07/01/2022-06/30/2023	07/01/2023-06/30/2024	This Center (%)	OPTN Region (%)	U.S. (%)
On waiting list at start	1,189	1,196	100.0	100.0	100.0
Additions					
New listings at this center	472	541	45.2	37.9	50.4
Removals					
Transferred to another center	4	11	0.9	1.0	1.1
Received living donor transplant*	61	66	5.5	4.7	6.7
Received deceased donor transplant*	254	263	22.0	16.4	22.7
Died	64	65	5.4	4.7	4.0
Transplanted at another center	35	35	2.9	2.9	4.7
Deteriorated	20	21	1.8	2.9	4.8
Recovered	4	11	0.9	0.3	0.3
Other reasons	23	35	2.9	3.7	5.6
On waiting list at end of period	1,196	1,230	102.8	101.3	100.5

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

B. Waiting List Information

Table B2. Demographic characteristics of waiting list candidates
Candidates registered on the waiting list between 07/01/2023 and 06/30/2024

Demographic Characteristic	New Waiting List Registrations 07/01/2023 to 06/30/2024 (%)			All Waiting List Registrations on 06/30/2024 (%)		
	This Center (N=541)	OPTN Region (N=7,930)	U.S. (N=47,540)	This Center (N=1,230)	OPTN Region (N=21,188)	U.S. (N=94,860)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	23.7	25.5	38.7	21.8	21.0	35.4
African-American	14.2	10.1	30.5	14.4	9.9	30.5
Hispanic/Latino	42.0	41.7	20.0	46.9	44.8	22.1
Asian	19.2	17.8	7.9	15.4	20.7	9.8
Other	0.6	3.7	2.0	1.3	3.2	1.9
Unknown	0.4	1.2	0.8	0.2	0.3	0.3
Age (%)						
<2 years	0.0	0.2	0.2	0.1	0.1	0.1
2-11 years	0.7	0.8	0.9	1.4	0.7	0.7
12-17 years	2.8	1.8	1.5	5.6	1.7	1.2
18-34 years	8.1	10.4	9.7	9.0	10.4	9.6
35-49 years	21.8	24.8	23.9	26.5	27.0	25.9
50-64 years	38.8	41.3	40.9	39.6	44.2	43.5
65-69 years	12.9	12.8	13.5	10.1	11.5	12.5
70+ years	14.8	7.9	9.4	7.7	4.4	6.5
Gender (%)						
Male	62.7	62.8	61.9	62.7	63.1	62.4
Female	37.3	37.2	38.1	37.3	36.9	37.6

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

B. Waiting List Information

Table B3. Medical characteristics of waiting list candidates
Candidates registered on the waiting list between 07/01/2023 and 06/30/2024

Medical Characteristic	New Waiting List Registrations 07/01/2023 to 06/30/2024 (%)			All Waiting List Registrations on 06/30/2024 (%)		
	This Center (N=541)	OPTN Region (N=7,930)	U.S. (N=47,540)	This Center (N=1,230)	OPTN Region (N=21,188)	U.S. (N=94,860)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Blood Type (%)						
O	51.0	51.1	49.8	59.5	56.0	54.8
A	27.7	30.2	31.7	27.6	26.7	26.8
B	16.6	15.0	14.8	10.1	14.7	15.9
AB	4.6	3.7	3.6	2.8	2.6	2.5
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Previous Transplant (%)						
Yes	14.4	10.5	12.5	16.9	9.8	13.3
No	85.6	89.5	87.5	83.1	90.2	86.7
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Initial CPRA (%)*						
0-9%	5.4	4.8	6.2	48.2	51.6	44.5
10-79%	11.6	13.4	16.7	11.5	13.4	15.2
80+%	7.9	6.7	7.9	8.0	5.8	6.9
Unknown*	75.0	75.1	69.2	32.4	29.2	33.4
Primary Disease (%)**						
Glomerular Diseases	16.6	18.8	18.2	20.0	18.0	17.8
Tubular and Interstitial Diseases	3.3	3.1	3.6	3.7	3.0	3.7
Polycystic Kidneys	5.4	6.3	6.5	4.9	5.6	6.6
Congenital, Familial, Metabolic	2.4	2.1	2.1	2.8	2.0	2.0
Diabetes	36.4	36.1	35.7	35.9	40.9	37.5
Renovascular & Vascular Diseases	0.2	0.1	0.1	0.2	0.1	0.1
Neoplasms	0.7	0.4	0.4	0.7	0.3	0.4
Hypertensive Nephrosclerosis	11.6	14.0	19.7	13.0	14.8	20.1
Other	23.1	18.9	13.5	18.8	15.1	11.6
Missing**	0.2	0.2	0.3	0.1	0.3	0.3

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

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

B. Waiting List Information

Table B4. Transplant rates: 07/01/2022 - 06/30/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	1,189	7,246	21,013	95,221
Person Years**	2,396.3	15,014.7	41,964.2	189,369.2
Removals for Transplant	644	2,949	8,695	54,327
Adult (18+) Candidates				
Count on waiting list at start*	1,114	7,091	20,544	93,498
Person Years**	2,236.8	14,658.6	40,932.3	185,741.0
Removals for transpant	620	2,835	8,400	52,522
Pediatric (<18) Candidates				
Count on waiting list at start*	75	155	469	1,723
Person Years**	159.5	356.0	1,031.9	3,628.2
Removals for transplant	24	114	295	1,805

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

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

Figure B1. Observed and expected transplant rates: 07/01/2022 - 06/30/2024

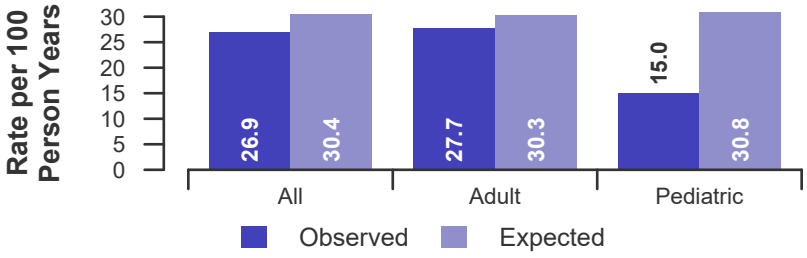


Figure B2. Transplant rate ratio estimate

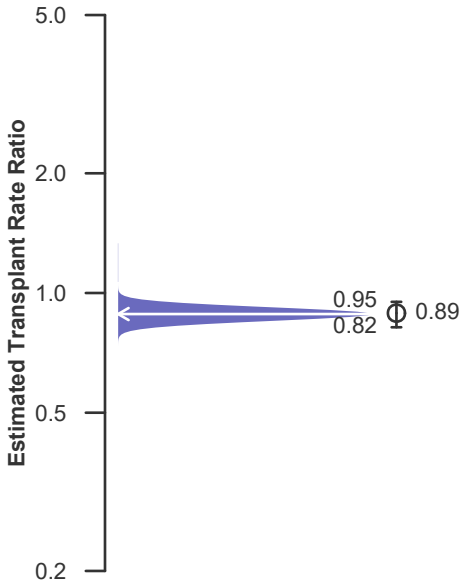
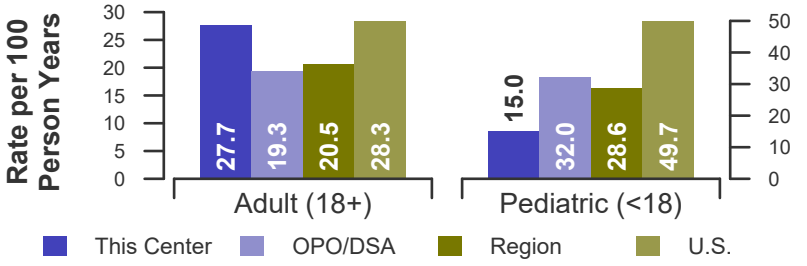


Figure B3. Observed adult (18+) and pediatric (<18) transplant rates: 07/01/2022 - 06/30/2024



B. Waiting List Information

Table B4D. Deceased donor transplant rates: 07/01/2022 - 06/30/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	1,189	7,246	21,013	95,221
Person Years**	2,396.3	15,014.7	41,964.2	189,369.2
Removals for Transplant	517	2,337	6,778	42,022
Adult (18+) Candidates				
Count on waiting list at start*	1,114	7,091	20,544	93,498
Person Years**	2,236.8	14,658.6	40,932.3	185,741.0
Removals for transpant	496	2,239	6,543	40,723
Pediatric (<18) Candidates				
Count on waiting list at start*	75	155	469	1,723
Person Years**	159.5	356.0	1,031.9	3,628.2
Removals for transplant	21	98	235	1,299

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

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

Figure B1D. Observed and expected deceased donor transplant rates: 07/01/2022 - 06/30/2024

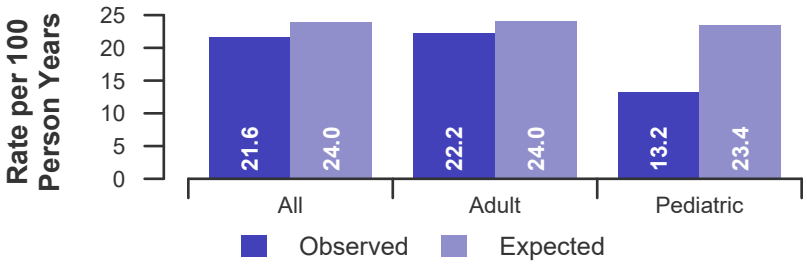


Figure B2D. Deceased donor transplant rate ratio estimate

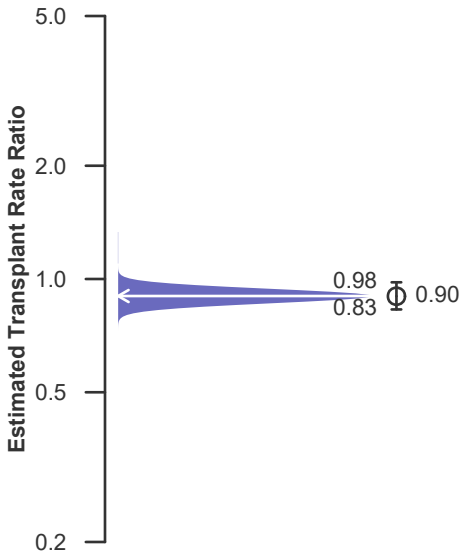
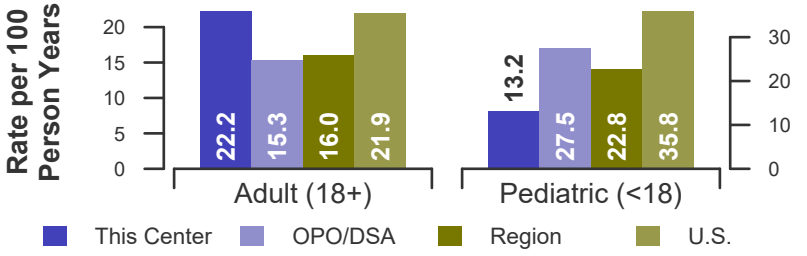


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 07/01/2022 - 06/30/2024



B. Waiting List Information

Table B5. Pre-transplant mortality rates: 07/01/2022 - 06/30/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	1,189	7,246	21,013	95,221
Person Years**	2,473.6	15,739.7	44,298.2	205,807.9
Number of deaths	145	821	2,402	10,930
Adult (18+) Candidates				
Count on waiting list at start*	1,114	7,091	20,544	93,498
Person Years**	2,312.3	15,379.7	43,245.9	202,052.1
Number of deaths	143	816	2,392	10,888
Pediatric (<18) Candidates				
Count on waiting list at start*	75	155	469	1,723
Person Years**	161.2	360.0	1,052.3	3,755.8
Number of deaths	2	5	10	42

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

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

Figure B4. Observed and expected pre-transplant mortality rates: 07/01/2022 - 06/30/2024

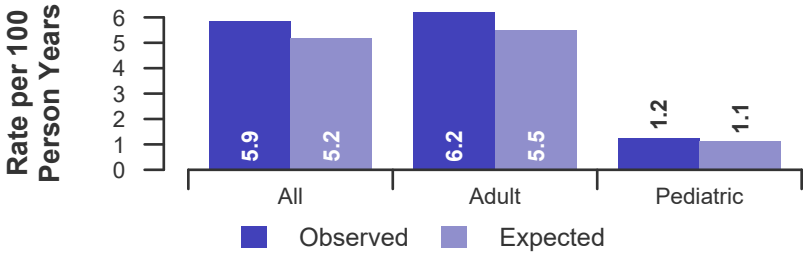


Figure B5. Pre-transplant mortality rate ratio estimate

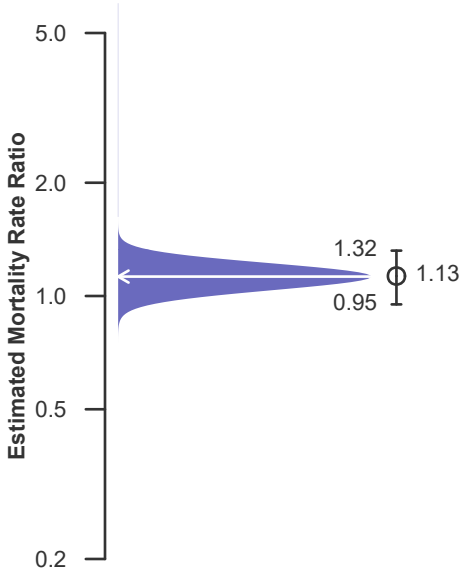
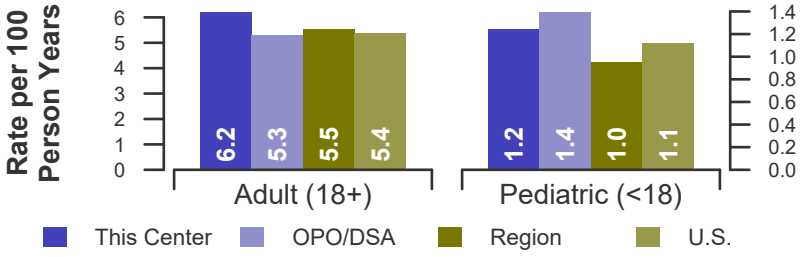


Figure B6. Observed adult (18+) and pediatric (<18) pre-transplant mortality rates: 07/01/2022 - 06/30/2024



B. Waiting List Information

Table B6. Rates of patient mortality after listing: 07/01/2022 - 06/30/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Patients				
Count at risk during the evaluation period	3,323	18,724	54,598	322,340
Person-years*	4,830.8	27,886.1	81,531.7	481,788.8
Number of Deaths	210	1,227	3,391	20,642
Adult (18+) Patients				
Count at risk during the evaluation period	3,186	18,107	52,802	313,047
Person-years*	4,613.6	26,905.8	78,734.2	467,524.6
Number of Deaths	209	1,220	3,374	20,547
Pediatric (<18) Patients				
Count at risk during the evaluation period	137	617	1,796	9,293
Person-years*	217.2	980.3	2,797.5	14,264.2
Number of Deaths	1	7	17	95

* Person-years are calculated as days (converted to fractional years). The number of days from 07/01/2022, or from the date of first wait listing until death, reaching 7 years after listing or June 30, 2024.

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

Figure B7. Observed and expected rates of patient mortality after listing: 07/01/2022 - 06/30/2024

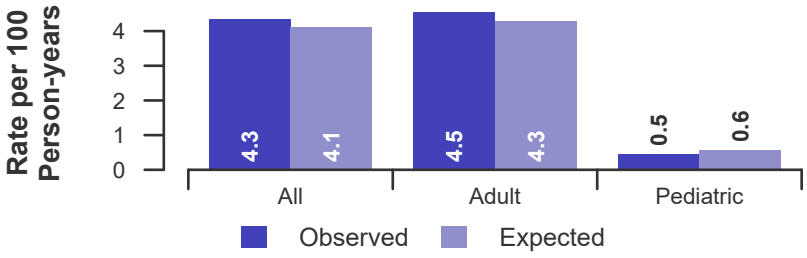


Figure B8. HR estimate of patient mortality after listing

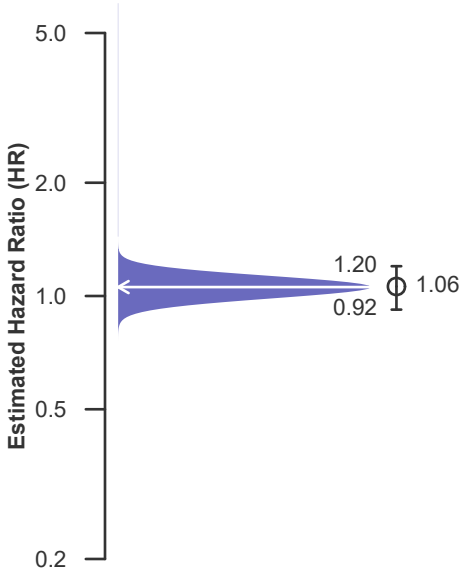
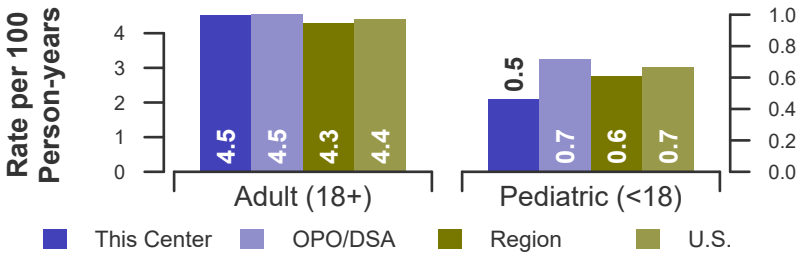


Figure B9. Observed adult (18+) and pediatric (<18) rates of patient mortality after listing: 07/01/2022 - 06/30/2024



B. Waiting List Information

Table B7. Waiting list candidate status after listing
Candidates registered on waiting list between 01/01/2022 and 12/31/2022

Waiting list status (survival status)	This Center (N=446) Months Since Listing			U.S. (N=43,795) Months Since Listing		
	6	12	18	6	12	18
Alive on waiting list (%)	78.3	65.0	56.1	72.8	58.5	47.9
Died on the waiting list without transplant (%)	0.7	1.6	2.5	1.2	2.2	3.0
Removed without transplant (%):						
Condition worsened (status unknown)	0.9	1.1	1.1	0.7	1.6	2.8
Condition improved (status unknown)	0.9	1.3	1.6	0.1	0.2	0.3
Refused transplant (status unknown)	0.0	0.2	0.2	0.0	0.1	0.1
Other	0.7	0.9	2.0	0.8	1.8	3.1
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	1.1	4.5	6.3	5.2	8.2	7.0
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.2	0.0	0.0	0.0	0.0
Died	0.0	0.0	0.0	0.0	0.1	0.1
Status Yet Unknown**	0.2	0.2	0.9	0.1	0.3	3.3
Transplant (deceased donor) (%):						
Functioning (alive)	15.0	20.9	20.0	16.2	20.9	16.8
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.7	0.7	0.1	0.1	0.1
Died	0.4	0.7	0.9	0.4	0.7	1.0
Status Yet Unknown*	1.6	2.5	7.4	2.2	4.8	13.8
Lost or Transferred (status unknown) (%)	0.2	0.2	0.4	0.2	0.5	0.8
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	1.1	2.2	3.4	1.6	2.9	4.1
Total % known died or removed as unstable	2.0	3.4	4.5	2.3	4.5	6.9
Total % removed for transplant	18.4	29.6	36.1	24.2	35.2	42.1
Total % with known functioning transplant (alive)	16.1	25.3	26.2	21.4	29.1	23.8

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

B. Waiting List Information

Table B8. Percent of candidates with deceased donor transplants: demographic characteristics
Candidates registered on the waiting list between 07/01/2018 and 06/30/2021

Characteristic	Percent transplanted at time periods since listing									
	This Center					United States				
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	999	9.6	25.1	33.4	39.4	104,231	5.6	22.3	30.3	36.3
Ethnicity/Race*										
White	266	10.9	25.9	32.7	36.1	40,068	5.8	23.4	31.3	36.6
African-American	162	13.6	27.8	36.4	44.4	32,907	5.6	22.4	30.8	37.6
Hispanic/Latino	380	7.9	24.2	33.4	41.3	20,482	6.0	21.9	29.7	35.7
Asian	173	7.5	24.9	32.4	35.8	8,791	3.7	16.8	24.4	30.1
Other	18	11.1	11.1	27.8	38.9	1,982	7.6	25.6	33.2	39.2
Unknown	0	--	--	--	--	1	0.0	0.0	0.0	0.0
Age										
<2 years	2	0.0	0.0	0.0	0.0	111	6.3	43.2	64.9	73.0
2-11 years	13	0.0	7.7	15.4	30.8	843	7.9	50.4	65.0	72.7
12-17 years	34	0.0	17.6	26.5	35.3	1,507	8.0	46.9	59.5	64.8
18-34 years	93	8.6	26.9	37.6	41.9	10,026	5.8	25.2	35.7	43.3
35-49 years	220	10.5	25.0	31.8	39.1	25,501	5.6	22.3	30.7	37.0
50-64 years	381	10.5	23.1	31.5	37.3	43,922	5.5	20.5	27.8	33.6
65-69 years	153	10.5	32.0	41.2	47.7	14,173	5.5	20.6	27.8	33.3
70+ years	103	8.7	26.2	34.0	36.9	8,148	5.9	23.5	30.5	35.3
Gender										
Male	604	10.6	25.5	32.1	38.4	64,658	5.9	21.6	29.2	35.1
Female	395	8.1	24.6	35.4	41.0	39,573	5.2	23.4	32.0	38.2

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

B. Waiting List Information

Table B9. Percent of candidates with deceased donor transplants: medical characteristics
Candidates registered on the waiting list between 07/01/2018 and 06/30/2021

Characteristic	Percent transplanted at time periods since listing									
	This Center					United States				
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	999	9.6	25.1	33.4	39.4	104,231	5.6	22.3	30.3	36.3
Blood Type										
O	488	9.4	21.3	28.1	33.8	52,161	4.9	18.9	25.8	31.3
A	323	8.7	24.1	30.7	36.5	32,448	7.0	27.1	36.6	43.4
B	146	11.6	37.0	52.1	59.6	15,678	3.9	19.2	26.9	32.9
AB	42	11.9	35.7	52.4	57.1	3,944	10.8	40.3	50.9	56.4
Previous Transplant										
Yes	202	6.4	26.2	38.1	43.1	13,898	3.6	21.1	29.7	35.8
No	797	10.4	24.8	32.2	38.5	90,333	5.9	22.4	30.4	36.3
Peak PRA/CPRA*										
0-9%	793	11.9	26.2	33.2	38.3	82,163	6.0	21.7	29.4	35.3
10-79%	104	0.0	20.2	25.0	31.7	13,556	4.8	21.8	30.3	36.3
80+%	102	2.0	21.6	44.1	55.9	8,399	3.6	28.9	39.5	45.6
Unknown*	0	--	--	--	--	1	100.0	100.0	100.0	100.0
Primary Disease**										
Glomerular Diseases	196	4.1	17.9	31.1	35.7	18,460	4.8	23.3	32.8	40.1
Tubular & Interstitial Diseases	75	13.3	40.0	48.0	49.3	3,863	6.8	25.3	33.2	38.2
Polycystic Kidneys	59	3.4	11.9	16.9	25.4	6,763	4.1	20.7	29.9	37.3
Congenital, Familial, Metabolic	21	0.0	23.8	33.3	57.1	2,026	6.0	33.0	43.7	50.8
Diabetes	300	5.0	17.0	25.7	31.3	38,703	4.0	17.6	24.4	29.3
Renovascular & Vascular Diseases	2	50.0	50.0	50.0	50.0	132	3.8	23.5	32.6	40.2
Neoplasms	6	16.7	33.3	33.3	50.0	372	5.6	29.3	38.4	42.5
Hypertensive Nephrosclerosis	106	6.6	23.6	29.2	41.5	21,085	6.1	23.3	32.0	38.8
Other	233	22.3	40.8	46.8	50.6	12,499	11.6	31.6	39.3	44.3
Missing**	1	0.0	0.0	0.0	0.0	328	2.1	14.0	23.8	28.0

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

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

B. Waiting List Information

Table B10. Time to transplant for waiting list candidates*
Candidates registered on the waiting list between 07/01/2018 and 12/31/2023

	Months to Transplant**			
Percentile	**Center**	**OPO/DSA**	**Region**	**U.S.**
5th	0.5	0.7	0.8	0.6
10th	1.4	2.3	2.2	1.6
25th	8.1	12.3	10.2	7
50th (median time to transplant)	30.6	66.7	48.1	29.3
75th	Not Observed	Not Observed	Not Observed	Not Observed

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

** Censored on 06/30/2024. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had received a transplant.

B. Waiting List Information

Table B11. Offer Acceptance Practices: 07/01/2023 - 06/30/2024

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
Overall				
Number of Offers	84,147	516,345	819,338	3,560,587
Number of Acceptances	222	1,047	3,130	19,856
Expected Acceptances	161.5	1,016.0	2,576.2	19,855.6
Offer Acceptance Ratio*	1.37	1.03	1.21	1.00
95% Credible Interval**	[1.20, 1.56]	--	--	--
Low-KDRI Donors (KDRI < 1.05)				
Number of Offers	8,205	59,234	99,369	309,131
Number of Acceptances	39	283	922	5,208
Expected Acceptances	37.8	332.1	873.5	5,209.8
Offer Acceptance Ratio*	1.03	0.85	1.06	1.00
95% Credible Interval**	[0.74, 1.37]	--	--	--
Medium-KDRI Donors (1.05 < KDRI < 1.75)				
Number of Offers	48,619	306,256	503,784	2,184,652
Number of Acceptances	143	628	1,787	11,210
Expected Acceptances	97.4	576.6	1,410.7	11,206.2
Offer Acceptance Ratio*	1.46	1.09	1.27	1.00
95% Credible Interval**	[1.23, 1.71]	--	--	--
High-KDRI Donors (KDRI > 1.75)				
Number of Offers	27,323	150,855	216,185	1,066,804
Number of Acceptances	40	136	421	3,438
Expected Acceptances	26.3	107.3	292.0	3,439.6
Offer Acceptance Ratio*	1.48	1.26	1.44	1.00
95% Credible Interval**	[1.07, 1.96]	--	--	--
Hard-to-Place Kidneys (Over 100 Offers)				
Number of Offers	80,957	482,554	758,384	3,109,219
Number of Acceptances	52	191	615	4,166
Expected Acceptances	45.4	188.9	536.3	3,994.4
Offer Acceptance Ratio*	1.14	1.01	1.15	1.04
95% Credible Interval**	[0.86, 1.46]	--	--	--
Donor KDPI >= 60				
Number of Offers	49,106	273,309	421,316	2,060,407
Number of Acceptances	78	320	968	7,028
Expected Acceptances	52.3	266.8	686.7	7,015.4
Offer Acceptance Ratio*	1.47	1.20	1.41	1.00
95% Credible Interval**	[1.17, 1.81]	--	--	--

* The offer acceptance ratio estimates the relative offer acceptance practice of Cedars-Sinai Medical Center compared to the national offer acceptance practice. A ratio above one indicates the program accepts more offers compared to national offer acceptance practices (e.g., an offer acceptance ratio of 1.25 indicates a center accepts 25% more offers than is expected based on national offer acceptance practices), while a ratio below one indicates the program accepts fewer offers compared to national offer acceptance practices (e.g., an offer acceptance ratio of 0.75 indicates a center accepts 25% fewer offers than is expected based on national offer acceptance practices).
** As an example, the 95% Credible Interval for the overall offer acceptance ratio, [1.20, 1.56], indicates the location of CACS's true offer acceptance ratio with 95% probability. The best estimate is 37% more likely to accept an offer compared to national acceptance behavior, but CACS's performance could plausibly range from 20% higher acceptance up to 56% higher acceptance.

B. Waiting List Information

Figure B10. Offer acceptance: Overall

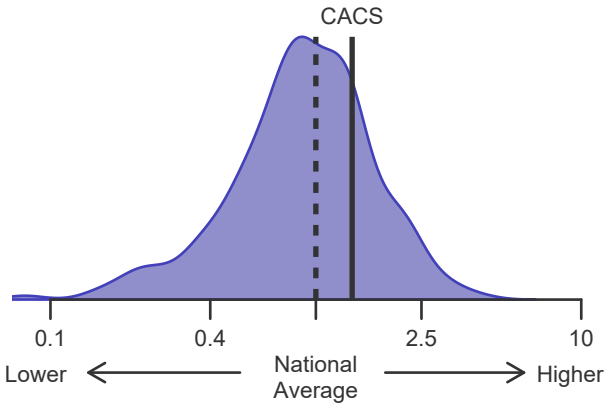


Figure B11. Offer acceptance: Low-KDRI

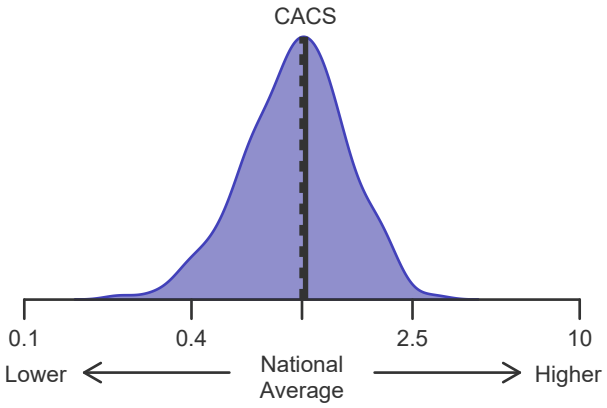


Figure B12. Offer acceptance: Medium-KDRI

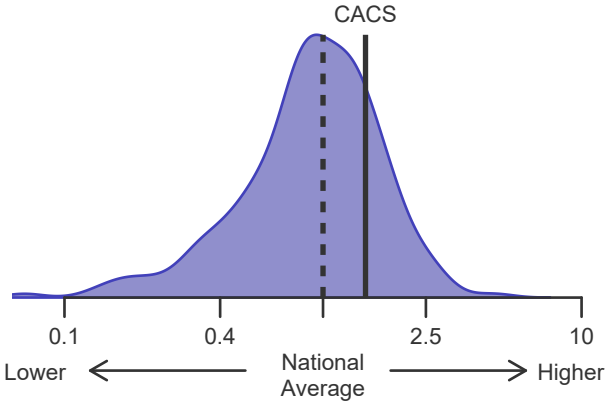


Figure B13. Offer acceptance: High-KDRI

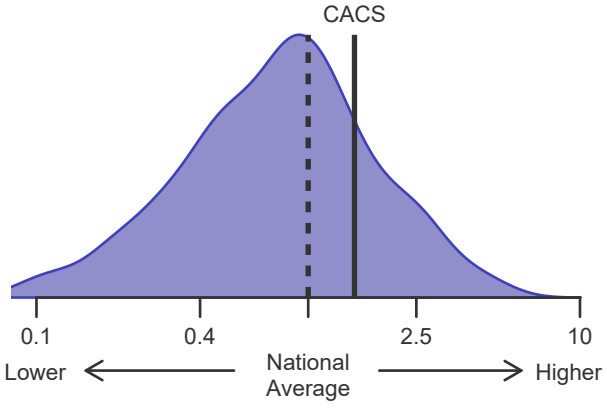


Figure B14. Offer acceptance: Offer number > 100

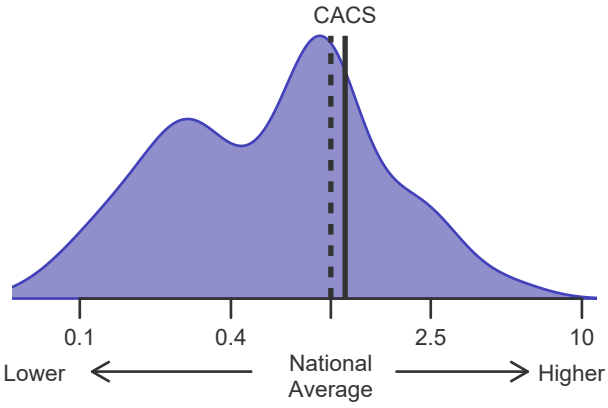
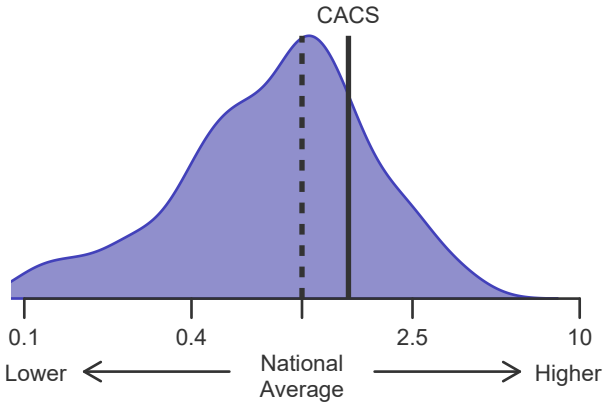


Figure B15. Offer acceptance: Donor KDPI >= 60



C. Transplant Information

Table C1D. Deceased donor transplant recipient demographic characteristics
Patients transplanted between 07/01/2023 and 06/30/2024

Characteristic	Percentage in each category		
	Center (N=264)	Region (N=3,428)	U.S. (N=21,423)
Ethnicity/Race (%)*			
White	16.7	23.2	32.9
African-American	18.9	13.3	37.2
Hispanic/Latino	44.3	42.6	19.7
Asian	19.3	17.2	8.1
Other	0.8	3.3	1.9
Unknown	0.0	0.4	0.2
Age (%)			
<2 years	0.0	0.0	0.1
2-11 years	1.1	1.1	1.1
12-17	1.1	2.0	1.5
18-34	11.4	10.1	8.4
35-49 years	17.4	23.8	21.3
50-64 years	31.8	39.6	40.4
65-69 years	15.2	13.4	14.7
70+ years	22.0	10.1	12.5
Gender (%)			
Male	55.3	60.9	59.5
Female	44.7	39.1	40.5

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

C. Transplant Information

Table C1L. Living donor transplant recipient demographic characteristics
Patients transplanted between 07/01/2023 and 06/30/2024

Characteristic	Percentage in each category		
	Center (N=67)	Region (N=990)	U.S. (N=6,379)
Ethnicity/Race (%)*			
White	41.8	44.4	61.2
African-American	7.5	6.1	12.2
Hispanic/Latino	29.9	30.9	17.4
Asian	20.9	14.8	7.2
Other	0.0	3.4	1.7
Unknown	0.0	0.3	0.3
Age (%)			
<2 years	0.0	0.0	0.2
2-11 years	3.0	1.4	1.8
12-17	0.0	1.0	1.6
18-34	10.4	16.7	15.8
35-49 years	25.4	27.8	25.1
50-64 years	40.3	34.3	35.3
65-69 years	9.0	8.6	10.2
70+ years	11.9	10.2	9.9
Gender (%)			
Male	59.7	62.4	63.4
Female	40.3	37.6	36.6

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

C. Transplant Information

Table C2D. Deceased donor transplant recipient medical characteristics
Patients transplanted between 07/01/2023 and 06/30/2024

Characteristic	Percentage in each category		
	Center (N=264)	Region (N=3,428)	U.S. (N=21,423)
Blood Type (%)			
O	44.7	51.4	47.1
A	29.9	30.4	33.5
B	20.5	13.8	14.7
AB	4.9	4.4	4.8
Previous Transplant (%)			
Yes	20.1	12.5	12.6
No	79.9	87.5	87.4
Peak PRA/CPRA Prior to Transplant (%)*			
0-9%	32.6	32.1	28.2
10-79%	14.4	23.7	25.6
80+ %	15.5	16.6	17.4
Unknown*	37.5	27.7	28.8
Body Mass Index (%)			
0-20	15.5	11.9	9.1
21-25	34.1	30.3	27.5
26-30	28.4	32.1	31.5
31-35	17.4	17.7	21.1
36-40	3.4	5.7	8.3
41+	0.4	0.8	1.5
Unknown	0.8	1.4	1.0
Primary Disease (%)**			
Glomerular Diseases	20.8	21.8	19.3
Tubular and Interstitial Disease	6.4	3.4	3.8
Polycystic Kidneys	3.8	5.5	6.4
Congenital, Familial, Metabolic	1.9	3.1	2.4
Diabetes	29.2	32.1	32.1
Renovascular & Vascular Diseases	0.0	0.0	0.1
Neoplasms	0.0	0.2	0.5
Hypertensive Nephrosclerosis	14.0	16.3	23.1
Other Kidney	23.9	17.2	12.1
Missing**	0.0	0.4	0.3

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

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

C. Transplant Information

Table C2L. Living donor transplant recipient medical characteristics
Patients transplanted between 07/01/2023 and 06/30/2024

Characteristic	Percentage in each category		
	Center (N=67)	Region (N=990)	U.S. (N=6,379)
Blood Type (%)			
O	44.8	47.2	43.8
A	37.3	34.2	38.2
B	13.4	14.6	13.7
AB	4.5	3.9	4.3
Previous Transplant (%)			
Yes	7.5	11.3	11.3
No	92.5	88.7	88.7
Peak PRA/CPRA Prior to Transplant (%)*			
0-9%	56.7	35.2	31.4
10-79%	7.5	23.2	24.9
80+ %	4.5	6.7	5.3
Unknown*	31.3	34.9	38.4
Body Mass Index (%)			
0-20	14.9	11.7	11.8
21-25	35.8	29.9	28.7
26-30	35.8	32.4	31.2
31-35	11.9	21.1	19.9
36-40	1.5	4.3	6.9
41+	0.0	0.5	1.2
Unknown	0.0	0.0	0.3
Primary Disease (%)**			
Glomerular Diseases	32.8	31.9	27.4
Tubular and Interstitial Disease	3.0	3.6	5.2
Polycystic Kidneys	6.0	11.4	12.3
Congenital, Familial, Metabolic	1.5	2.6	3.6
Diabetes	22.4	24.4	24.8
Renovascular & Vascular Diseases	0.0	0.4	0.1
Neoplasms	0.0	0.1	0.6
Hypertensive Nephrosclerosis	13.4	11.5	14.8
Other Kidney	20.9	13.8	11.0
Missing**	0.0	0.1	0.3

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

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

C. Transplant Information

Table C3D. Deceased donor characteristics
Transplants performed between 07/01/2023 and 06/30/2024

Donor Characteristic	Percentage in each category		
	Center (N=264)	Region (N=3,428)	U.S. (N=21,423)
Cause of Death (%)			
Deceased: Stroke	29.2	23.8	21.9
Deceased: MVA	8.7	12.7	12.0
Deceased: Other	62.1	63.5	66.1
Ethnicity/Race (%)*			
White	50.0	52.4	66.3
African-American	11.7	8.8	13.7
Hispanic/Latino	29.2	28.2	15.2
Asian	6.4	6.1	2.8
Other	1.1	3.3	1.4
Not Reported	1.5	1.3	0.6
Age (%)			
<2 years	0.8	0.7	0.6
2-11 years	1.9	2.0	2.1
12-17	2.7	3.1	3.3
18-34	25.4	30.3	26.5
35-49 years	42.4	33.6	33.9
50-64 years	24.6	26.9	29.6
65-69 years	2.3	2.7	3.4
70+ years	0.0	0.8	0.6
Gender (%)			
Male	63.3	65.5	63.4
Female	36.7	34.5	36.6
Blood Type (%)			
O	46.2	53.7	48.8
A	40.2	32.8	36.4
B	10.6	10.7	11.7
AB	3.0	2.7	3.1
Unknown	0.0	0.0	0.0

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

C. Transplant Information

Table C3L. Living donor characteristics
Transplants performed between 07/01/2023 and 06/30/2024

Donor Characteristic	Percentage in each category		
	Center (N=67)	Region (N=990)	U.S. (N=6,379)
Ethnicity/Race (%)*			
White	49.3	54.5	68.1
African-American	4.5	4.6	7.8
Hispanic/Latino	28.4	27.1	16.2
Asian	17.9	10.2	5.1
Other	0.0	2.8	2.1
Not Reported	0.0	0.7	0.7
Age (%)			
0-11 years	0.0	0.0	0.0
12-17	0.0	0.0	0.0
18-34	19.4	23.0	23.2
35-49 years	35.8	38.8	39.2
50-64 years	37.3	31.9	30.6
65-69 years	7.5	4.4	5.1
70+ years	0.0	1.8	1.8
Gender (%)			
Male	32.8	34.2	35.5
Female	67.2	65.8	64.5
Blood Type (%)			
O	52.2	59.9	59.9
A	28.4	27.5	29.3
B	14.9	10.8	8.9
AB	4.5	1.8	1.9
Unknown	0.0	0.0	0.0

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

C. Transplant Information

Table C4D. Deceased donor transplant characteristics
Transplants performed between 07/01/2023 and 06/30/2024

Transplant Characteristic	Percentage in each category		
	Center (N=264)	Region (N=3,428)	U.S. (N=21,423)
Cold Ischemic Time (Hours): Local (%)			
Deceased: 0-11 hr	12.0	16.5	16.6
Deceased: 12-21 hr	57.1	58.7	56.5
Deceased: 22-31 hr	27.8	22.3	23.3
Deceased: 32-41 hr	2.3	1.9	2.5
Deceased: 42+ hr	0.0	0.2	0.4
Not Reported	0.8	0.4	0.7
Cold Ischemic Time (Hours): Shared (%)			
Deceased: 0-11 hr	13.0	7.8	7.1
Deceased: 12-21 hr	58.8	51.0	51.8
Deceased: 22-31 hr	24.4	37.8	34.0
Deceased: 32-41 hr	2.3	2.9	5.5
Deceased: 42+ hr	1.5	0.2	0.9
Not Reported	0.0	0.4	0.7
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	16.7	13.7	11.6
1	34.8	37.6	38.8
2	48.5	48.5	49.5
Not Reported	0.0	0.2	0.2
B Locus Mismatches (%)			
0	8.7	7.9	6.9
1	25.0	24.2	24.1
2	66.3	67.7	68.9
Not Reported	0.0	0.2	0.2
DR Locus Mismatches (%)			
0	13.6	16.0	14.8
1	45.5	46.1	45.7
2	40.9	37.7	39.4
Not Reported	0.0	0.2	0.2
Total Mismatches (%)			
0	7.2	5.5	4.4
1	0.8	1.0	1.1
2	3.8	3.9	4.2
3	13.3	14.6	13.2
4	25.4	26.9	27.0
5	30.7	31.5	33.1
6	18.9	16.3	17.0
Not Reported	0.0	0.2	0.2
Procedure Type (%)			
Single organ	85.6	93.0	94.2
Multi organ	14.4	7.0	5.8
Dialysis in First Week After Transplant (%)			
Yes	45.1	39.2	33.5
No	54.9	60.8	66.4
Not Reported	0.0	0.0	0.0
Donor Location (%)			
Local Donation Service Area (DSA)	50.4	51.2	38.3
Another Donation Service Area (DSA)	49.6	48.8	61.7
Median Time in Hospital After Transplant	5.0 Days	4.0 Days	5.0 Days

C. Transplant Information

Table C4L. Living donor transplant characteristics
Transplants performed between 07/01/2023 and 06/30/2024

Transplant Characteristic	Percentage in each category		
	Center (N=67)	Region (N=990)	U.S. (N=6,379)
Relation with Donor (%)			
Related	26.9	36.8	36.3
Unrelated	73.1	62.1	63.0
Not Reported	0.0	1.1	0.7
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	22.4	18.1	16.3
1	41.8	47.6	47.4
2	34.3	31.6	32.7
Not Reported	1.5	2.7	3.7
B Locus Mismatches (%)			
0	6.0	10.3	9.3
1	35.8	40.5	41.4
2	56.7	46.5	45.6
Not Reported	1.5	2.7	3.7
DR Locus Mismatches (%)			
0	11.9	17.4	15.4
1	53.7	48.1	46.8
2	32.8	31.8	34.1
Not Reported	1.5	2.7	3.7
Total Mismatches (%)			
0	4.5	6.1	4.8
1	4.5	4.0	3.5
2	11.9	10.8	11.3
3	17.9	22.8	22.2
4	13.4	18.3	18.1
5	34.3	22.8	23.5
6	11.9	12.4	13.0
Not Reported	1.5	2.7	3.7
Procedure Type (%)			
Single organ	100.0	100.0	100.0
Multi organ	0.0	0.0	0.0
Dialysis in First Week After Transplant (%)			
Yes	6.0	3.1	2.7
No	94.0	96.9	97.2
Not Reported	0.0	0.0	0.1
Median Time in Hospital After Transplant	4.0 Days	3.0 Days	4.0 Days

C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	615	59,833
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	98.05% [96.96%-99.15%]	98.51% [98.41%-98.61%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.52%	--
Number of observed graft failures (including deaths) during the first month after transplant	12	891
Number of expected graft failures (including deaths) during the first month after transplant	9.10	--
Estimated hazard ratio*	1.26	--
95% credible interval for the hazard ratio**	[0.69, 2.00]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.69, 2.00], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 26% higher risk of graft failure compared to an average program, but CACS's performance could plausibly range from 31% reduced risk up to 100% increased risk.

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

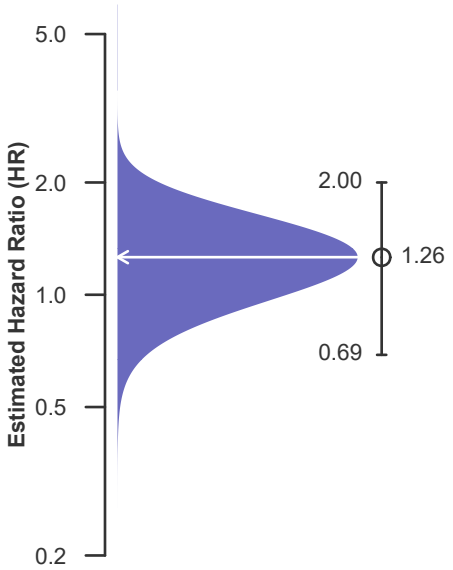
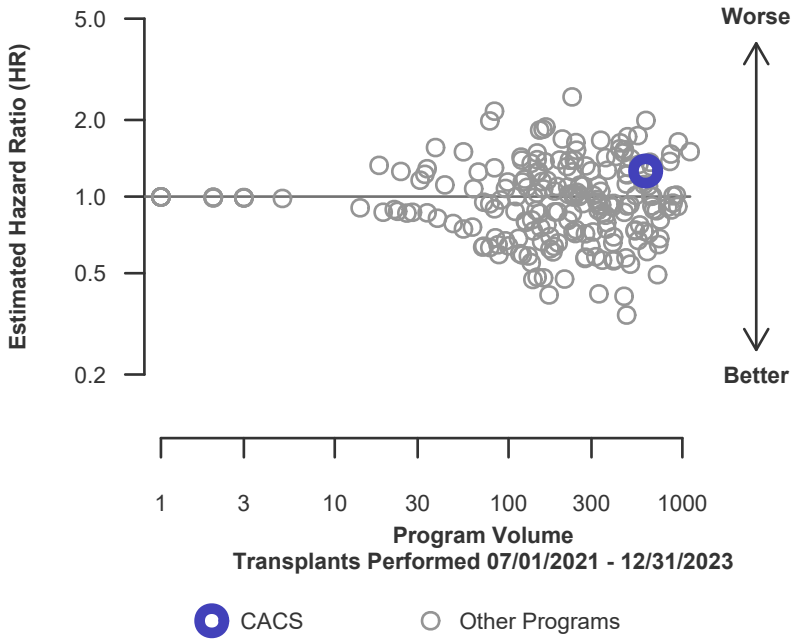


Figure C2. Adult (18+) 1-month graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	478	45,303
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	97.70% [96.36%-99.05%]	98.25% [98.13%-98.37%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.28%	--
Number of observed graft failures (including deaths) during the first month after transplant	11	791
Number of expected graft failures (including deaths) during the first month after transplant	8.24	--
Estimated hazard ratio*	1.27	--
95% credible interval for the hazard ratio**	[0.68, 2.05]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.68, 2.05], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 27% higher risk of graft failure compared to an average program, but CACS's performance could plausibly range from 32% reduced risk up to 105% increased risk.

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

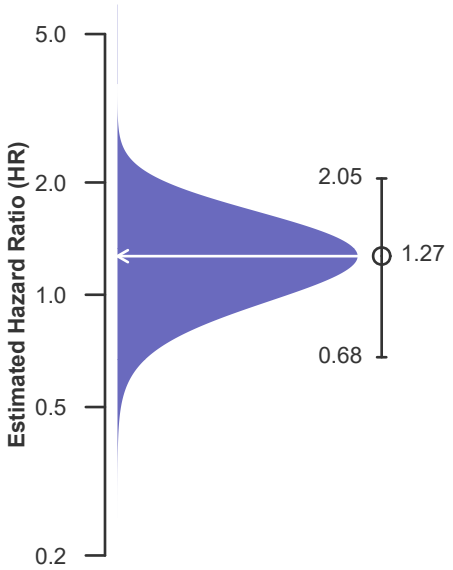
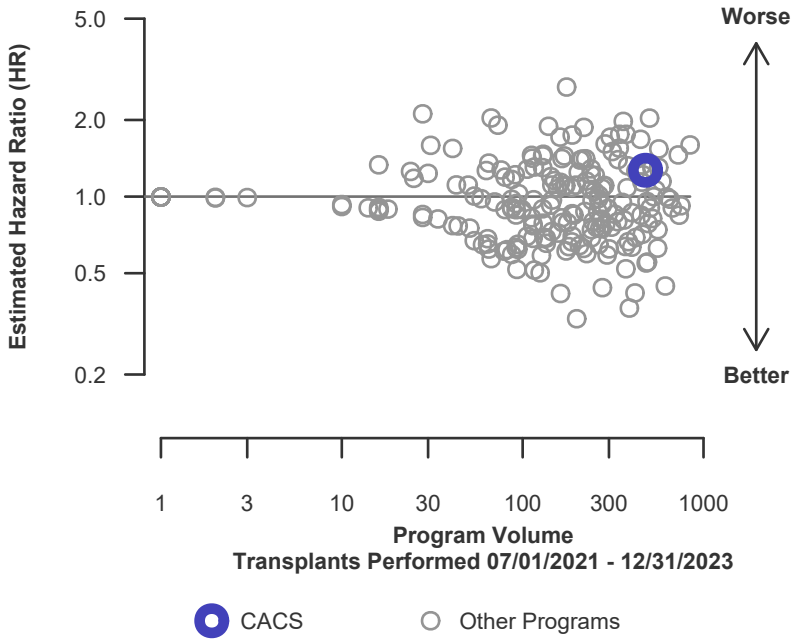


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	137	14,530
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	99.27% [97.85%-100.00%]	99.31% [99.18%-99.45%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.38%	--
Number of observed graft failures (including deaths) during the first month after transplant	1	100
Number of expected graft failures (including deaths) during the first month after transplant	0.86	--
Estimated hazard ratio*	1.05	--
95% credible interval for the hazard ratio**	[0.22, 2.53]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.22, 2.53], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 5% higher risk of graft failure compared to an average program, but CACS's performance could plausibly range from 78% reduced risk up to 153% increased risk.

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

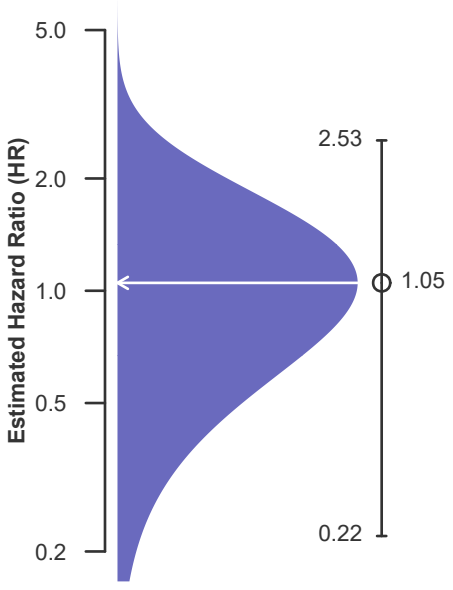
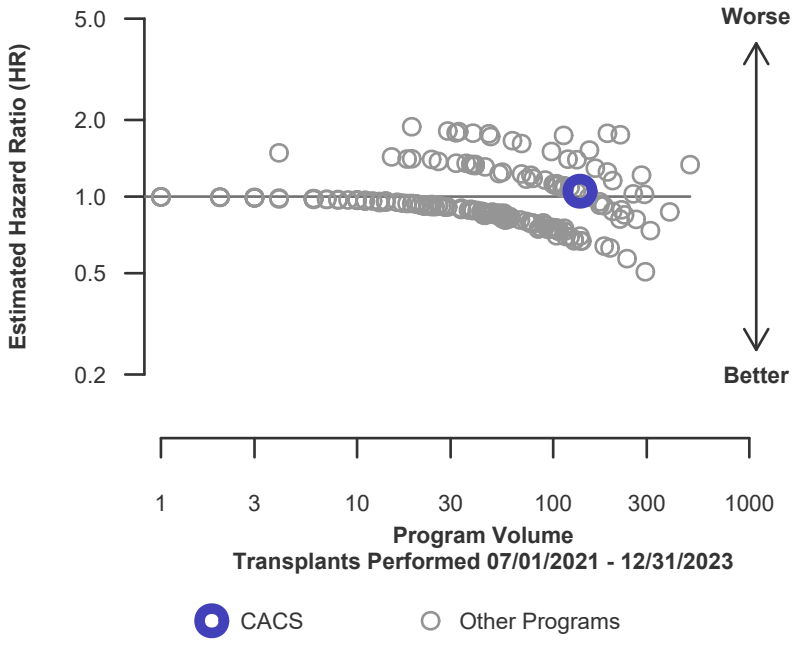


Figure C2L. Adult (18+) 1-month living donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	615	59,833
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	97.07% [95.75%-98.41%]	97.33% [97.20%-97.46%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	97.34%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	18	1,597
Number of expected graft failures (including deaths) during the first 90 days after transplant	16.31	--
Estimated hazard ratio*	1.09	--
95% credible interval for the hazard ratio**	[0.67, 1.62]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.67, 1.62], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 9% higher risk of graft failure compared to an average program, but CACS's performance could plausibly range from 33% reduced risk up to 62% increased risk.

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

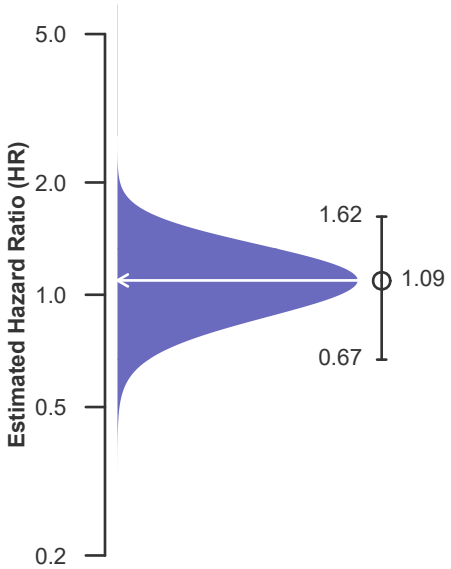
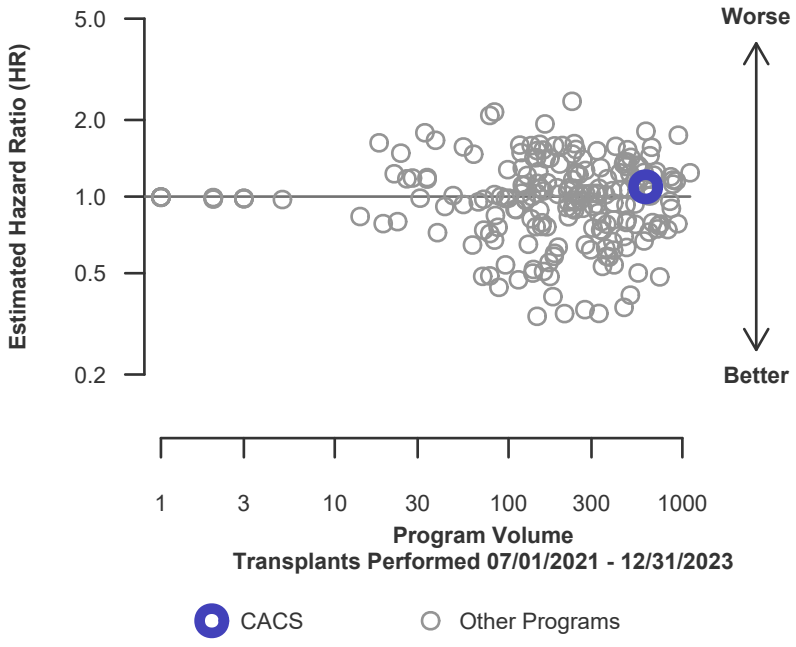


Figure C4. Adult (18+) 90-Day graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	478	45,303
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	96.65% [95.05%-98.28%]	96.81% [96.65%-96.97%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	96.85%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	16	1,446
Number of expected graft failures (including deaths) during the first 90 days after transplant	15.01	--
Estimated hazard ratio*	1.06	--
95% credible interval for the hazard ratio**	[0.63, 1.60]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.63, 1.60], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 6% higher risk of graft failure compared to an average program, but CACS's performance could plausibly range from 37% reduced risk up to 60% increased risk.

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

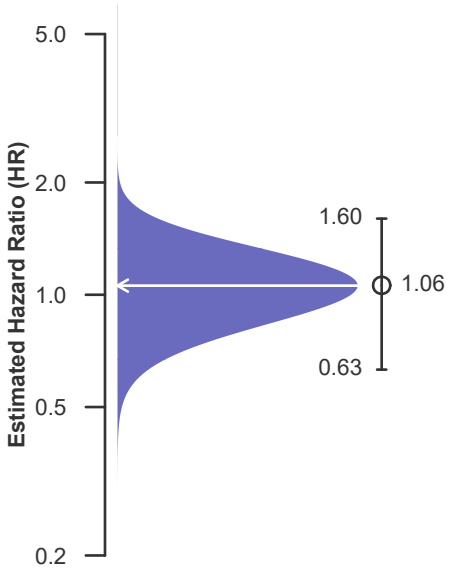
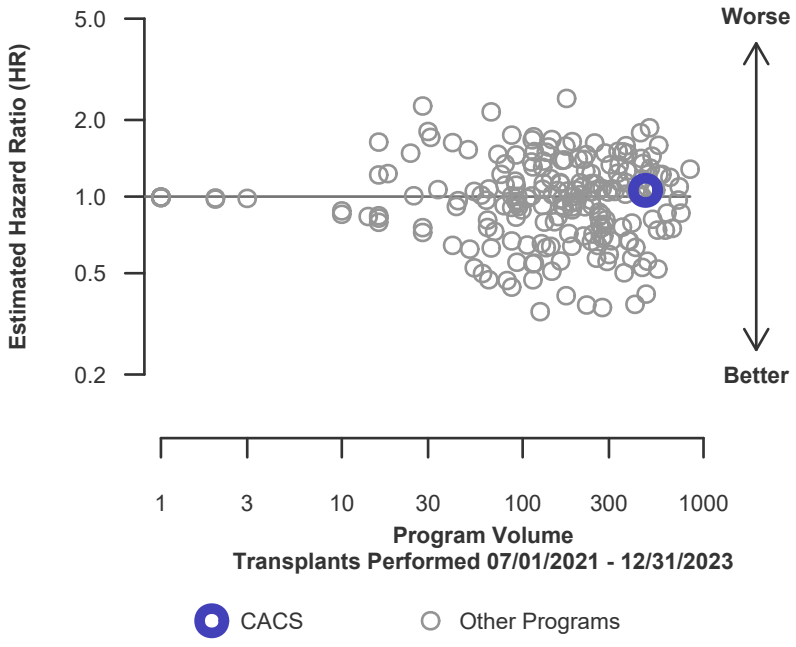


Figure C4D. Adult (18+) 90-Day deceased donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	137	14,530
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	98.54% [96.55%-100.00%]	98.96% [98.80%-99.13%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	99.06%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	2	151
Number of expected graft failures (including deaths) during the first 90 days after transplant	1.29	--
Estimated hazard ratio*	1.22	--
95% credible interval for the hazard ratio**	[0.33, 2.66]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.33, 2.66], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 22% higher risk of graft failure compared to an average program, but CACS's performance could plausibly range from 67% reduced risk up to 166% increased risk.

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

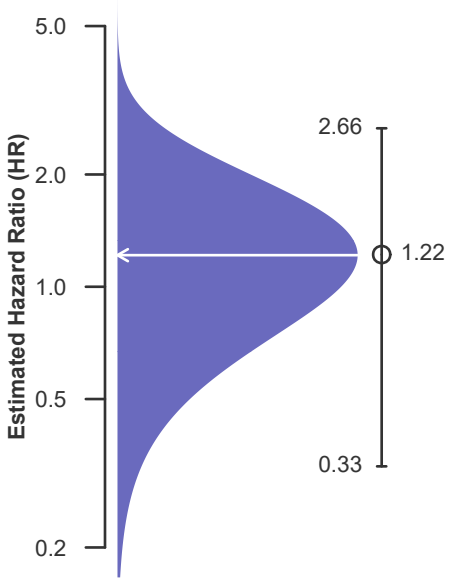
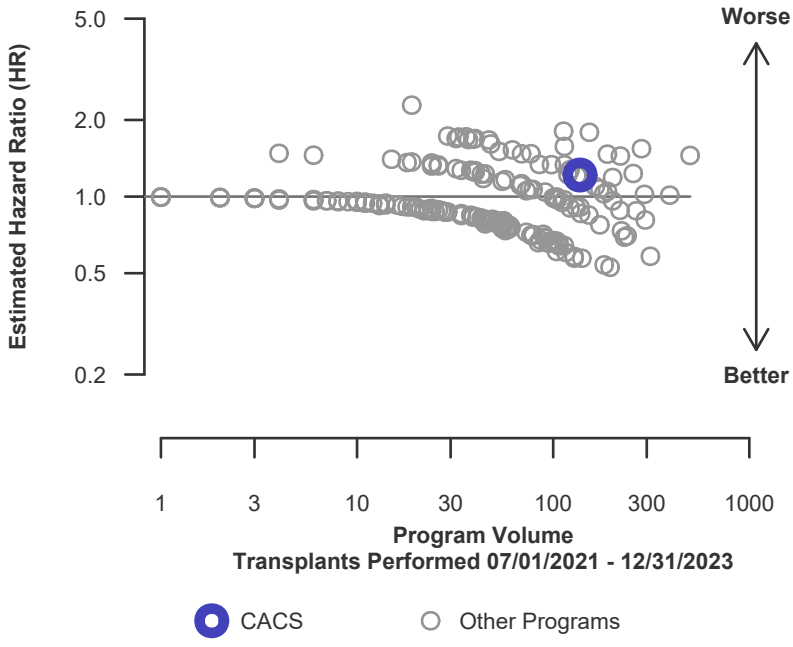


Figure C4L. Adult (18+) 90-Day living donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	615	59,833
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	95.63% [93.99%-97.29%]	94.97% [94.78%-95.15%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	94.98%	--
Number of observed graft failures (including deaths) during the first year after transplant	26	2,826
Number of expected graft failures (including deaths) during the first year after transplant	28.62	--
Estimated hazard ratio*	0.91	--
95% credible interval for the hazard ratio**	[0.61, 1.28]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.61, 1.28], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 9% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 39% reduced risk up to 28% increased risk.

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

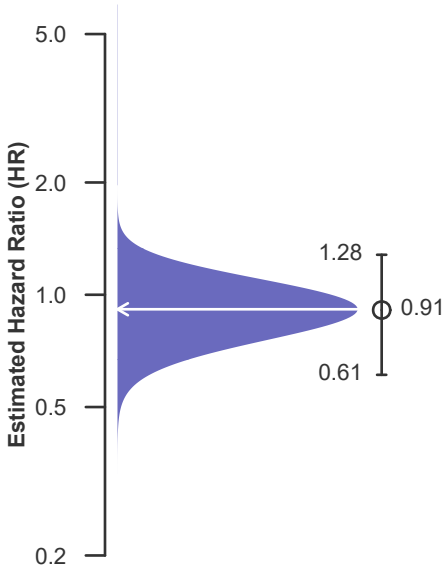
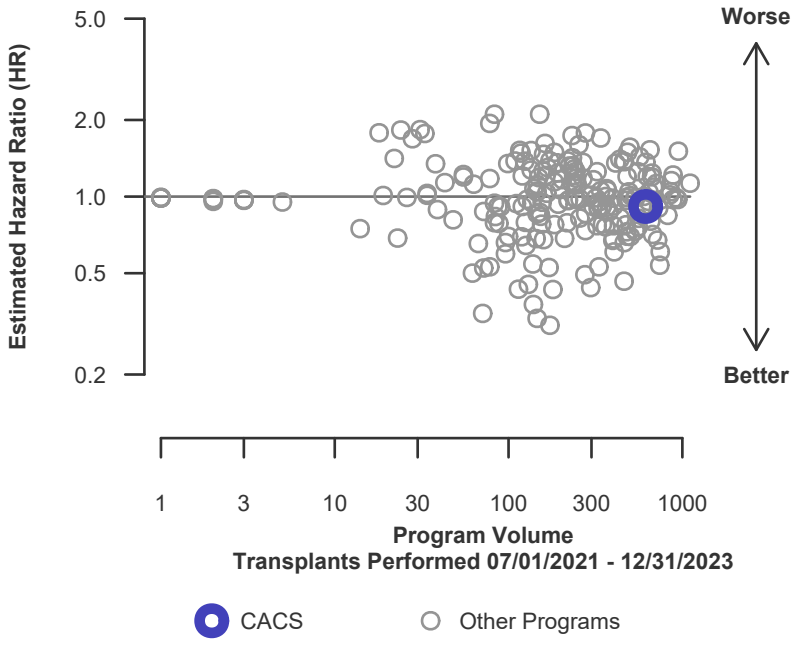


Figure C6. Adult (18+) 1-year graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	478	45,303
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	94.80% [92.78%-96.86%]	94.02% [93.79%-94.25%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	94.09%	--
Number of observed graft failures (including deaths) during the first year after transplant	24	2,545
Number of expected graft failures (including deaths) during the first year after transplant	26.26	--
Estimated hazard ratio*	0.92	--
95% credible interval for the hazard ratio**	[0.60, 1.31]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.60, 1.31], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 8% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 40% reduced risk up to 31% increased risk.

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

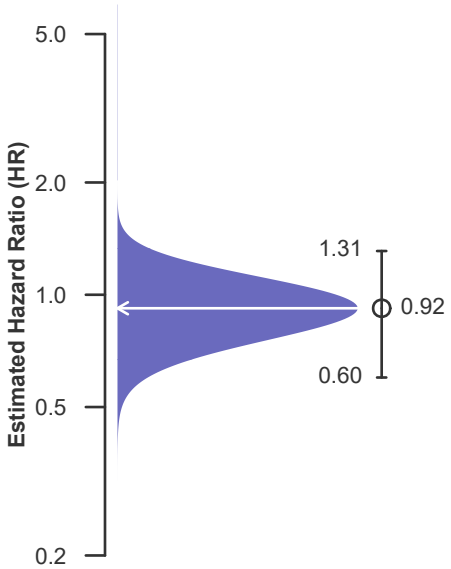
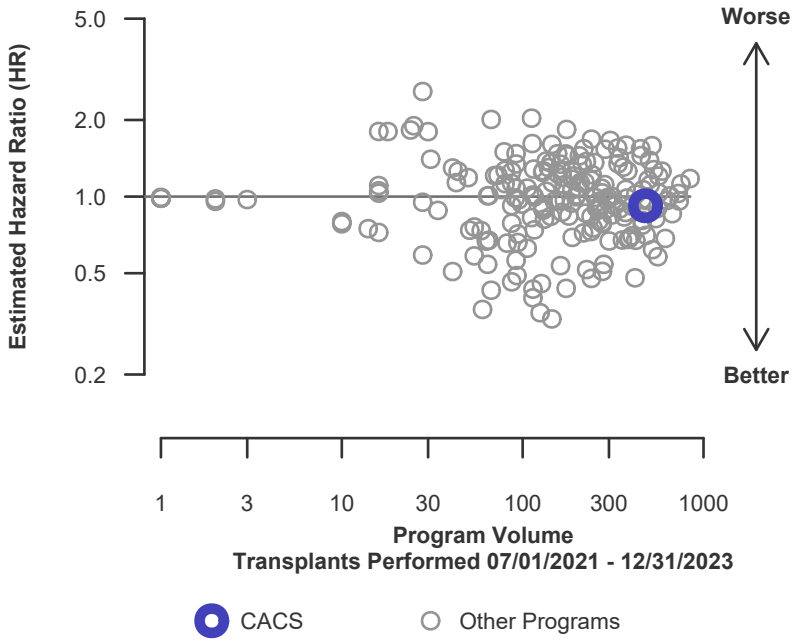


Figure C6D. Adult (18+) 1-year deceased donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	137	14,530
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	98.54% [96.55%-100.00%]	97.91% [97.67%-98.16%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	98.10%	--
Number of observed graft failures (including deaths) during the first year after transplant	2	281
Number of expected graft failures (including deaths) during the first year after transplant	2.36	--
Estimated hazard ratio*	0.92	--
95% credible interval for the hazard ratio**	[0.25, 2.01]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.25, 2.01], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 8% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 75% reduced risk up to 101% increased risk.

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

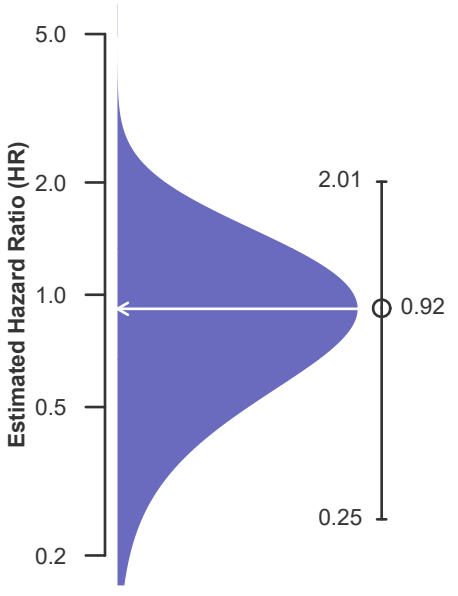
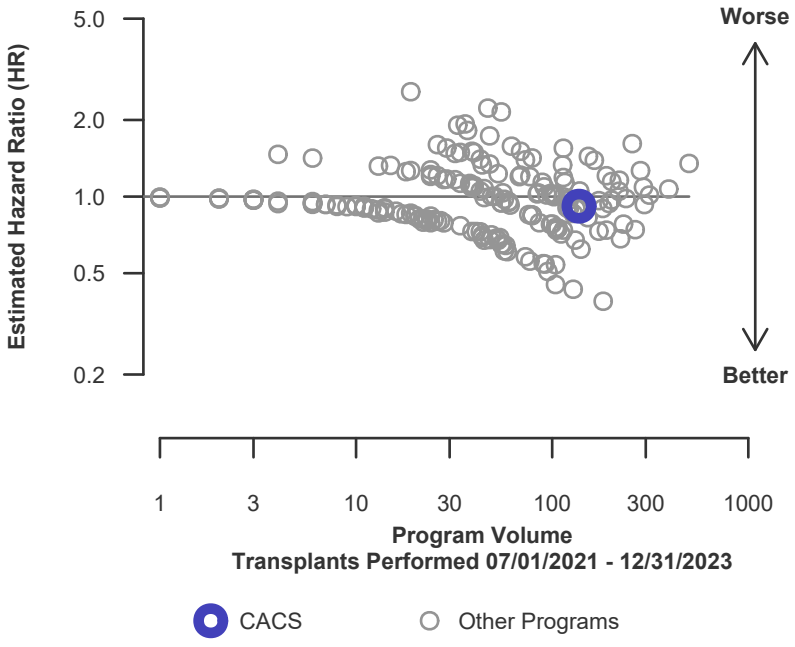


Figure C6L. Adult (18+) 1-year living donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	597	58,236
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] (unadjusted for patient and donor characteristics)	98.51% [98.16%-98.86%]	97.57% [97.51%-97.63%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	97.58%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	8	1,229
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	12.32	--
Estimated hazard ratio*	0.70	--
95% credible interval for the hazard ratio**	[0.33, 1.19]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.33, 1.19], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 30% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 67% reduced risk up to 19% increased risk.

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

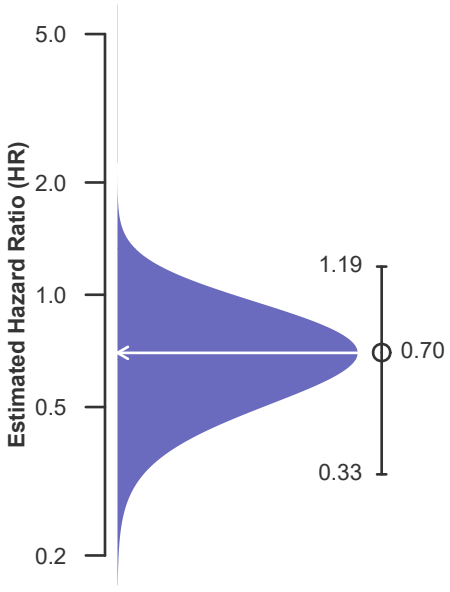
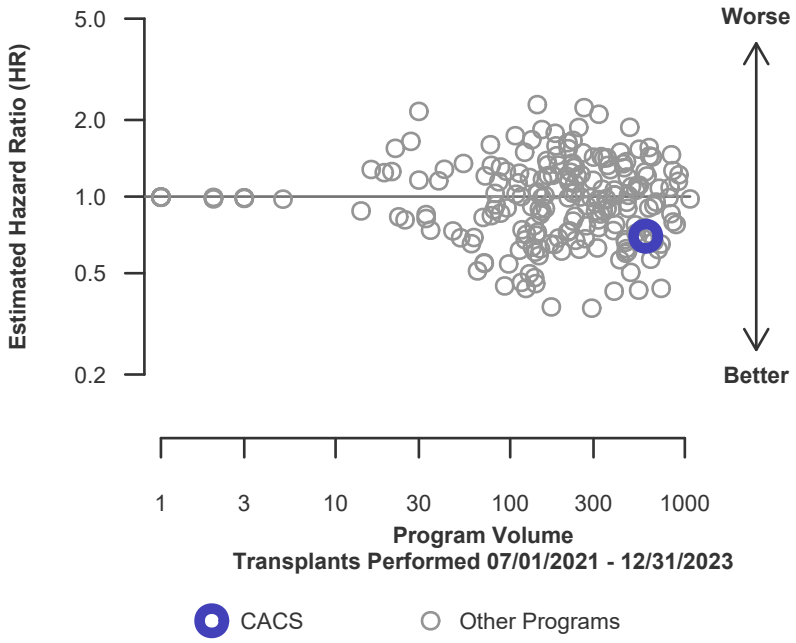


Figure C8. Adult (18+) 1-year Conditional graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	462	43,857
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] (unadjusted for patient and donor characteristics)	98.08% [97.61%-98.55%]	97.12% [97.05%-97.19%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	97.15%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	8	1,099
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	11.24	--
Estimated hazard ratio*	0.76	--
95% credible interval for the hazard ratio**	[0.36, 1.29]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.36, 1.29], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 24% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 64% reduced risk up to 29% increased risk.

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

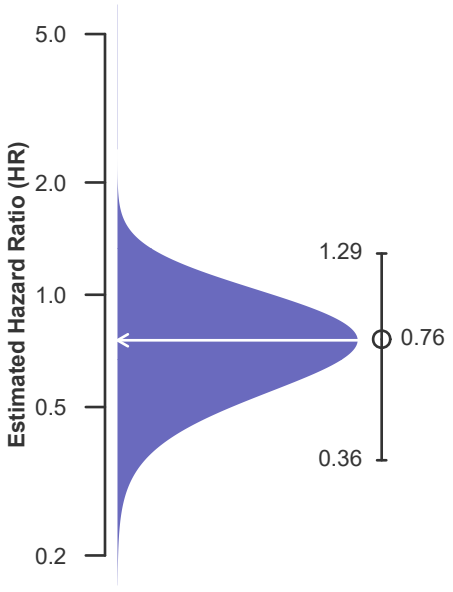
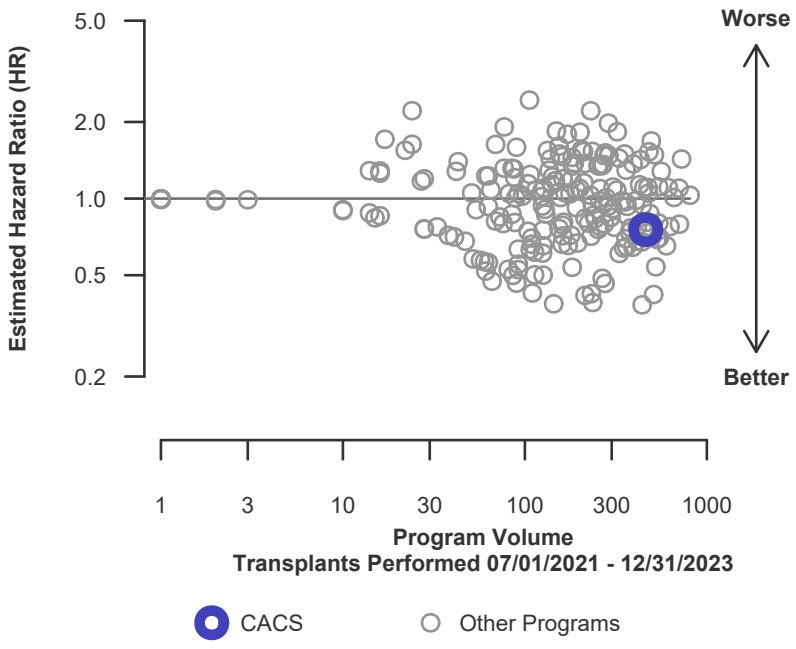


Figure C8D. Adult (18+) 1-year Conditional deceased donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	135	14,379
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.94% [98.86%-99.02%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	99.04%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	130
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	1.07	--
Estimated hazard ratio*	0.65	--
95% credible interval for the hazard ratio**	[0.08, 1.81]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.08, 1.81], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 35% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 92% reduced risk up to 81% increased risk.

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

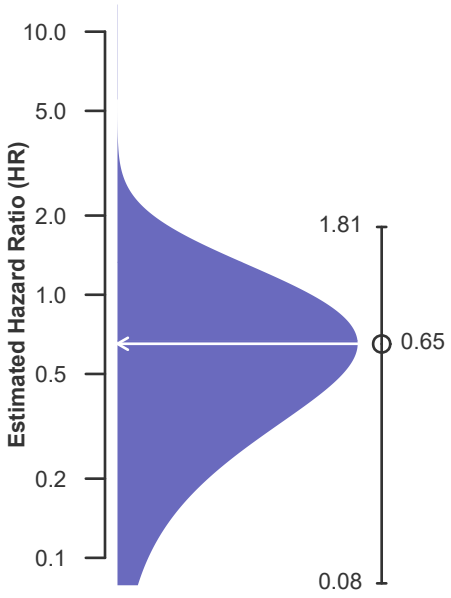
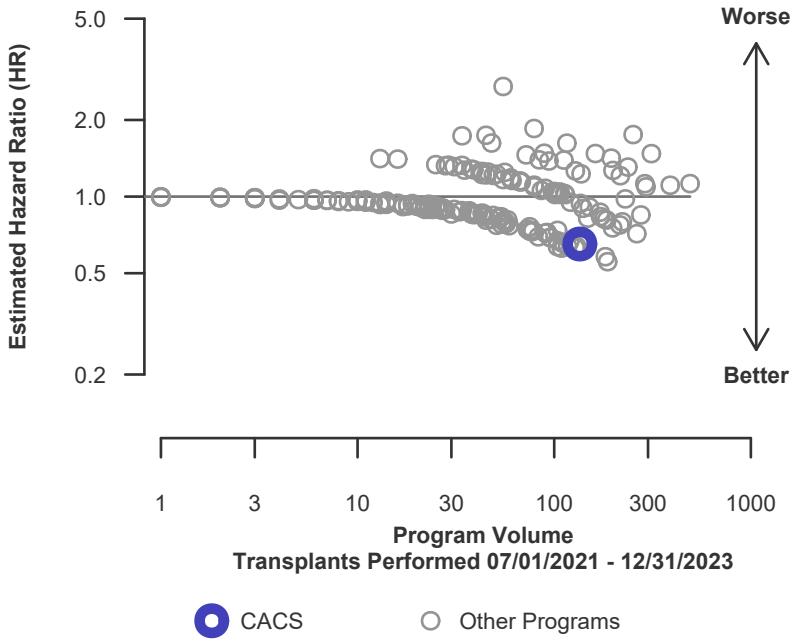


Figure C8L. Adult (18+) 1-year Conditional living donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021
Deaths and retransplants are considered graft failures
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	543	49,802
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	85.68% [81.72%-89.84%]	87.02% [86.64%-87.41%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	87.24%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	47	4,123
Number of expected graft failures (including deaths) during the first 3 years after transplant	42.05	--
Estimated hazard ratio*	1.11	--
95% credible interval for the hazard ratio**	[0.82, 1.44]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.82, 1.44], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 11% higher risk of graft failure compared to an average program, but CACS's performance could plausibly range from 18% reduced risk up to 44% increased risk.

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

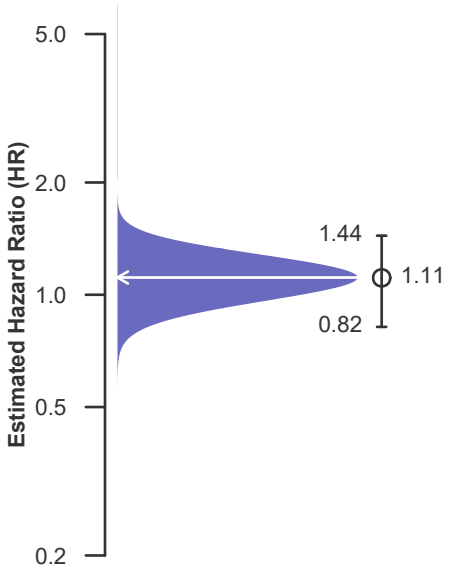
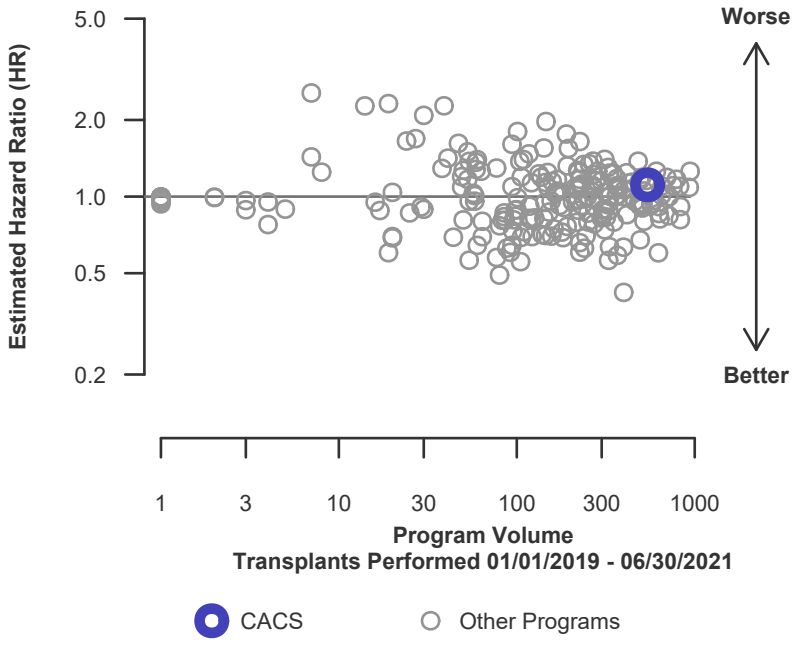


Figure C10. Adult (18+) 3-year graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021
Deaths and retransplants are considered graft failures
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	390	36,011
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	82.55% [77.55%-87.88%]	84.76% [84.28%-85.25%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	84.67%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	42	3,587
Number of expected graft failures (including deaths) during the first 3 years after transplant	36.66	--
Estimated hazard ratio*	1.14	--
95% credible interval for the hazard ratio**	[0.83, 1.50]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.83, 1.50], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 14% higher risk of graft failure compared to an average program, but CACS's performance could plausibly range from 17% reduced risk up to 50% increased risk.

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

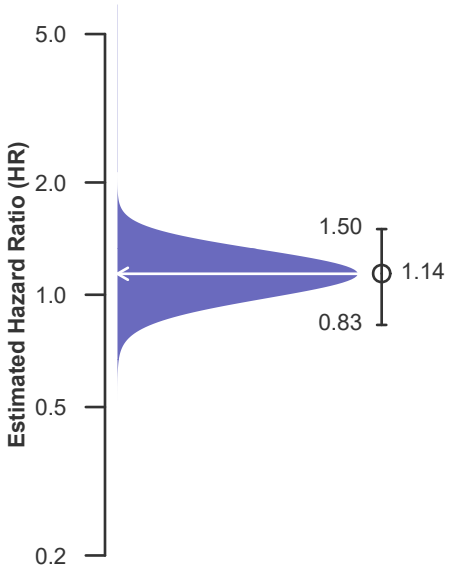
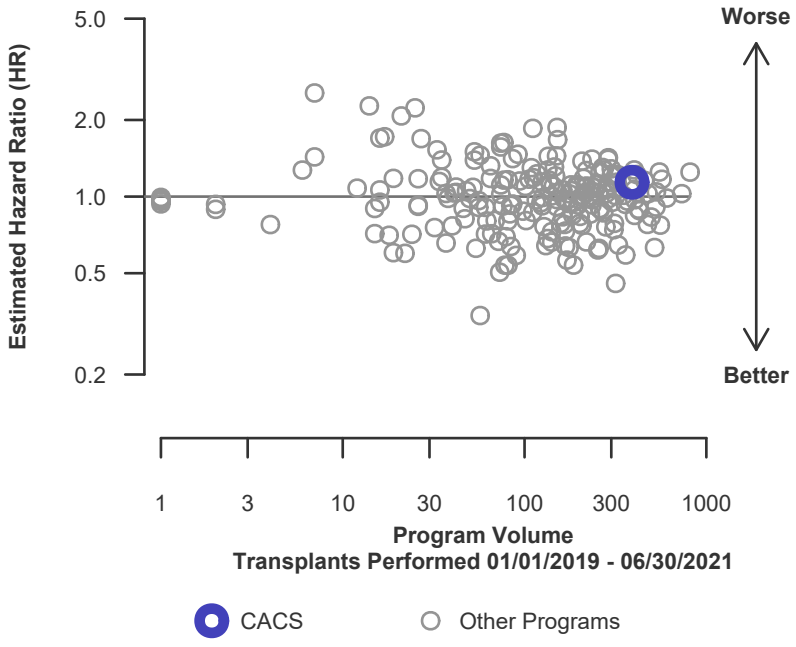


Figure C10D. Adult (18+) 3-year deceased donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021
Deaths and retransplants are considered graft failures
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	153	13,791
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	93.92% [88.66%-99.49%]	93.38% [92.81%-93.96%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	93.78%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	5	536
Number of expected graft failures (including deaths) during the first 3 years after transplant	5.40	--
Estimated hazard ratio*	0.95	--
95% credible interval for the hazard ratio**	[0.38, 1.77]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.38, 1.77], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 5% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 62% reduced risk up to 77% increased risk.

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

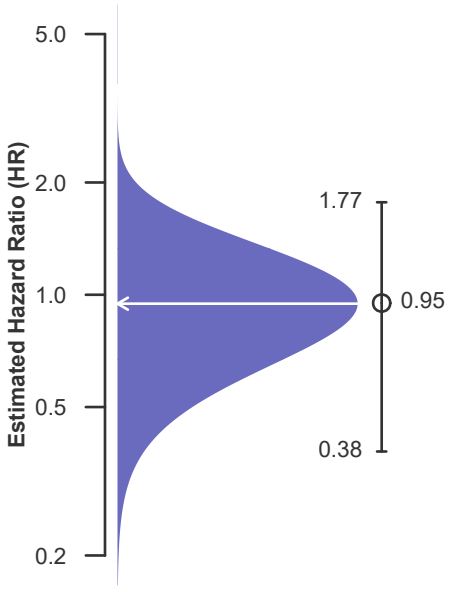
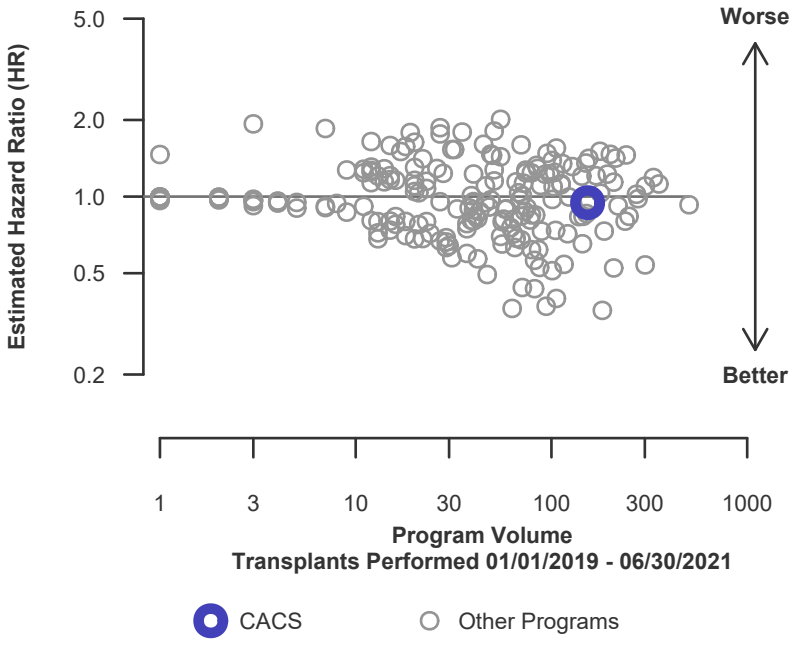


Figure C10L. Adult (18+) 3-year living donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	28	2,116
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.77% [98.30%-99.24%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.11%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	26
Number of expected graft failures (including deaths) during the first month after transplant	0.25	--
Estimated hazard ratio*	0.89	--
95% credible interval for the hazard ratio**	[0.11, 2.48]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.48], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 11% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 89% reduced risk up to 148% increased risk.

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

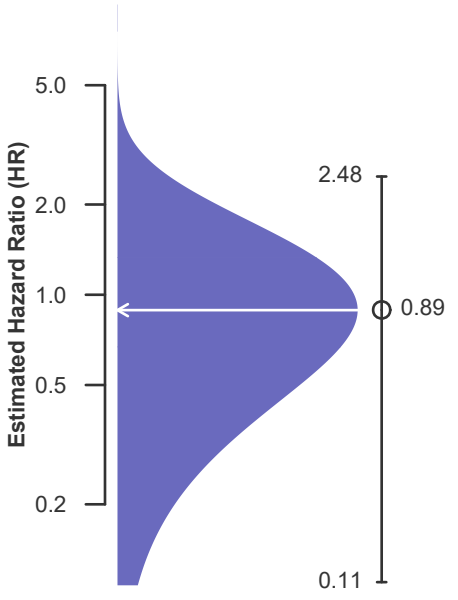
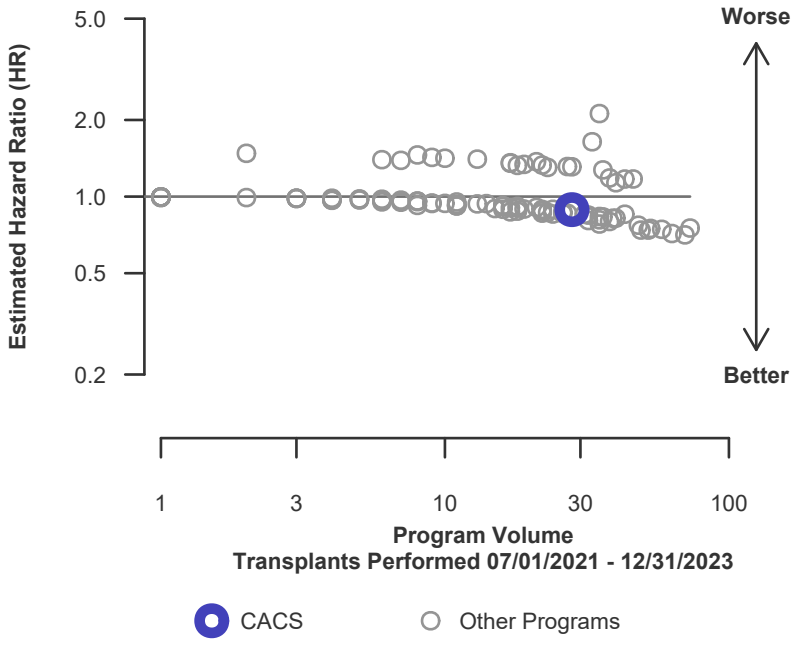


Figure C12. Pediatric (<18) 1-month graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	26	1,491
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.99% [98.49%-99.50%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.18%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	15
Number of expected graft failures (including deaths) during the first month after transplant	0.22	--
Estimated hazard ratio*	0.90	--
95% credible interval for the hazard ratio**	[0.11, 2.52]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.52], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 10% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 89% reduced risk up to 152% increased risk.

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

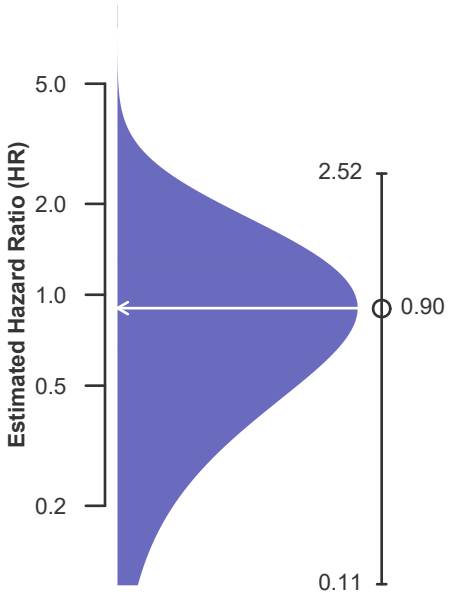
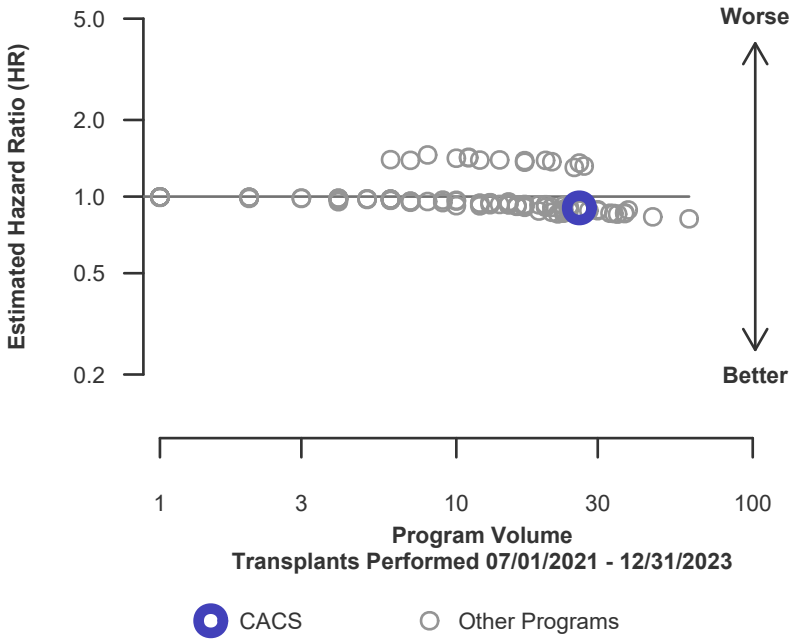


Figure C12D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	2	625
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.24% [97.21%-99.28%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.24%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	11
Number of expected graft failures (including deaths) during the first month after transplant	0.04	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.74]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.74], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 2% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 174% increased risk.

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

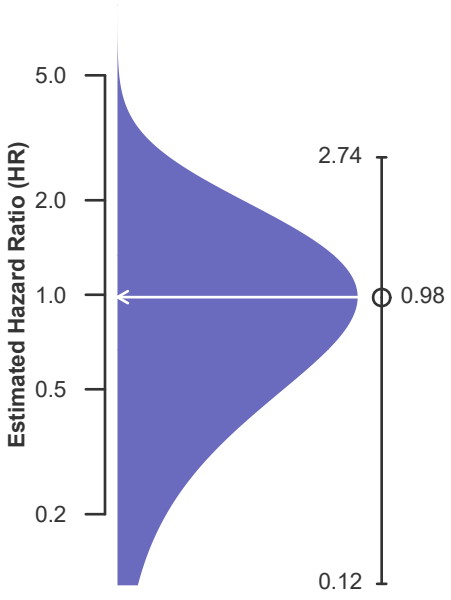
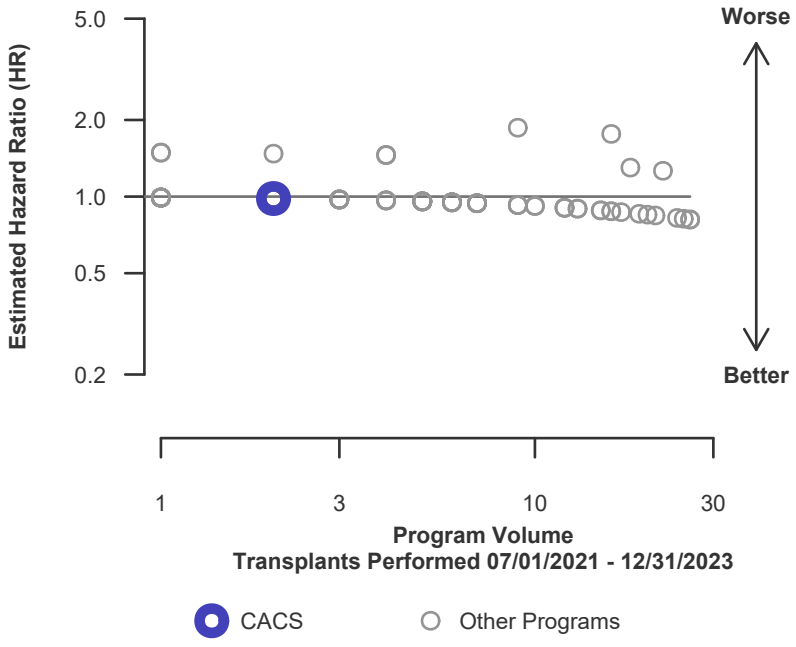


Figure C12L. Pediatric (<18) 1-month living donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	28	2,116
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.25% [97.69%-98.81%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	98.58%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	37
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.40	--
Estimated hazard ratio*	0.83	--
95% credible interval for the hazard ratio**	[0.10, 2.32]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.10, 2.32], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 17% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 90% reduced risk up to 132% increased risk.

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

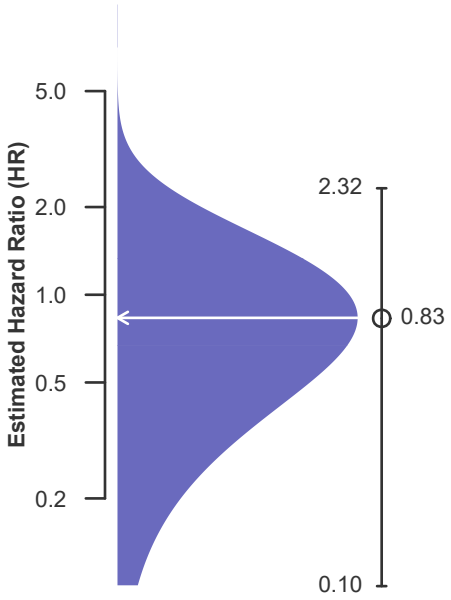
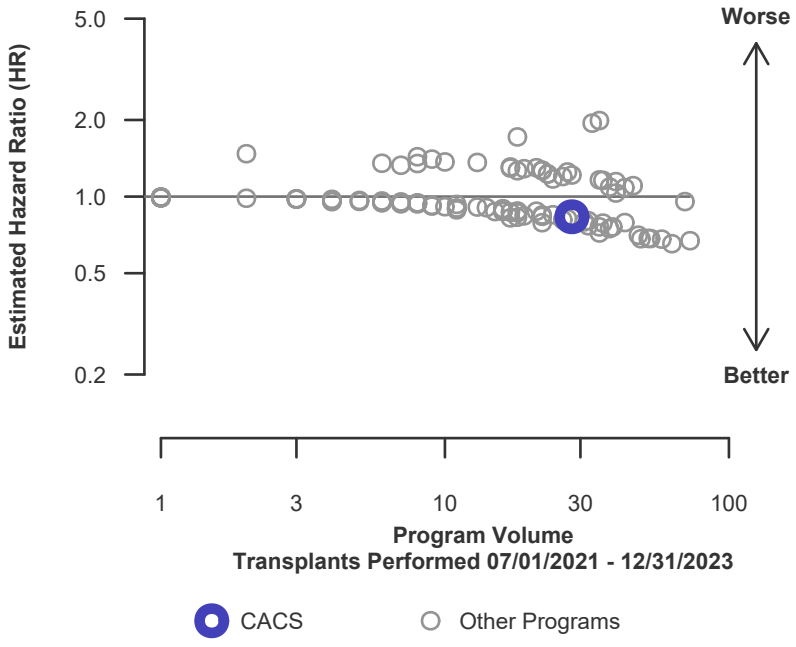


Figure C14. Pediatric (<18) 90-Day graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	26	1,491
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.32% [97.67%-98.98%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	98.62%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	25
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.36	--
Estimated hazard ratio*	0.85	--
95% credible interval for the hazard ratio**	[0.10, 2.36]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.10, 2.36], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 15% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 90% reduced risk up to 136% increased risk.

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

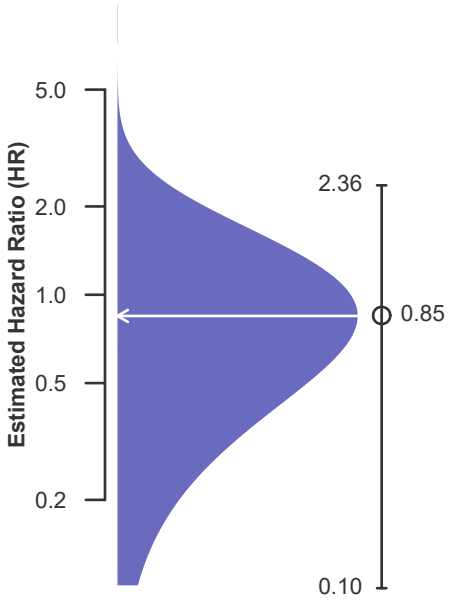
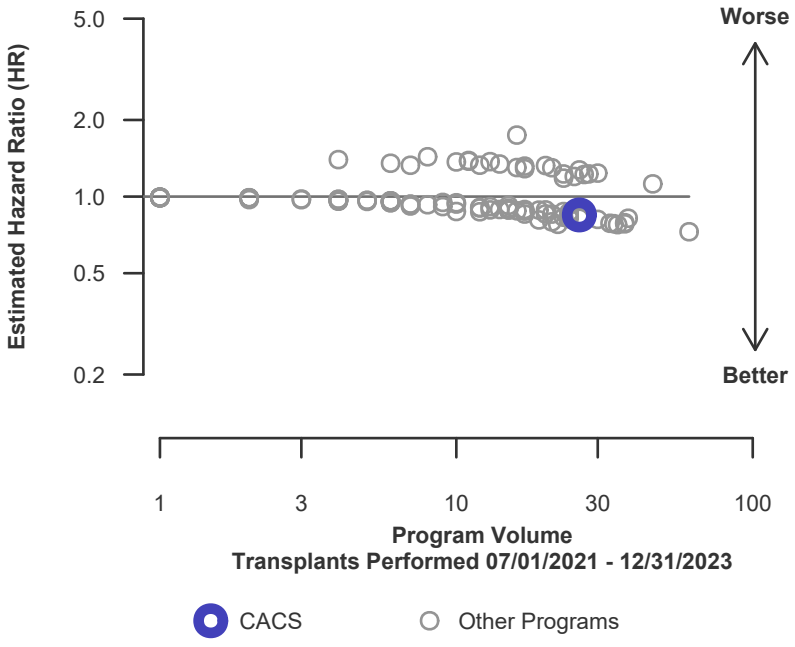


Figure C14D. Pediatric (<18) 90-Day deceased donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	2	625
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.08% [97.01%-99.16%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	98.08%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	12
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.04	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.73]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.73], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 2% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 173% increased risk.

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

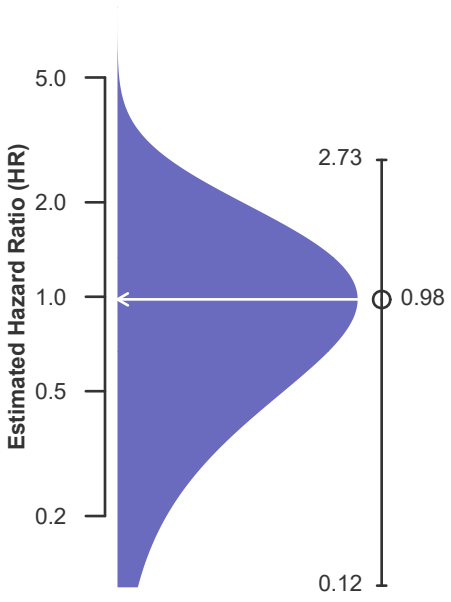
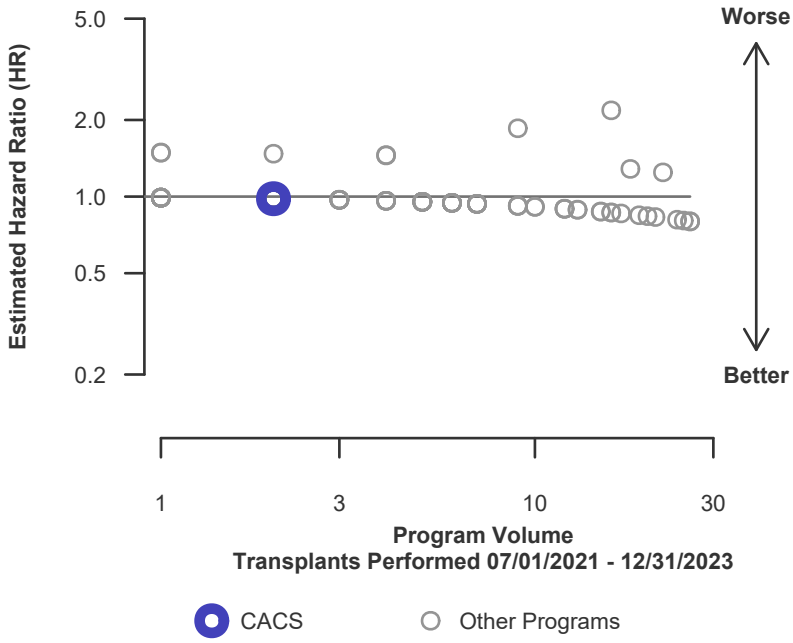


Figure C14L. Pediatric (<18) 90-Day living donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	28	2,116
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	97.21% [96.49%-97.94%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.53%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	56
Number of expected graft failures (including deaths) during the first year after transplant	0.65	--
Estimated hazard ratio*	0.75	--
95% credible interval for the hazard ratio**	[0.09, 2.10]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.09, 2.10], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 25% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 91% reduced risk up to 110% increased risk.

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

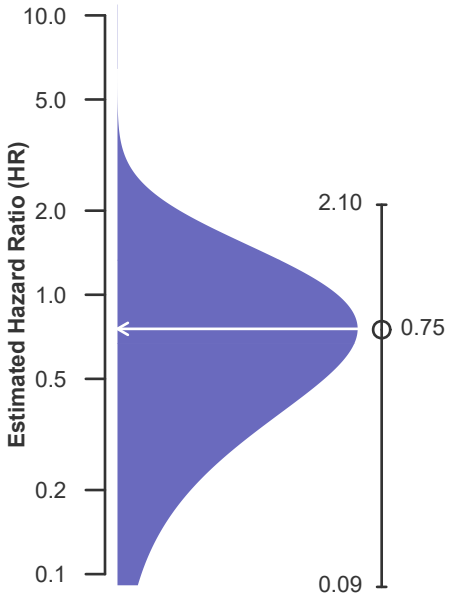
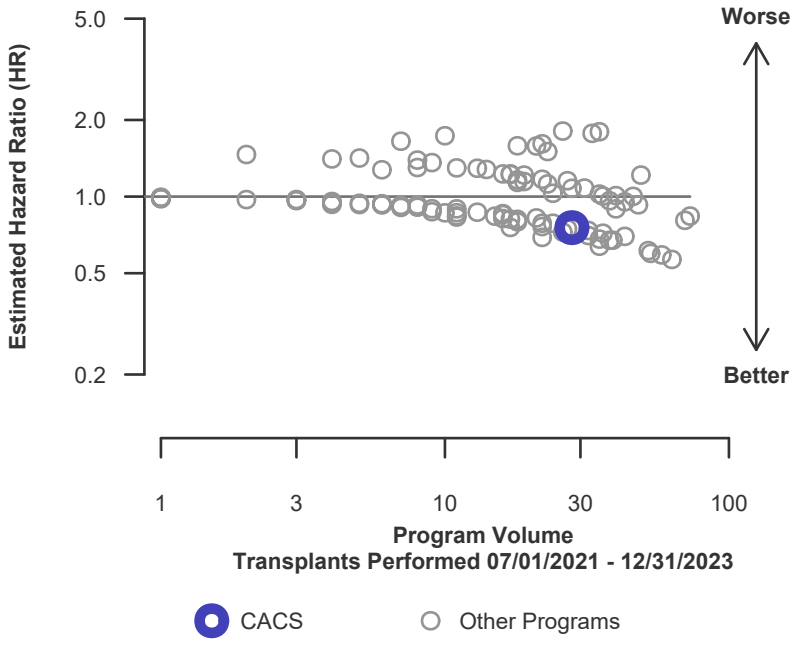


Figure C16. Pediatric (<18) 1-year graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	26	1,491
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	97.01% [96.12%-97.91%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.51%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	42
Number of expected graft failures (including deaths) during the first year after transplant	0.60	--
Estimated hazard ratio*	0.77	--
95% credible interval for the hazard ratio**	[0.09, 2.14]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.09, 2.14], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 23% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 91% reduced risk up to 114% increased risk.

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

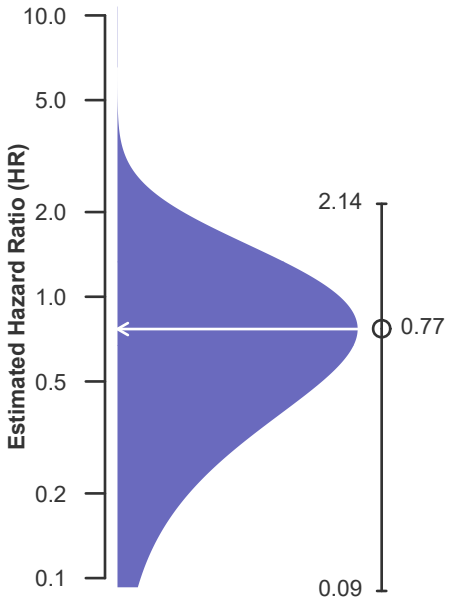
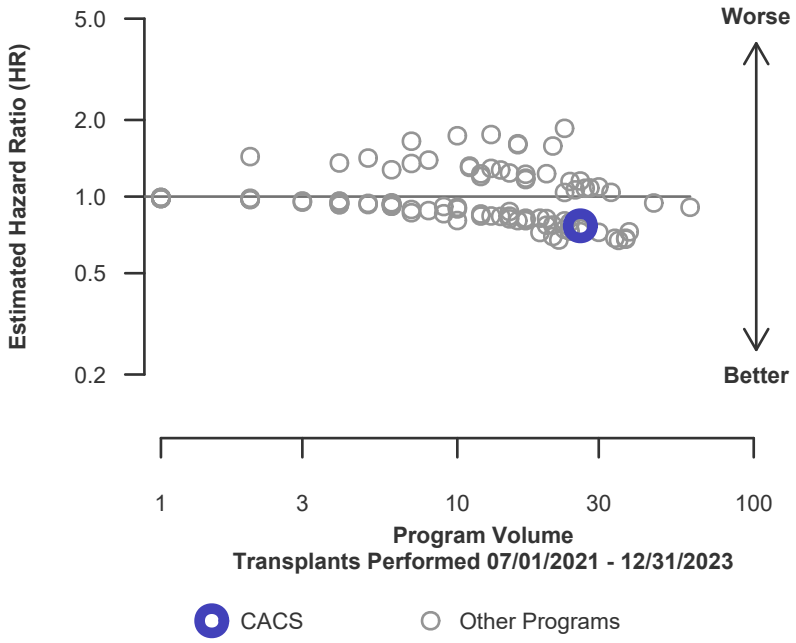


Figure C16D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	2	625
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	97.71% [96.53%-98.91%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.72%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	14
Number of expected graft failures (including deaths) during the first year after transplant	0.04	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.73]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.73], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 2% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 173% increased risk.

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

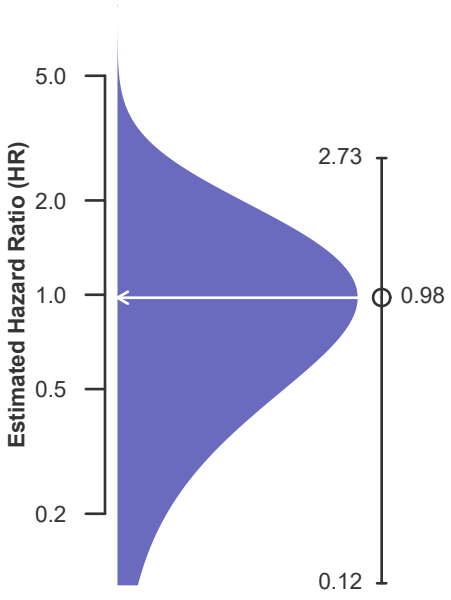
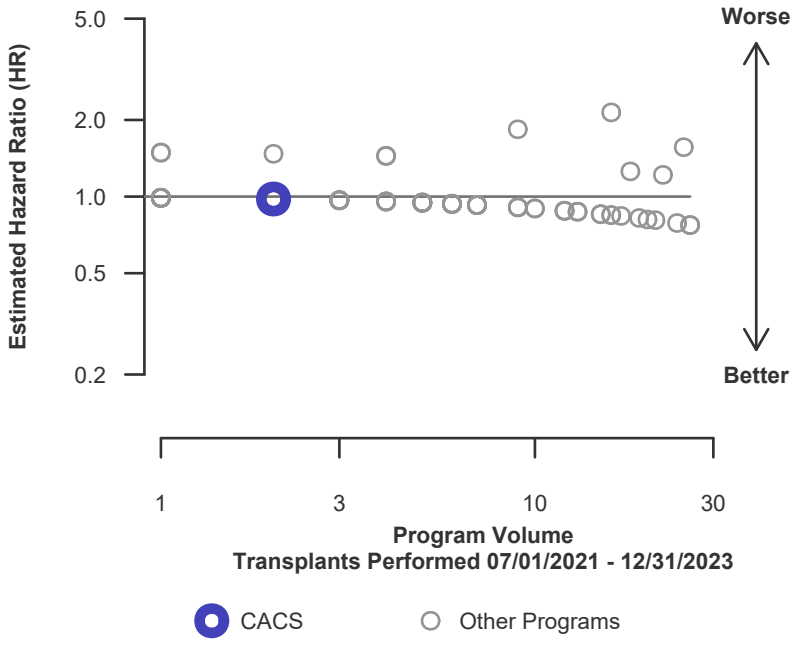


Figure C16L. Pediatric (<18) 1-year living donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	28	2,079
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.95% [98.77%-99.12%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	98.93%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	19
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.25	--
Estimated hazard ratio*	0.89	--
95% credible interval for the hazard ratio**	[0.11, 2.48]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.48], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 11% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 89% reduced risk up to 148% increased risk.

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

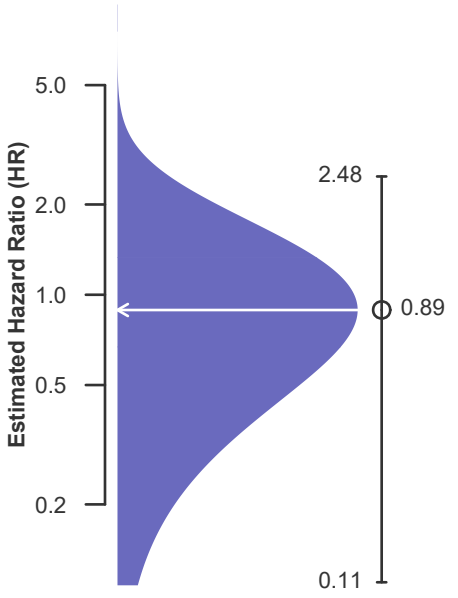
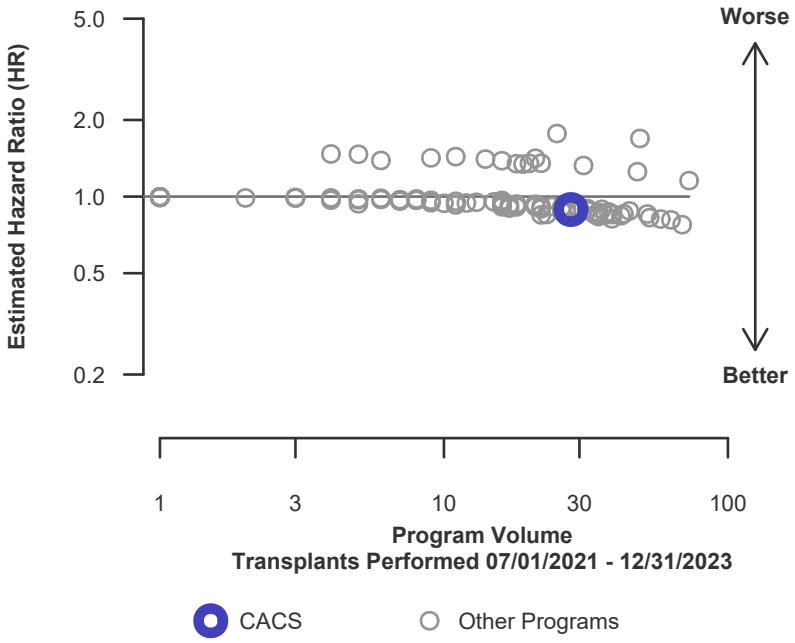


Figure C18. Pediatric (<18) 1-year Conditional graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	26	1,466
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.67% [98.41%-98.92%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	98.88%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	17
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.24	--
Estimated hazard ratio*	0.89	--
95% credible interval for the hazard ratio**	[0.11, 2.48]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.48], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 11% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 89% reduced risk up to 148% increased risk.

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

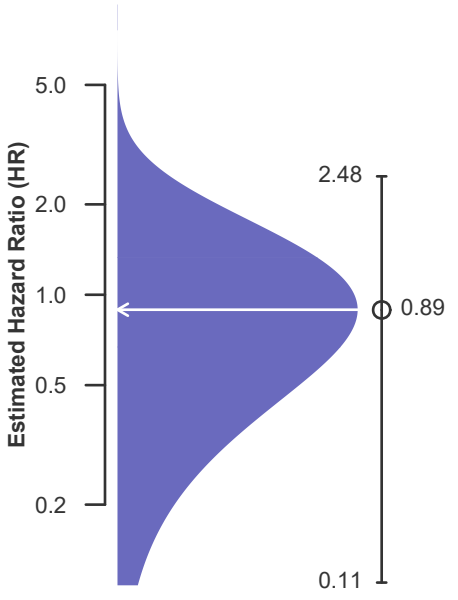
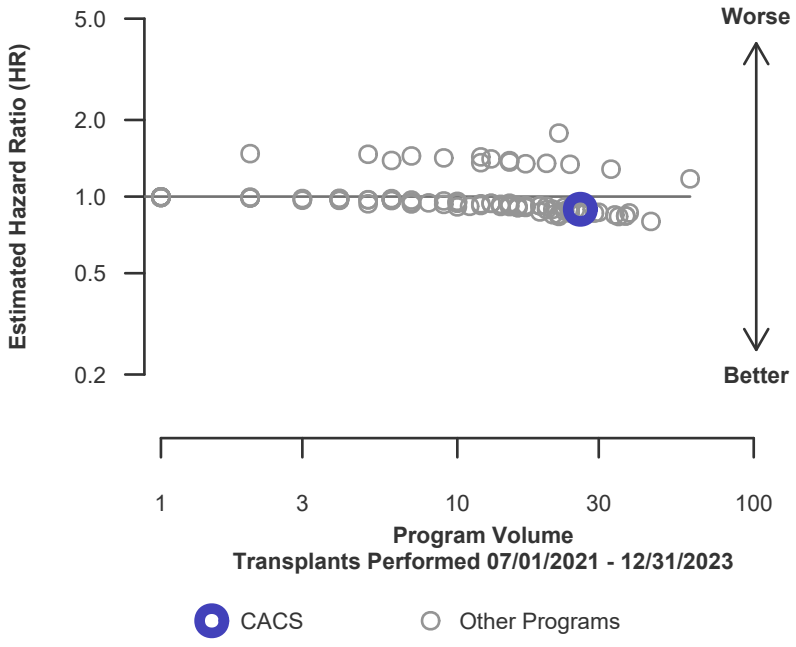


Figure C18D. Pediatric (<18) 1-year Conditional deceased donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Deaths and retransplants are considered graft failures

	CACS	U.S.
Number of transplants evaluated	2	613
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.63% [99.51%-99.74%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	99.63%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	2
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.01	--
Estimated hazard ratio*	1.00	--
95% credible interval for the hazard ratio**	[0.12, 2.78]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.78], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 0% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 178% increased risk.

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

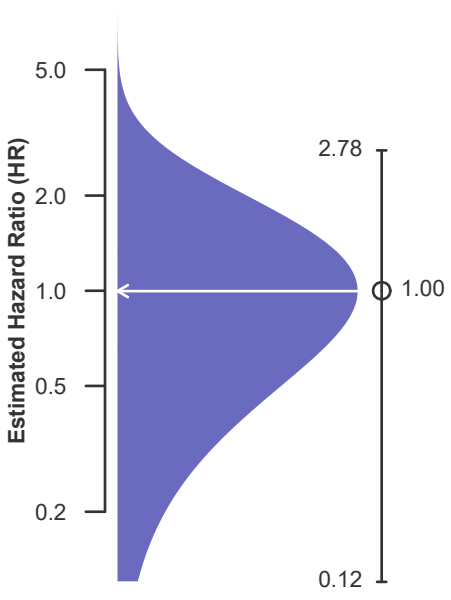
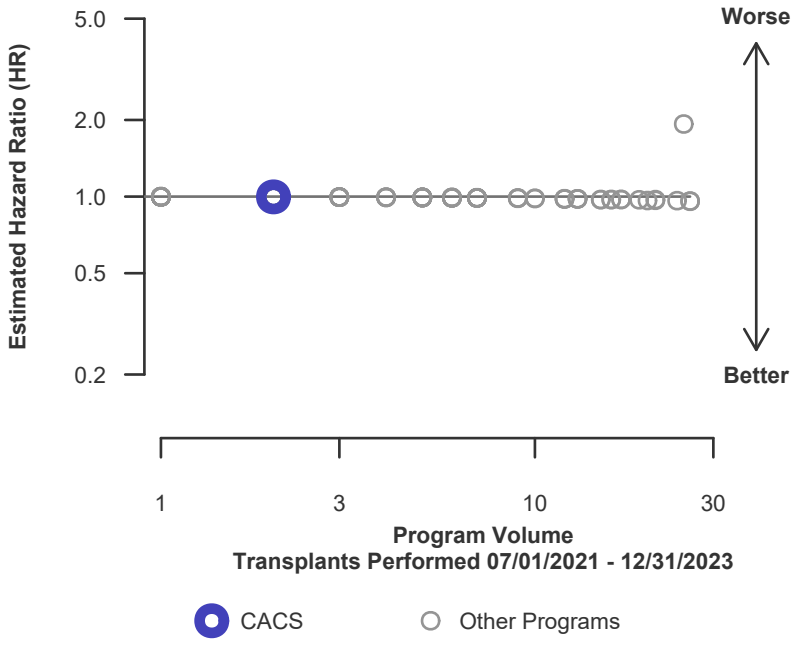


Figure C18L. Pediatric (<18) 1-year Conditional living donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021
Deaths and retransplants are considered graft failures
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	15	1,996
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	93.07% [91.63%-94.53%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	92.50%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	88
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.77	--
Estimated hazard ratio*	0.72	--
95% credible interval for the hazard ratio**	[0.09, 2.01]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.09, 2.01], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 28% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 91% reduced risk up to 101% increased risk.

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

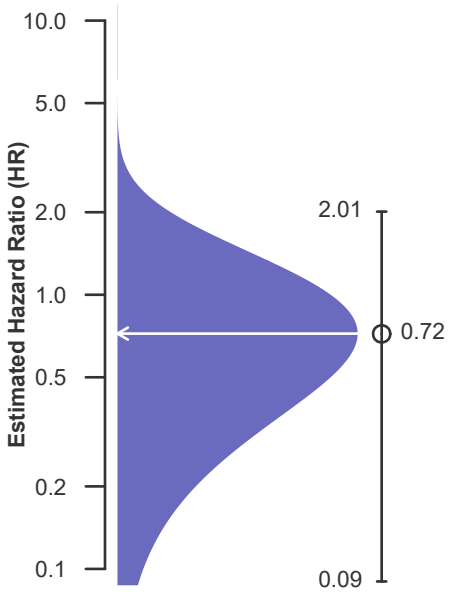
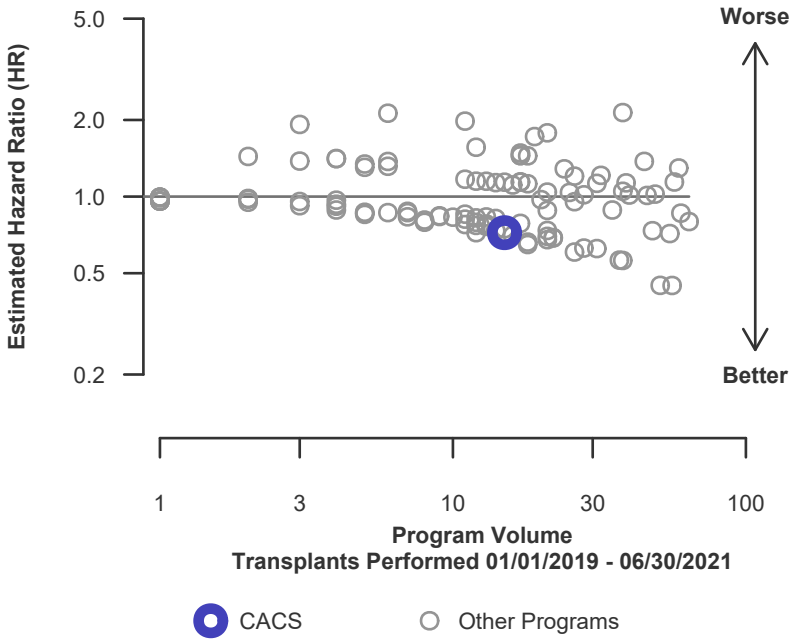


Figure C20. Pediatric (<18) 3-year graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021
Deaths and retransplants are considered graft failures
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	13	1,387
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	92.04% [90.20%-93.91%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	92.04%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	70
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.70	--
Estimated hazard ratio*	0.74	--
95% credible interval for the hazard ratio**	[0.09, 2.06]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.09, 2.06], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 26% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 91% reduced risk up to 106% increased risk.

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

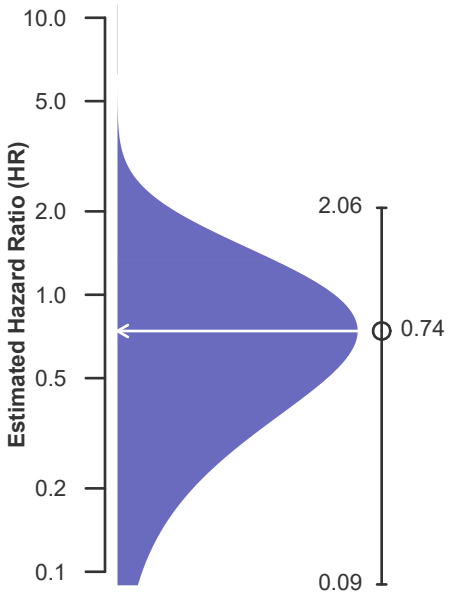
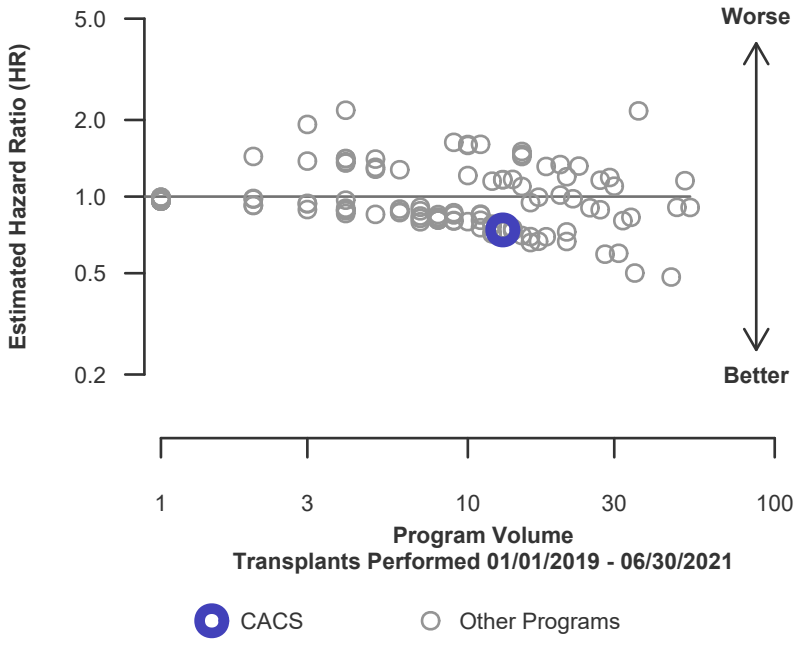


Figure C20D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021
Deaths and retransplants are considered graft failures
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	2	609
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	95.49% [93.39%-97.64%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	95.50%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	18
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.07	--
Estimated hazard ratio*	0.97	--
95% credible interval for the hazard ratio**	[0.12, 2.69]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.69], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 3% lower risk of graft failure compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 169% increased risk.

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

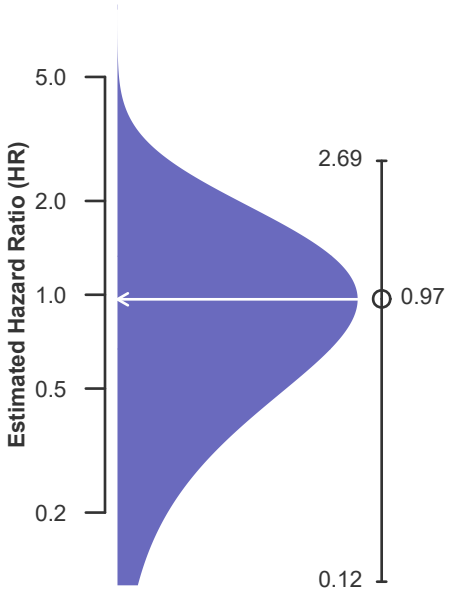
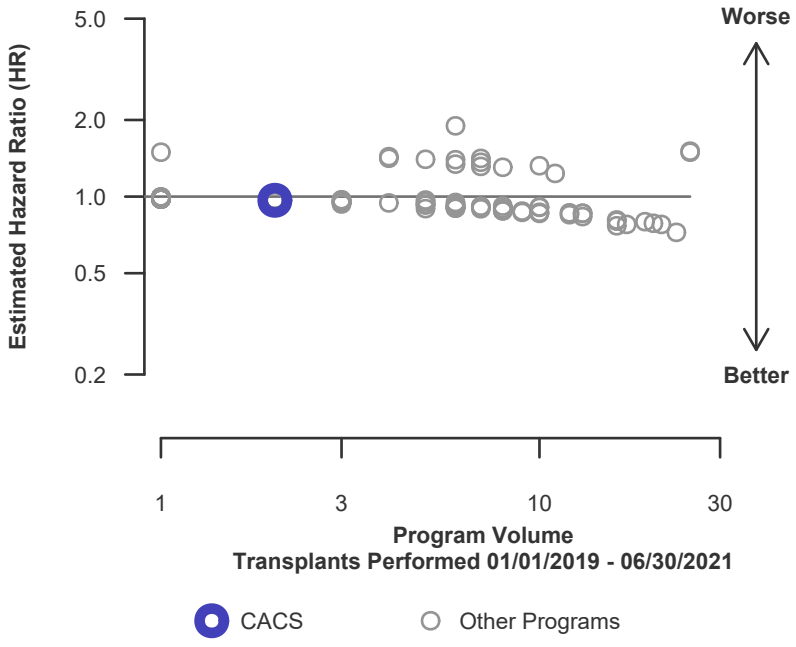


Figure C20L. Pediatric (<18) 3-year living donor graft failure HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	530	53,688
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	99.25% [98.51%-99.98%]	99.49% [99.43%-99.55%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.45%	--
Number of observed deaths during the first month after transplant	4	272
Number of expected deaths during the first month after transplant	2.92	--
Estimated hazard ratio*	1.22	--
95% credible interval for the hazard ratio**	[0.45, 2.37]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.45, 2.37], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 22% higher risk of patient death compared to an average program, but CACS's performance could plausibly range from 55% reduced risk up to 137% increased risk.

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

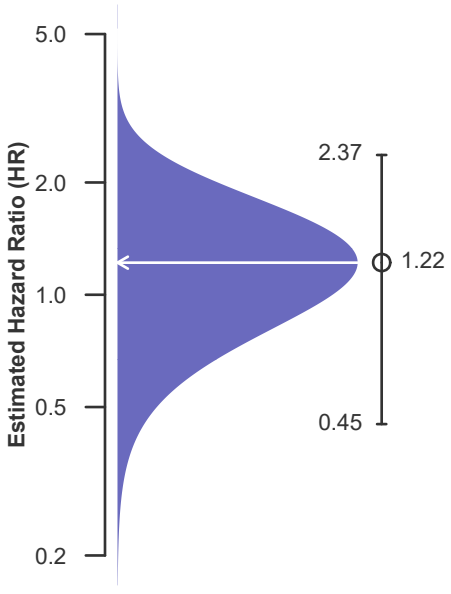
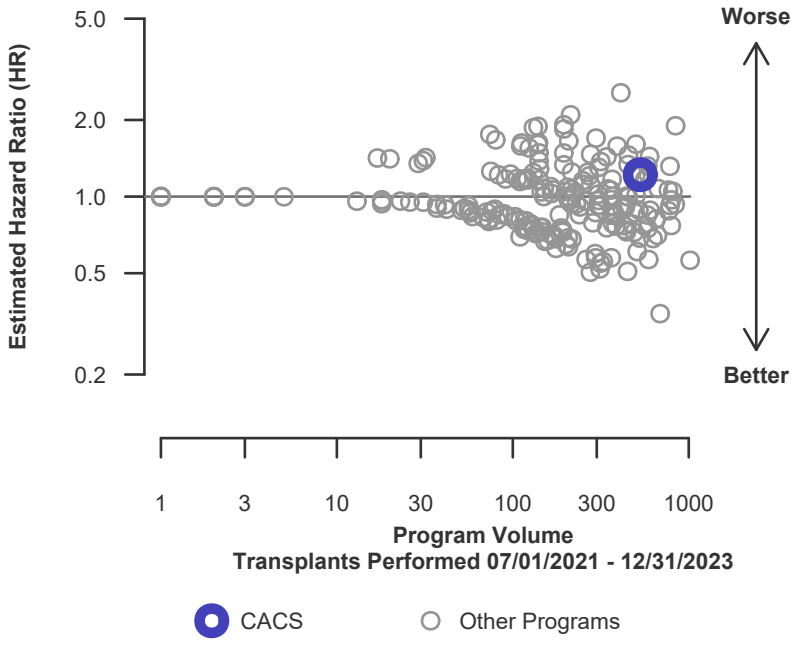


Figure C22. Adult (18+) 1-month patient death HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	406	40,446
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	99.26% [98.43%-100.00%]	99.39% [99.32%-99.47%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.34%	--
Number of observed deaths during the first month after transplant	3	246
Number of expected deaths during the first month after transplant	2.69	--
Estimated hazard ratio*	1.07	--
95% credible interval for the hazard ratio**	[0.35, 2.18]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.35, 2.18], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 7% higher risk of patient death compared to an average program, but CACS's performance could plausibly range from 65% reduced risk up to 118% increased risk.

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

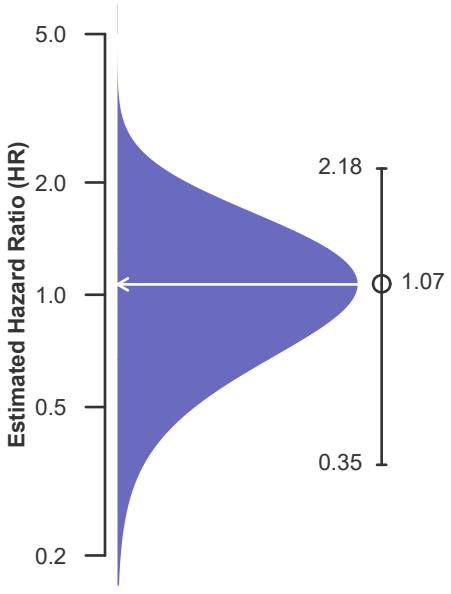
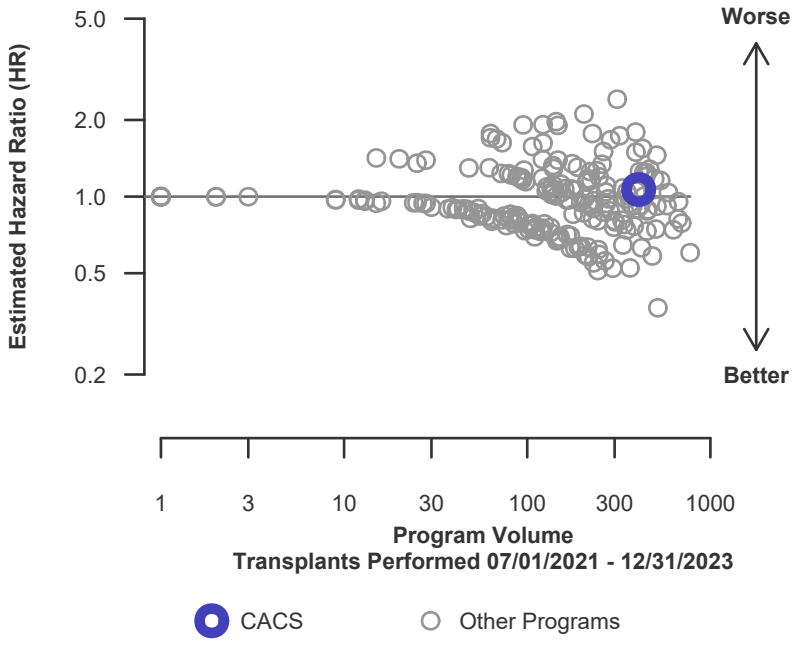


Figure C22D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	124	13,242
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	99.19% [97.63%-100.00%]	99.80% [99.73%-99.88%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.81%	--
Number of observed deaths during the first month after transplant	1	26
Number of expected deaths during the first month after transplant	0.23	--
Estimated hazard ratio*	1.34	--
95% credible interval for the hazard ratio**	[0.28, 3.24]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.28, 3.24], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 34% higher risk of patient death compared to an average program, but CACS's performance could plausibly range from 72% reduced risk up to 224% increased risk.

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

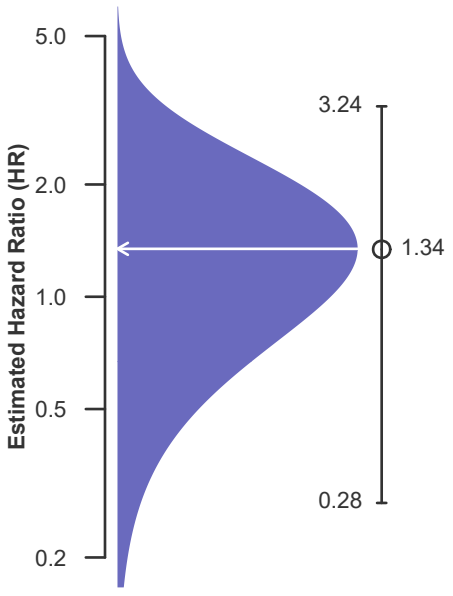
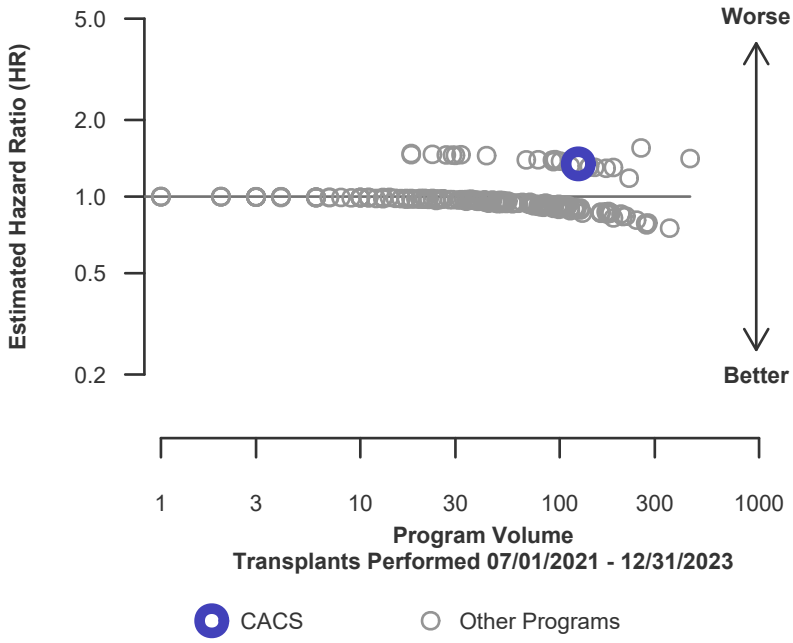


Figure C22L. Adult (18+) 1-month patient death HR program comparison (living donor grafts)



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	530	53,688
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	97.63% [96.30%-98.97%]	97.14% [96.99%-97.29%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	96.90%	--
Number of observed deaths during the first year after transplant	12	1,400
Number of expected deaths during the first year after transplant	14.79	--
Estimated hazard ratio*	0.83	--
95% credible interval for the hazard ratio**	[0.46, 1.32]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.46, 1.32], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 17% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 54% reduced risk up to 32% increased risk.

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

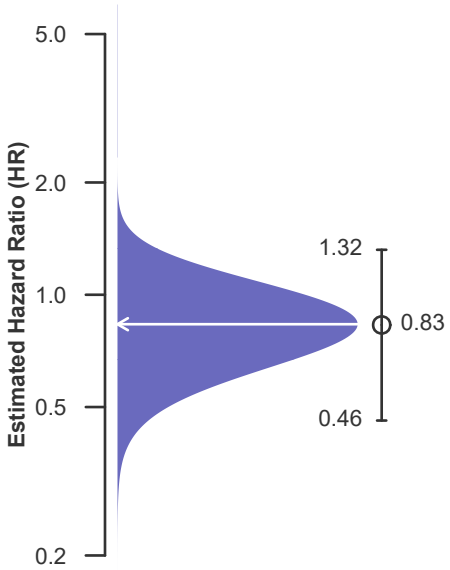
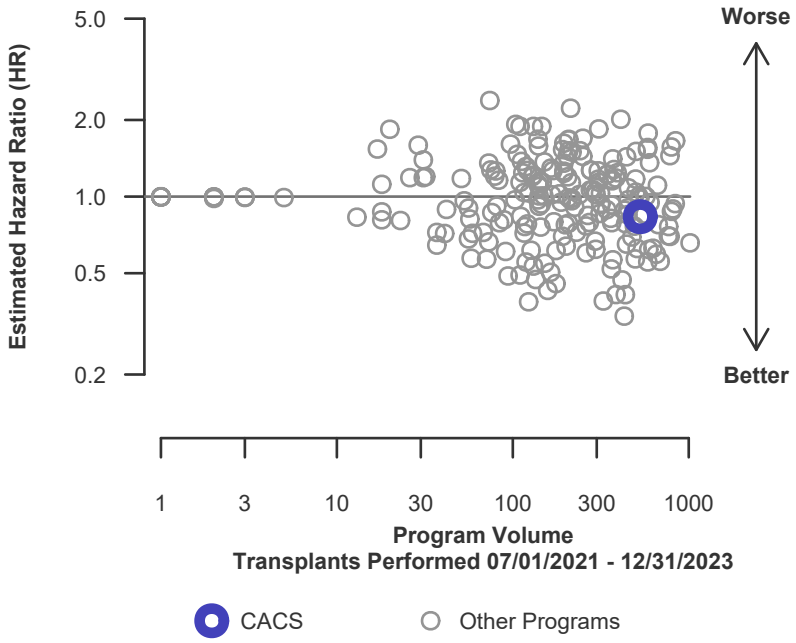


Figure C24. Adult (18+) 1-year patient death HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	406	40,446
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	97.47% [95.92%-99.04%]	96.59% [96.40%-96.78%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	96.29%	--
Number of observed deaths during the first year after transplant	10	1,261
Number of expected deaths during the first year after transplant	13.60	--
Estimated hazard ratio*	0.77	--
95% credible interval for the hazard ratio**	[0.40, 1.26]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.40, 1.26], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 23% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 60% reduced risk up to 26% increased risk.

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

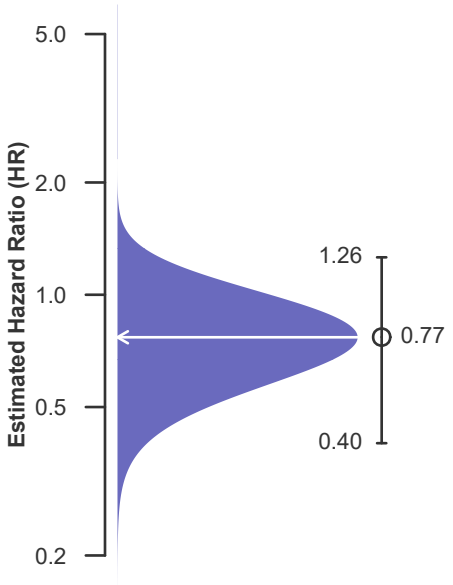
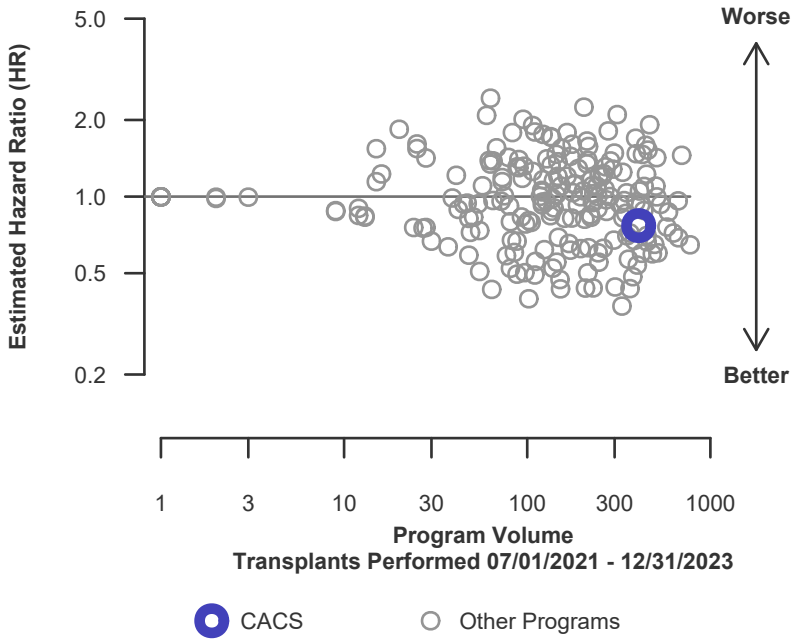


Figure C24D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	124	13,242
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	98.14% [95.59%-100.00%]	98.83% [98.64%-99.03%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	98.88%	--
Number of observed deaths during the first year after transplant	2	139
Number of expected deaths during the first year after transplant	1.19	--
Estimated hazard ratio*	1.25	--
95% credible interval for the hazard ratio**	[0.34, 2.75]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.34, 2.75], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 25% higher risk of patient death compared to an average program, but CACS's performance could plausibly range from 66% reduced risk up to 175% increased risk.

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

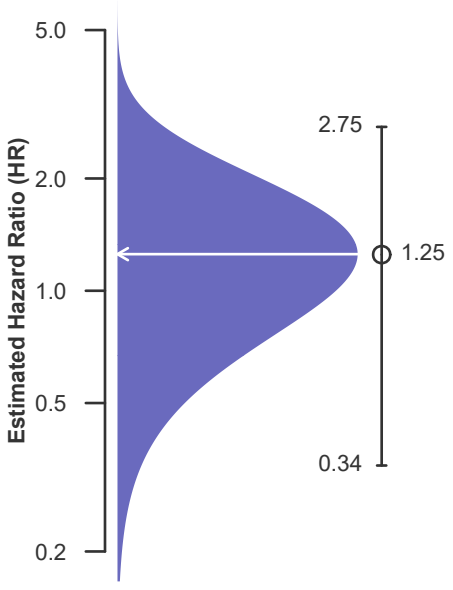
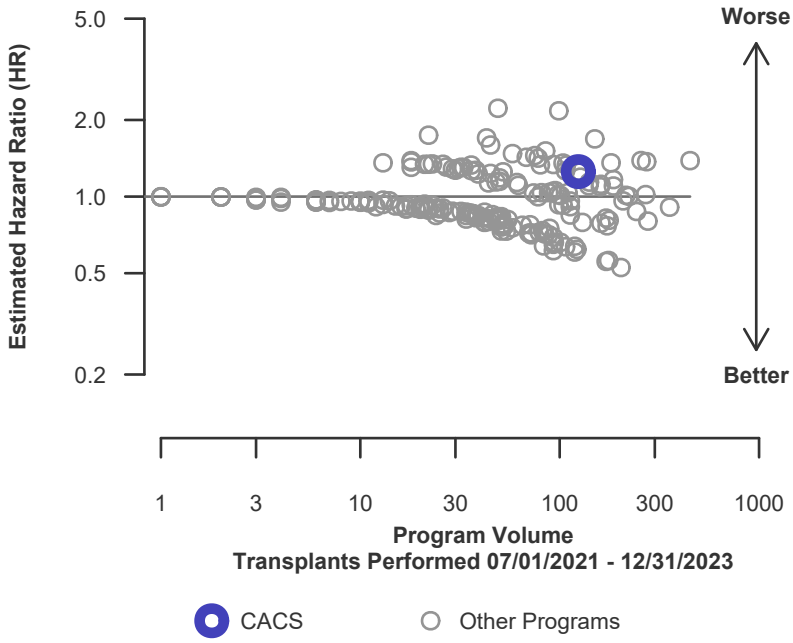


Figure C24L. Adult (18+) 1-year patient death HR program comparison (living donor grafts)



C. Transplant Information

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

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021
Retransplants excluded
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	463	44,410
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	91.31% [87.64%-95.14%]	90.83% [90.47%-91.19%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	90.94%	--
Number of observed deaths during the first 3 years after transplant	20	2,474
Number of expected deaths during the first 3 years after transplant	24.32	--
Estimated hazard ratio*	0.84	--
95% credible interval for the hazard ratio**	[0.52, 1.22]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.52, 1.22], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 16% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 48% reduced risk up to 22% increased risk.

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

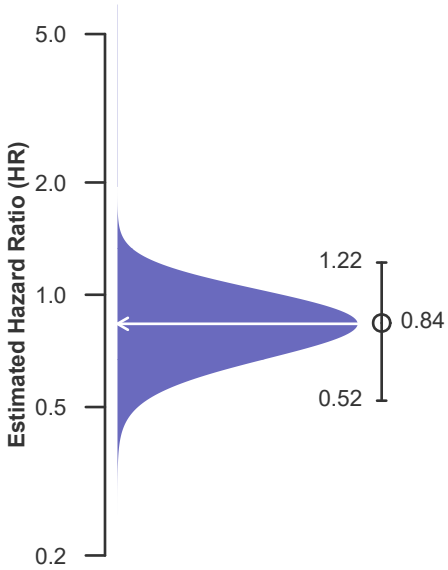
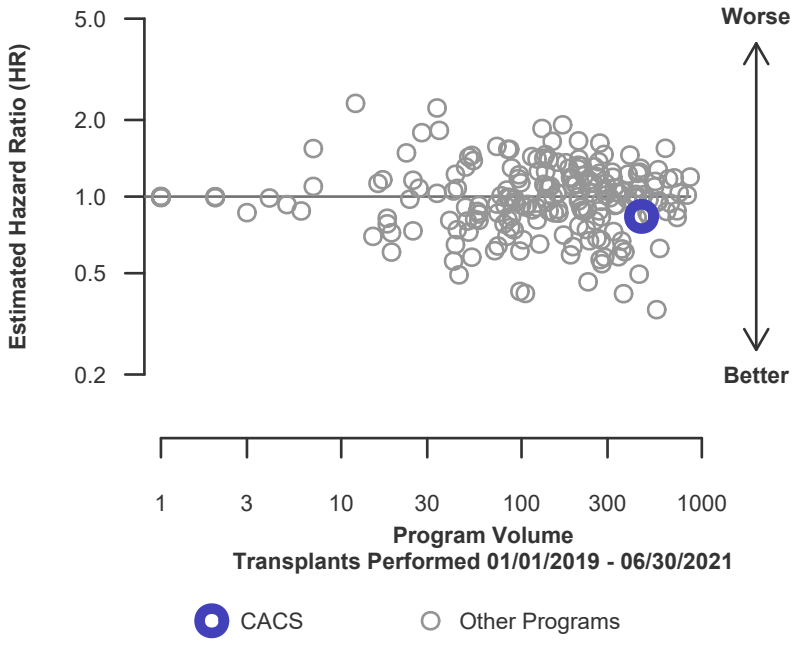


Figure C26. Adult (18+) 3-year patient death HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021
Retransplants excluded
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	330	31,874
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	89.93% [85.35%-94.77%]	89.12% [88.67%-89.57%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	88.92%	--
Number of observed deaths during the first 3 years after transplant	17	2,166
Number of expected deaths during the first 3 years after transplant	21.56	--
Estimated hazard ratio*	0.81	--
95% credible interval for the hazard ratio**	[0.49, 1.21]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.49, 1.21], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 19% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 51% reduced risk up to 21% increased risk.

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

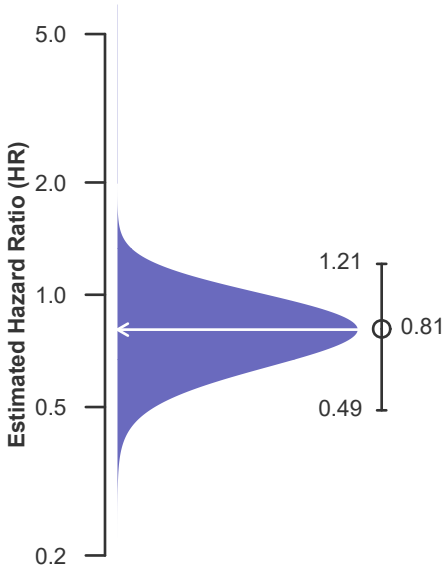
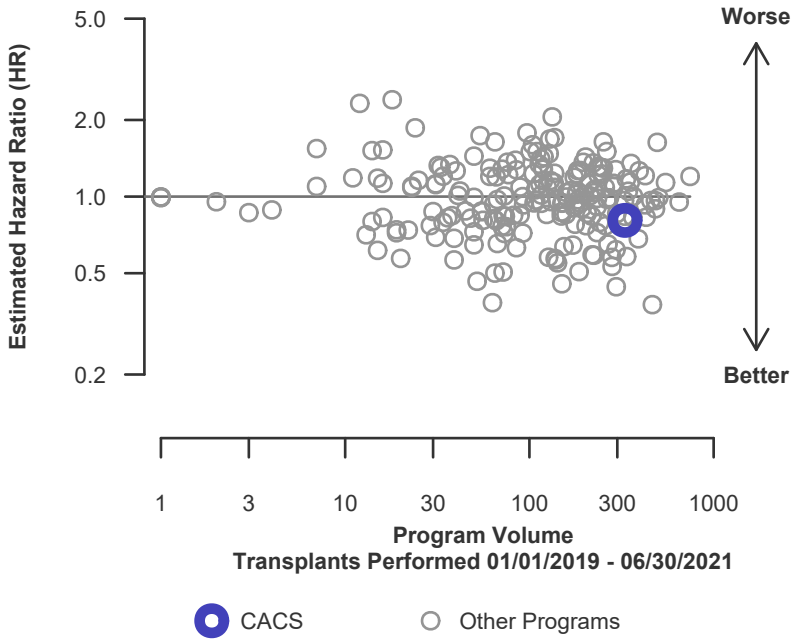


Figure C26D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

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

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021
Retransplants excluded
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	133	12,536
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	94.83% [89.30%-100.00%]	95.54% [95.03%-96.05%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	95.97%	--
Number of observed deaths during the first 3 years after transplant	3	308
Number of expected deaths during the first 3 years after transplant	2.76	--
Estimated hazard ratio*	1.05	--
95% credible interval for the hazard ratio**	[0.34, 2.15]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.34, 2.15], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 5% higher risk of patient death compared to an average program, but CACS's performance could plausibly range from 66% reduced risk up to 115% increased risk.

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

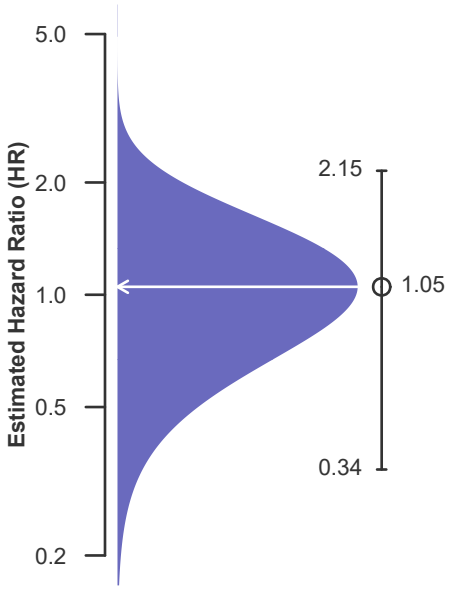
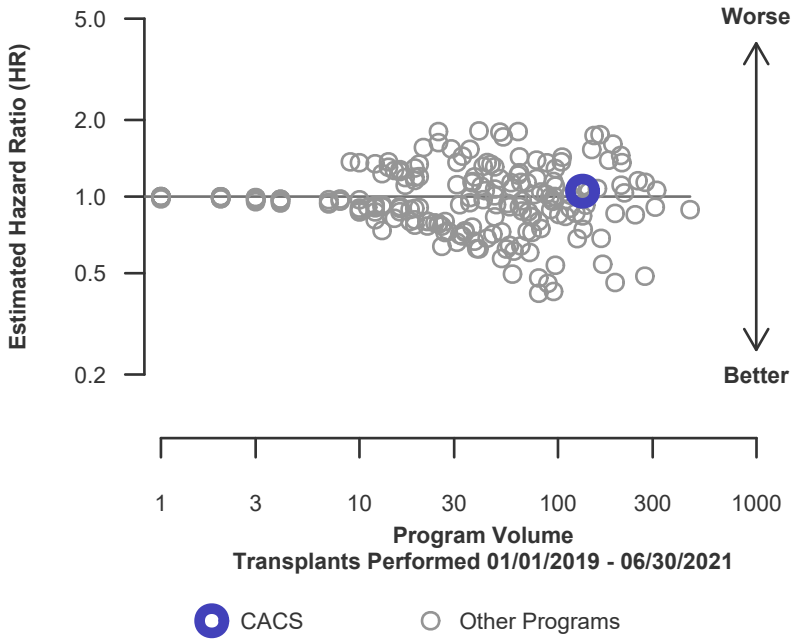


Figure C26L. Adult (18+) 3-year patient death HR program comparison (living donor grafts)



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	26	1,939
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	100.00% [100.00%-100.00%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	100.00%	--
Number of observed deaths during the first month after transplant	0	0
Number of expected deaths during the first month after transplant	0.00	--
Estimated hazard ratio*	1.00	--
95% credible interval for the hazard ratio**	[0.12, 2.79]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.79], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 179% increased risk.

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

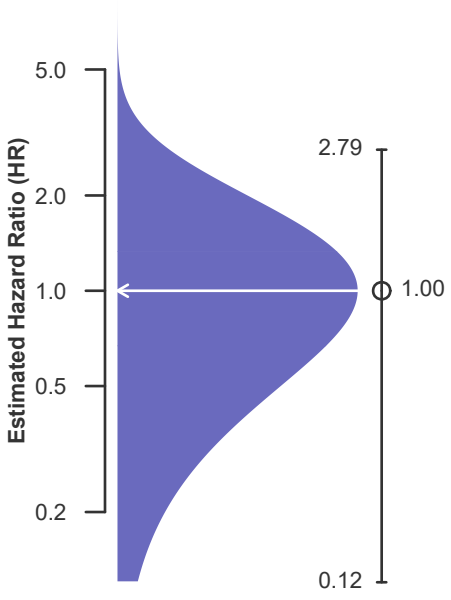
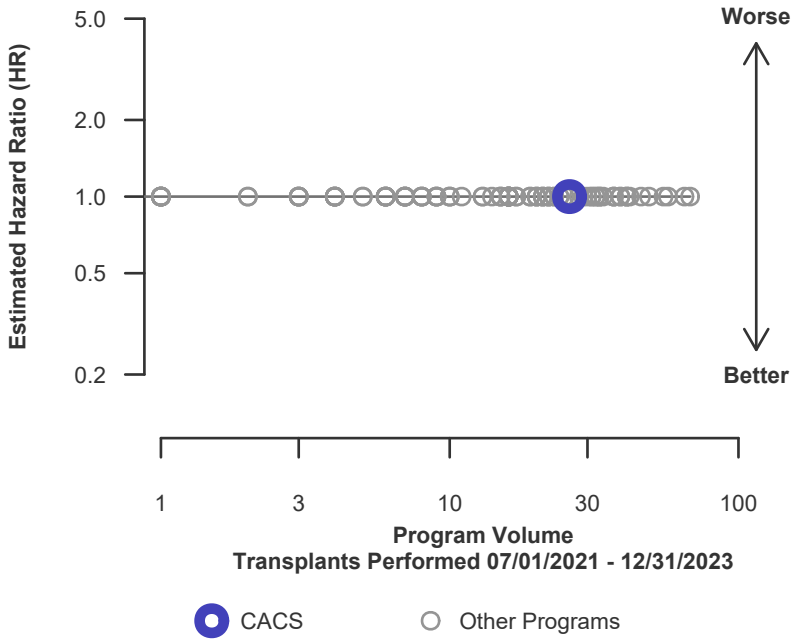


Figure C28. Pediatric (<18) 1-month patient death HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	24	1,350
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	100.00% [100.00%-100.00%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	100.00%	--
Number of observed deaths during the first month after transplant	0	0
Number of expected deaths during the first month after transplant	0.00	--
Estimated hazard ratio*	1.00	--
95% credible interval for the hazard ratio**	[0.12, 2.79]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.79], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 179% increased risk.

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

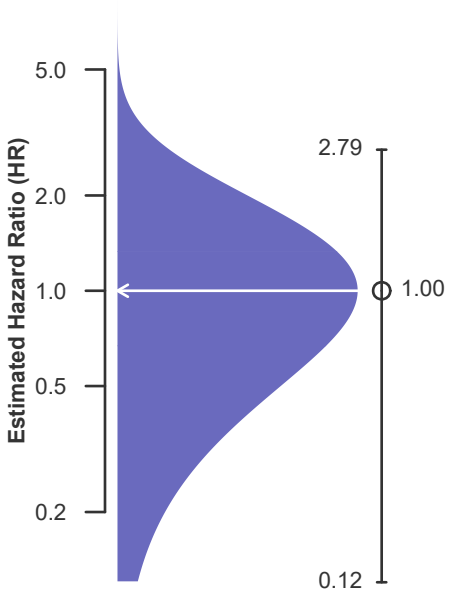
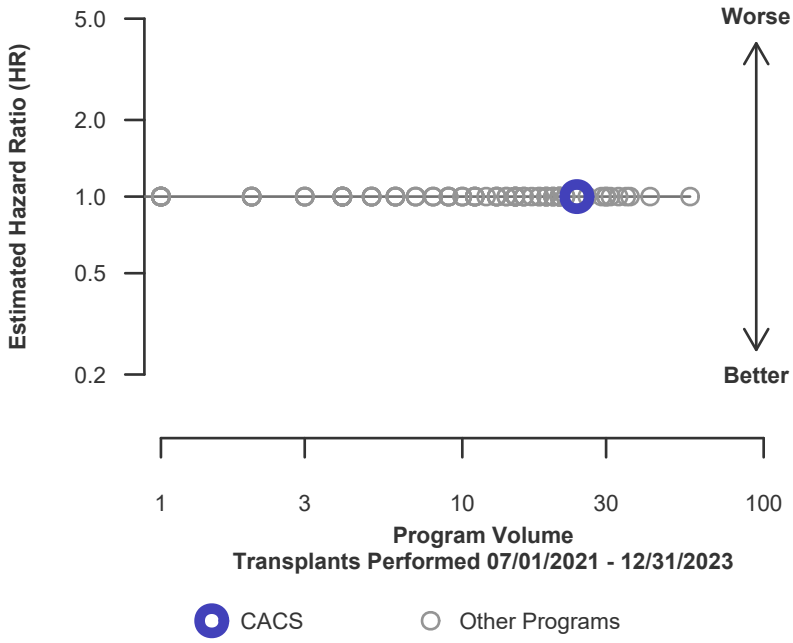


Figure C28D. Pediatric (<18) 1-month patient death HR program comparison (deceased donor grafts)



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	2	589
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	100.00% [100.00%-100.00%
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	100.00%	--
Number of observed deaths during the first month after transplant	0	0
Number of expected deaths during the first month after transplant	0.00	--
Estimated hazard ratio*	1.00	--
95% credible interval for the hazard ratio**	[0.12, 2.79]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.79], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 179% increased risk.

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

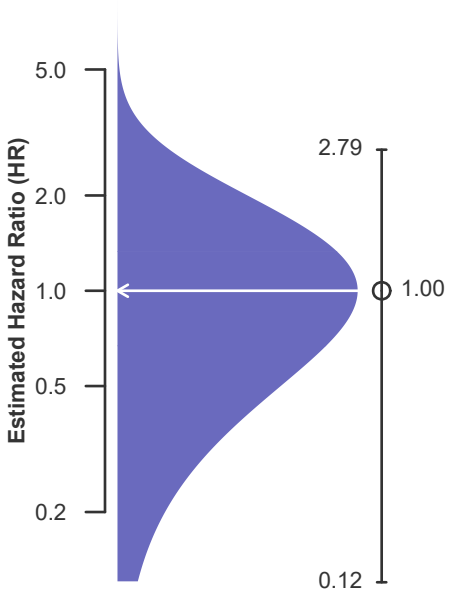
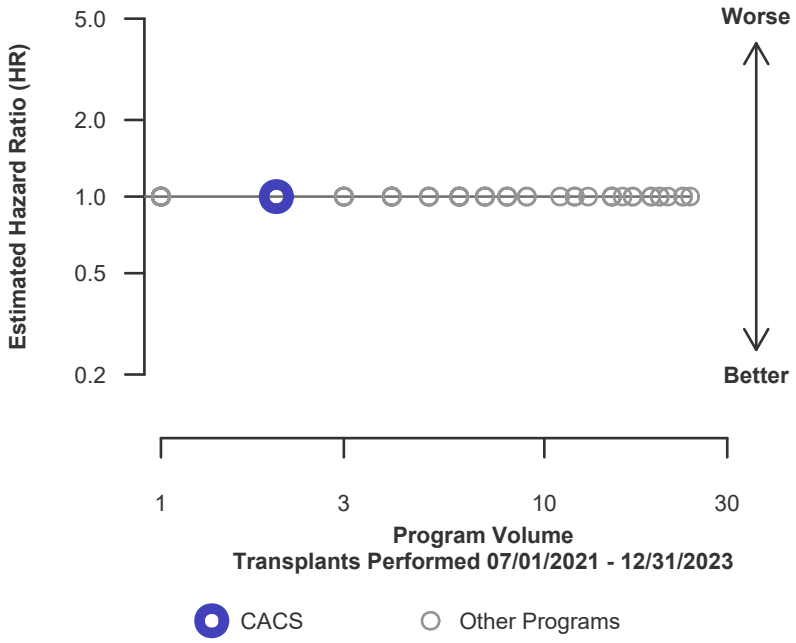


Figure C28L. Pediatric (<18) 1-month patient death HR program comparison (living donor grafts)



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	26	1,939
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.44% [99.10%-99.79%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.32%	--
Number of observed deaths during the first year after transplant	0	10
Number of expected deaths during the first year after transplant	0.16	--
Estimated hazard ratio*	0.93	--
95% credible interval for the hazard ratio**	[0.11, 2.58]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.58], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 7% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 89% reduced risk up to 158% increased risk.

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

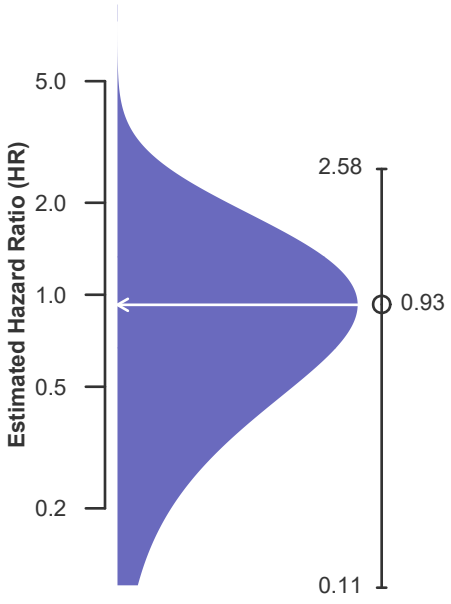
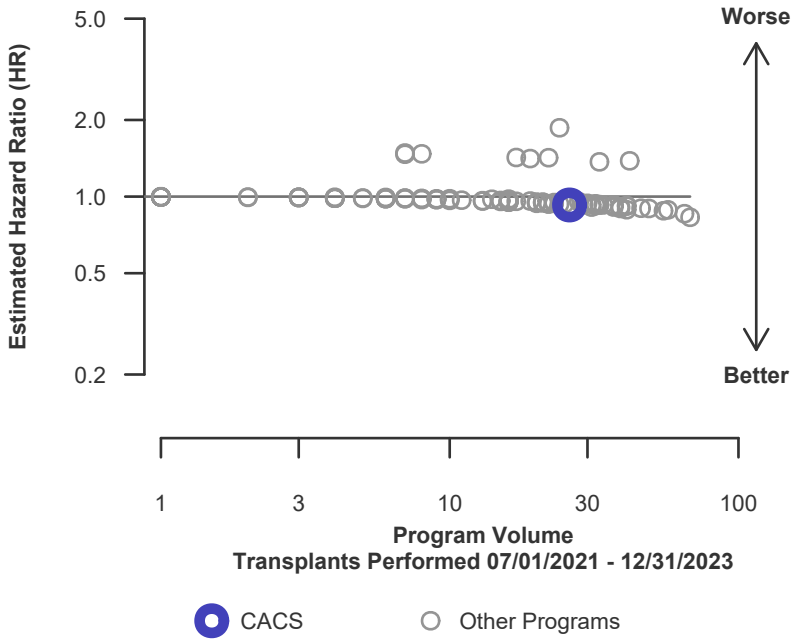


Figure C30. Pediatric (<18) 1-year patient death HR program comparison



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	24	1,350
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.28% [98.81%-99.75%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.28%	--
Number of observed deaths during the first year after transplant	0	9
Number of expected deaths during the first year after transplant	0.15	--
Estimated hazard ratio*	0.93	--
95% credible interval for the hazard ratio**	[0.11, 2.59]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.59], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 7% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 89% reduced risk up to 159% increased risk.

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

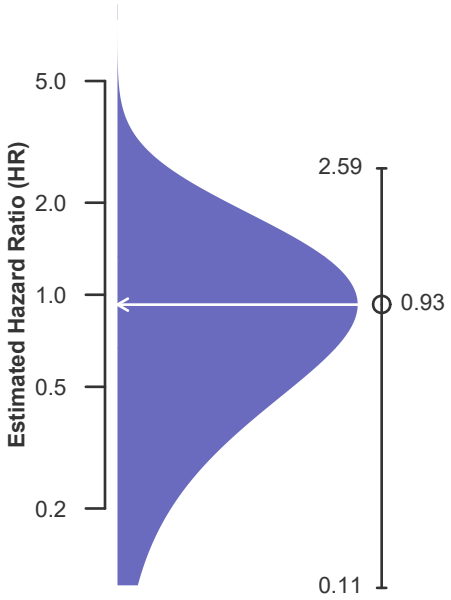
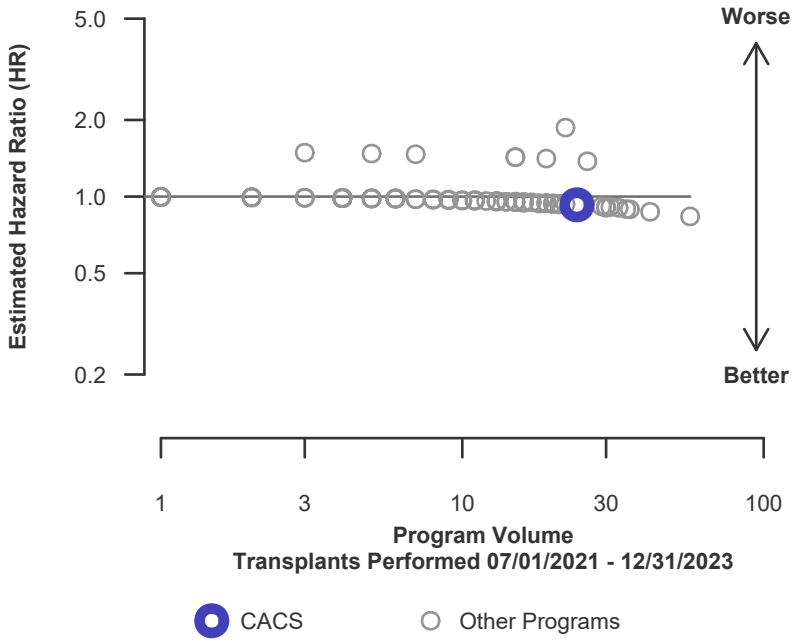


Figure C30D. Pediatric (<18) 1-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

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

Single organ transplants performed between 07/01/2021 and 12/31/2023
Retransplants excluded

	CACS	U.S.
Number of transplants evaluated	2	589
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.83% [99.50%-100.00%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.83%	--
Number of observed deaths during the first year after transplant	0	1
Number of expected deaths during the first year after transplant	0.00	--
Estimated hazard ratio*	1.00	--
95% credible interval for the hazard ratio**	[0.12, 2.78]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.78], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 178% increased risk.

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

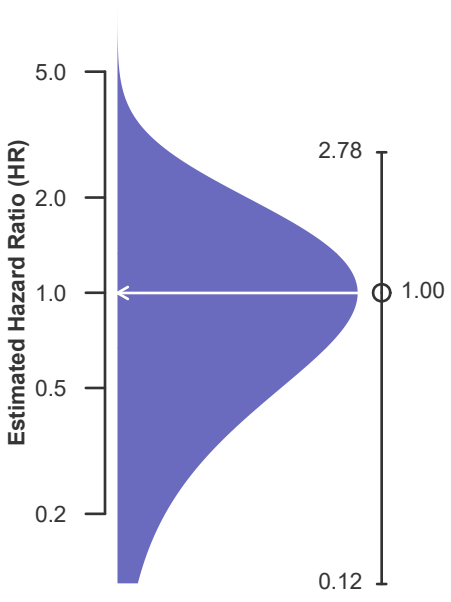
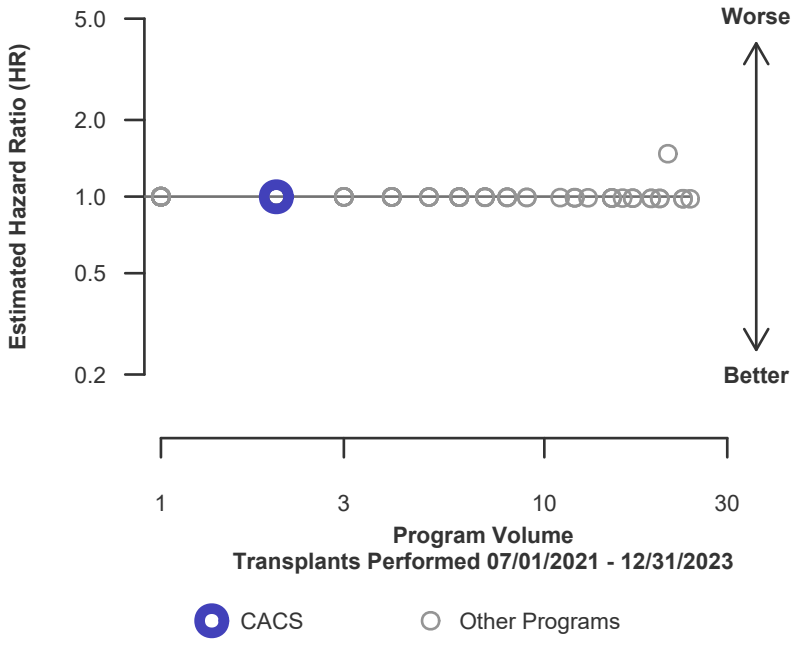


Figure C30L. Pediatric (<18) 1-year patient death HR program comparison (living donor grafts)



C. Transplant Information

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

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021
Retransplants excluded
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	13	1,833
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.03% [98.49%-99.57%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	99.12%	--
Number of observed deaths during the first 3 years after transplant	0	13
Number of expected deaths during the first 3 years after transplant	0.09	--
Estimated hazard ratio*	0.95	--
95% credible interval for the hazard ratio**	[0.12, 2.66]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.66], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 5% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 166% increased risk.

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

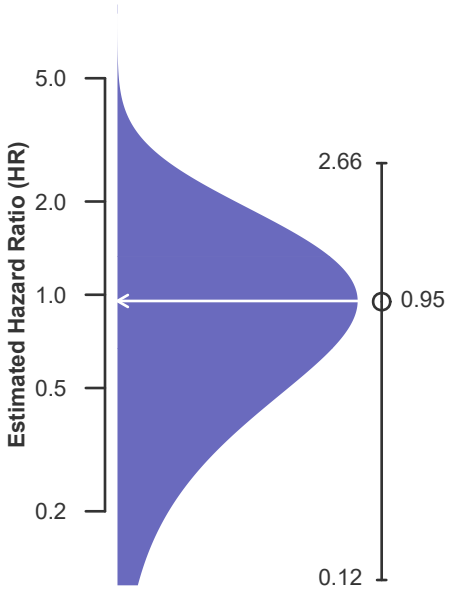
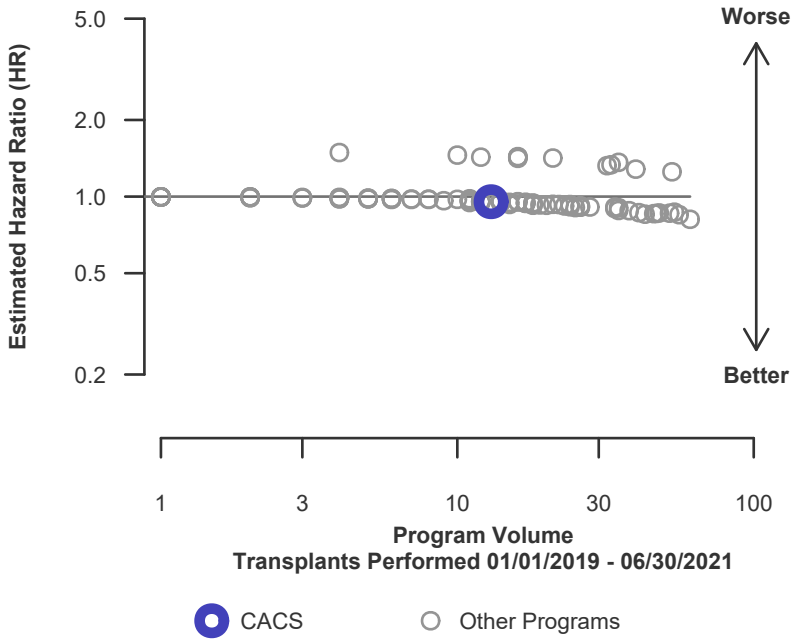


Figure C32. Pediatric (<18) 3-year patient death HR program comparison



C. Transplant Information

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

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021
Retransplants excluded
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	11	1,262
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.20% [98.60%-99.81%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	99.20%	--
Number of observed deaths during the first 3 years after transplant	0	7
Number of expected deaths during the first 3 years after transplant	0.07	--
Estimated hazard ratio*	0.97	--
95% credible interval for the hazard ratio**	[0.12, 2.69]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.69], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 3% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 169% increased risk.

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

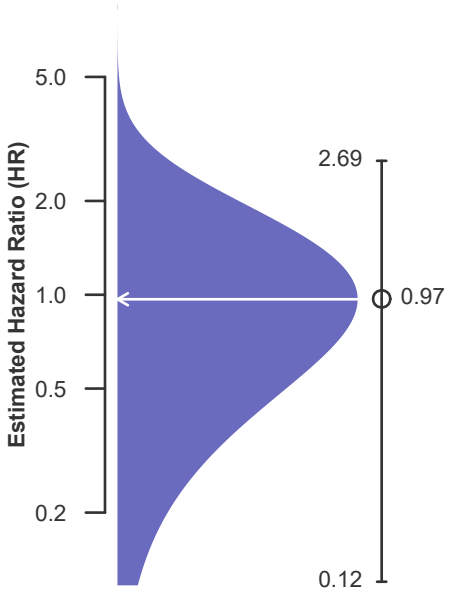
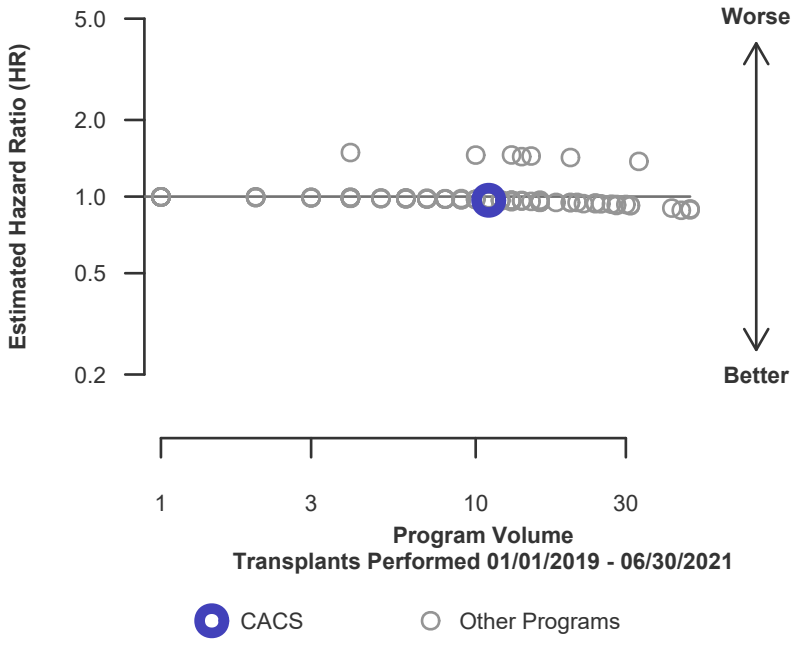


Figure C32D. Pediatric (<18) 3-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

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

Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021
Retransplants excluded
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	CACS	U.S.
Number of transplants evaluated	2	571
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.65% [97.56%-99.76%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	98.66%	--
Number of observed deaths during the first 3 years after transplant	0	6
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]	--

* The hazard ratio provides an estimate of how Cedars-Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If CACS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.75], indicates the location of CACS's true hazard ratio with 95% probability. The best estimate is 1% lower risk of patient death compared to an average program, but CACS's performance could plausibly range from 88% reduced risk up to 175% increased risk.

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

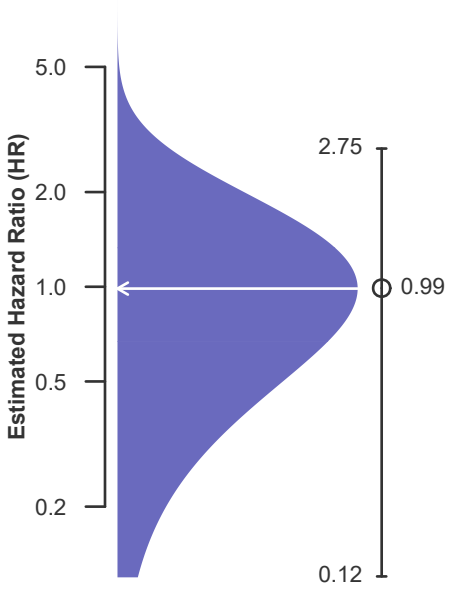
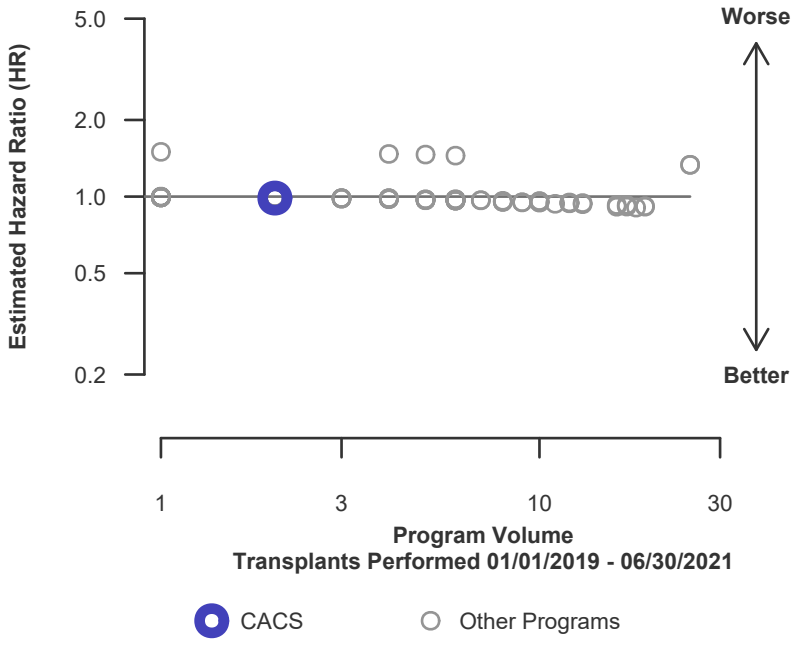


Figure C32L. Pediatric (<18) 3-year patient death HR program comparison (living donor grafts)



C. Transplant Information

Table C21. Multi-organ transplant graft survival: 07/01/2021 - 12/31/2023

Adult (18+) Transplants

Transplant Type	Transplants Performed		First-Year Outcomes: Kidney Graft Failures		First-Year Outcomes: Estimated Kidney Graft Survival	
	CACS-TX1	USA	CACS-TX1	USA	CACS-TX1	USA
Kidney-Heart	72	973	9	145	87.5%	85.1%
Kidney-Liver-Heart	1	20	0	8	100.0%	60.0%
Kidney-Liver	34	1,938	0	228	100.0%	88.2%
Kidney Lung	3	48	1	13	66.7%	72.9%
Kidney-Pancreas	10	1,992	1	92	90.0%	95.4%

Pediatric (<18) Transplants

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

Table C22. Multi-organ transplant patient survival: 07/01/2021 - 12/31/2023

Adult (18+) Transplants

Transplant Type	Transplants Performed		First-Year Outcomes: Patient Deaths		First-Year Outcomes: Estimated Patient Survival	
	CACS-TX1	USA	CACS-TX1	USA	CACS-TX1	USA
Kidney-Heart	72	973	4	101	94.4%	89.6%
Kidney-Liver-Heart	1	20	0	7	100.0%	65.0%
Kidney-Liver	34	1,938	0	174	100.0%	91.0%
Kidney Lung	3	48	0	9	100.0%	81.2%
Kidney-Pancreas	10	1,992	1	67	90.0%	96.6%

Pediatric (<18) Transplants

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

D. Living Donor Information

Table D1. Living donor summary: 07/01/2021 - 06/30/2024

Living Donor Follow-Up	This Center			United States		
	07/2021-06/2022	07/2022-06/2023	07/2023-12/2023	07/2021-06/2022	07/2022-06/2023	07/2023-12/2023
Number of Living Donors	45	61	32	5,867	6,074	3,214
6-Month Follow-Up						
Donors due for follow-up	45	61	26	5,866	6,073	2,652
Timely clinical data	39 86.7%	53 86.9%	24 92.3%	5,035 85.8%	4,967 81.8%	2,245 84.7%
Timely lab data	33 73.3%	47 77.0%	20 76.9%	4,799 81.8%	4,845 79.8%	2,175 82.0%
12-Month Follow-Up						
Donors due for follow-up	45	55		5,866	5,484	
Timely clinical data	38 84.4%	51 92.7%		4,581 78.1%	4,261 77.7%	
Timely lab data	31 68.9%	42 76.4%		4,383 74.7%	4,025 73.4%	
24-Month Follow-Up						
Donors due for follow-up	43			5,325		
Timely clinical data	36 83.7%			3,737 70.2%		
Timely lab data	27 62.8%			3,521 66.1%		

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