

Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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COVID-19 Guide

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

COVID-19 Guide

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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User Guide

This report contains a wide range of useful information about the lung transplant program at NY Presbyterian Hospital/Columbia Univ. 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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SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

User Guide

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 deceased donor transplant rate at this program was 292.9 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. 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 0.2 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 - B15 similarly show offer acceptance rates for subsets of offers.



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

User Guide

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.

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.



Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

Table of Contents

Section	Page
COVID-19 Guide	i
User Guide	iii
A. Program Summary	
Program Summary	1
B. Waiting List Information	
Waiting list activity	2
Demographic characteristics of waiting list candidates	3
Medical characteristics of waiting list candidates	4
Deceased donor transplant rates	5
Pre-transplant mortality rates (formerly called Waiting list mortality rates)	6
Patient survival from listing	7
Waiting list candidate status after listing	8
Percent of candidates with deceased donor transplants: demographic characterist	ics 9
Percent of candidates with deceased donor transplants: medical characteristics	10
Time to transplant for waiting list candidates	11
Offer acceptance practices	12
C. Transplant Information	
Deceased donor transplant recipient demographic characteristics	14
Deceased donor transplant recipient medical characteristics	15
Deceased donor characteristics	16
Deceased donor transplant characteristics	17
Deceased donor graft survival	18
Deceased donor patient survival	28
Multi-organ transplant graft survival	34
Multi-organ transplant patient survival	34



Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

A. Program Summary

Figure A1. Waiting list and transplant activity

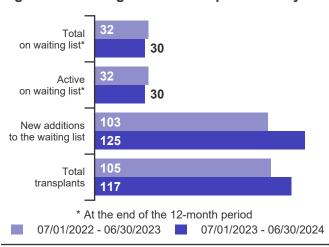


Table A1. Census of transplant recipients

Recipients	07/01/2022- 06/30/2023	07/01/2023- 06/30/2024
Transplanted at this center	105	117
Followed by this center*	524	580
transplanted at this program	n 510	566
transplanted elsewhere	14	14

^{*} 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

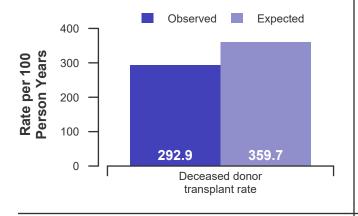


Figure A3. Pre-transplant mortality rates 07/01/2022 - 06/30/2024

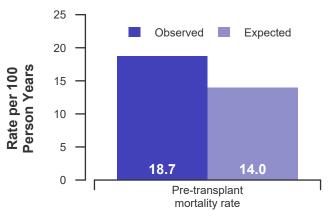


Figure A4. First-year adult graft and patient survival: 07/01/2021 - 12/31/2023

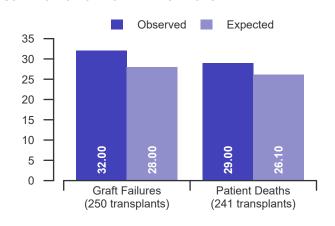
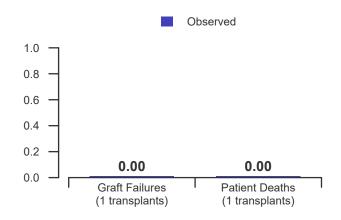


Figure A5. First-year pediatric graft and patient survival: 07/01/2021 - 12/31/2023





Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

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

		nts for center	Activity for 07/01/2023 to 06/30/2024 as percent of registrants on waiting list on 07/01/2023			
Waiting List Registrations	07/01/2022- 06/30/2023	07/01/2023- 06/30/2024	This Center (%)	OPTN Region (%)	U.S. (%)	
On waiting list at start Additions	51	32	100.0	100.0	100.0	
New listings at this center	103	125	390.6	376.9	342.0	
Removals						
Transferred to another center	0	0	0.0	1.3	1.8	
Received living donor transplant*	0	0	0.0	0.0	0.0	
Received deceased donor transplant*	105	117	365.6	321.8	311.3	
Died	9	2	6.2	9.0	9.5	
Transplanted at another center	3	0	0.0	0.0	1.7	
Deteriorated	1	3	9.4	10.3	9.0	
Recovered	0	1	3.1	3.8	3.4	
Other reasons	4	4	12.5	16.7	15.0	
On waiting list at end of period	32	30	93.8	114.1	90.3	

^{*} 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.



Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

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

Domographic Characteristic		ting List Regi 023 to 06/30/2		All Waiting List Registrations on 06/30/2024 (%)			
Demographic Characteristic	This Center (N=125)	OPTN Region (N=294)	U.S. (N=3,482)	This Center (N=30)	OPTN Region (N=89)	U.S. (N=919)	
All (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Ethnicity/Race (%)*							
White	60.0	59.5	67.7	50.0	50.6	66.1	
African-American	13.6	13.9	10.6	23.3	20.2	14.7	
Hispanic/Latino	20.8	19.0	14.9	23.3	22.5	13.1	
Asian	5.6	6.1	3.3	3.3	4.5	3.6	
Other	0.0	0.0	1.2	0.0	0.0	0.9	
Unknown	0.0	1.4	2.4	0.0	2.2	1.7	
Age (%)							
<2 years	0.0	0.0	0.1	0.0	0.0	0.2	
2-11 years	0.0	0.0	0.4	0.0	0.0	1.2	
12-17 years	0.0	0.0	0.6	0.0	0.0	0.4	
18-34 years	6.4	6.1	4.4	13.3	11.2	6.2	
35-49 years	13.6	11.2	11.3	23.3	15.7	10.7	
50-64 years	33.6	38.4	43.5	20.0	32.6	40.9	
65-69 years	28.0	26.9	25.6	23.3	23.6	26.4	
70+ years	18.4	17.3	14.0	20.0	16.9	13.9	
Gender (%)							
Male	51.2	53.4	57.3	26.7	34.8	45.5	
Female	48.8	46.6	42.7	73.3	65.2	54.5	

^{*} 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%.



Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

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

Medical Characteristic		ting List Regis 023 to 06/30/20		All Waiting List Registrations on 06/30/2024 (%)			
medical Characteristic	This Center (N=125)	OPTN Region (N=294)	U.S. (N=3,482)	This Center (N=30)	OPTN Region (N=89)	U.S. (N=919)	
All (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Blood Type (%)							
0	45.6	50.7	48.0	66.7	68.5	61.7	
A	33.6	28.6	37.1	20.0	18.0	26.8	
В	17.6	17.3	11.6	10.0	12.4	10.1	
AB	3.2	3.4	3.3	3.3	1.1	1.4	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Previous Transplant (%)							
Yes	2.4	4.8	4.3	0.0	3.4	5.3	
No	97.6	95.2	95.7	100.0	96.6	94.7	
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	
Primary Disease (%)							
Idiopathic Pulmonary Arterial Hypertension	7.2	6.1	5.6	16.7	13.5	8.4	
Cystic Fibrosis	3.2	1.7	1.4	3.3	1.1	1.3	
Idiopathic Pulmonary Fibrosis	68.8	68.4	65.9	53.3	57.3	54.6	
Emphysema/COPD	16.8	15.6	19.4	23.3	23.6	25.7	
Other	4.0	8.2	7.7	3.3	4.5	10.0	
Missing	0.0	0.0	0.0	0.0	0.0	0.0	



Center Code: NYCP

Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

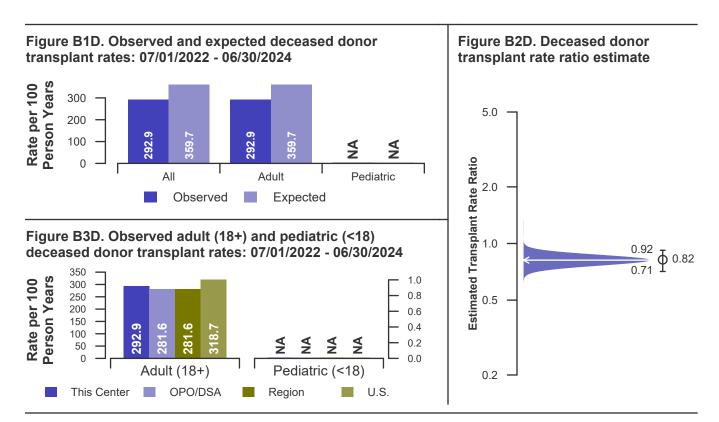
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Table B4D. Deceased donor transplant rates: 07/01/2022 - 06/30/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	51	90	90	1,047
Person Years**	77.2	173.6	173.6	1,965.0
Removals for Transplant	226	489	489	6,173
Adult (18+) Candidates				
Count on waiting list at start*	51	90	90	1,025
Person Years**	77.2	173.6	173.6	1,918.2
Removals for transpant	226	489	489	6,114
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Removals for transplant				

^{*} 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.





Center Code: NYCP

Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

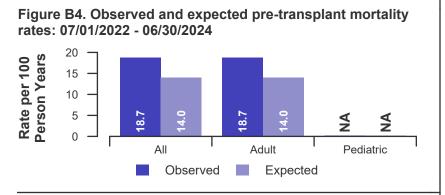
B. Waiting List Information

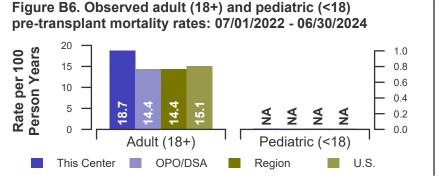
Table B5. Pre-transplant mortality rates: 07/01/2022 - 06/30/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	51	90	90	1,047
Person Years**	80.2	188.1	188.1	2,212.3
Number of deaths	15	27	27	334
Adult (18+) Candidates				
Count on waiting list at start*	51	90	90	1,025
Person Years**	80.2	188.1	188.1	2,157.2
Number of deaths	15	27	27	325
Pediatric (<18) Candidates				
Count on waiting list at start*				
Person Years**				
Number of deaths				

^{*} 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.





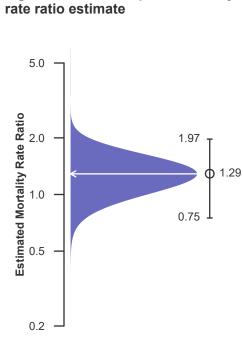


Figure B5. Pre-transplant mortality



Center Code: NYCP

Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

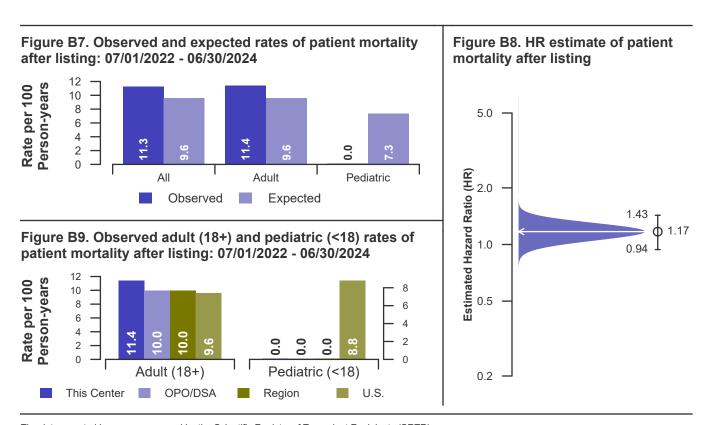
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Table B6. Rates of patient mortality after listing: 07/01/2022 - 06/30/2024

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Patients				
Count at risk during the evaluation period	611	1,255	1,255	17,755
Person-years*	753.6	1,595.8	1,595.8	22,836.6
Number of Deaths	85	158	158	2,189
Adult (18+) Patients				
Count at risk during the evaluation period	607	1,249	1,249	17,501
Person-years*	747.6	1,585.8	1,585.8	22,505.9
Number of Deaths	85	158	158	2,160
Pediatric (<18) Patients				
Count at risk during the evaluation period	4	6	6	254
Person-years*	6.1	10.1	10.1	330.7
Number of Deaths	0	0	0	29

^{*} 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 5 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.





Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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

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)		Center (Nans Since L	•	U.S. (N=3,132) Months Since Listing			
	6	12	18	6	12	18	
Alive on waiting list (%)	24.1	9.3	3.7	17.3	7.4	3.8	
Died on the waiting list without transplant (%)	2.8	3.7	3.7	3.2	3.6	3.7	
Removed without transplant (%):							
Condition worsened (status unknown)	0.9	0.9	0.9	2.9	3.3	3.5	
Condition improved (status unknown)	0.9	0.9	0.9	0.4	0.5	0.6	
Refused transplant (status unknown)	0.0	0.0	0.9	0.2	0.3	0.4	
Other	2.8	3.7	3.7	2.1	2.8	3.1	
Transplant (living or deceased donor) (%):							
Functioning (alive)	62.0	67.6	43.5	68.4	70.5	43.9	
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.2	0.3	0.3	
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.1	
Died	3.7	9.3	12.0	4.6	8.0	10.9	
Status Yet Unknown*	2.8	4.6	30.6	0.6	2.9	29.3	
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.2	0.3	0.4	
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Total % known died on waiting list or after transplant	6.5	13.0	15.7	7.8	11.7	14.6	
Total % known died or removed as unstable	7.4	13.9	16.7	10.7	14.9	18.1	
Total % removed for transplant	68.5	81.5	86.1	73.7	81.8	84.5	
Total % with known functioning transplant (alive)	62.0	67.6	43.5	68.4	70.5	43.9	

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



Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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B. Waiting List Information

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

	Percent transplanted at time periods since listing									
Characteristic		Th	nis Cent	er			Un	ited Sta	ates	
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	317	17.0	57.7	67.8	72.2	9,104	37.6	77.6	81.7	82.7
Ethnicity/Race*										
White	185	14.6	58.4	67.6	71.9	6,688	38.8	79.6	83.3	84.2
African-American	56	12.5	46.4	58.9	67.9	948	30.9	71.6	77.4	79.2
Hispanic/Latino	61	27.9	62.3	75.4	77.0	1,097	37.3	72.6	77.9	79.0
Asian	14	21.4	71.4	71.4	71.4	297	34.7	69.0	72.4	73.1
Other	1	0.0	100.0	100.0	100.0	74	32.4	81.1	85.1	87.8
Unknown	0					0				
Age										
<2 years	0					32	15.6	59.4	62.5	62.5
2-11 years	0					36	16.7	44.4	47.2	50.0
12-17 years	3	66.7	66.7	100.0	100.0	95	40.0	69.5	70.5	70.5
18-34 years	23	13.0	43.5	43.5	56.5	646	32.4	71.1	74.8	76.0
35-49 years	33	15.2	66.7	69.7	72.7	1,034	38.1	75.0	78.5	79.8
50-64 years	149	17.4	55.0	67.1	71.8	4,095	36.4	76.9	81.8	83.1
65-69 years	64	18.8	56.2	71.9	75.0	2,099	38.4	80.2	84.5	85.1
70+ years	45	13.3	68.9	73.3	75.6	1,067	44.5	83.5	86.0	86.4
Gender										
Male	173	22.0	65.3	72.8	76.9	5,304	44.6	83.2	86.1	86.6
Female	144	11.1	48.6	61.8	66.7	3,800	27.8	69.7	75.6	77.3

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



Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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B. Waiting List Information

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

Characteristic	Percent transplanted at time periods since listing This Center United States									
	N				3 years	N				3 years
All	317	17.0	57.7	67.8	72.2	9,104	37.6	77.6	81.7	82.7
Blood Type										
Ο	163	16.0	52.8	65.6	70.6	4,339	35.4	74.4	79.4	80.6
A	103	19.4	68.0	73.8	79.6	3,369	41.1	81.6	85.1	85.9
В	42	11.9	52.4	61.9	61.9	1,030	34.0	76.1	79.7	80.5
AB	9	33.3	55.6	66.7	66.7	366	41.0	81.4	84.7	84.7
Previous Transplant										
Yes	13	7.7	61.5	69.2	76.9	371	36.4	74.9	78.2	78.7
No	304	17.4	57.6	67.8	72.0	8,733	37.6	77.7	81.9	82.9
Primary Disease										
Congenital Disease	0					0				
Retransplant/Graft Failure	0					0				
Idiopathic Pulmonary Arterial Hypertension	46	10.9	34.8	52.2	58.7	622	28.8	61.1	64.5	66.7
Cystic Fibrosis	14	28.6	57.1	57.1	64.3	498	34.5	75.7	78.5	79.3
Idiopathic Pulmonary Fibrosis	226	17.3	64.2	72.6	75.7	5,759	41.7	80.8	84.1	84.7
Alpha-1-Antitrypsin Deficiency	0					0				
Emphysema/COPD	19	10.5	36.8	52.6	68.4	1,826	26.3	73.7	81.4	83.3
Other	12	33.3	58.3	75.0	75.0	399	47.1	76.9	80.2	80.5
Missing	0					0				



Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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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	0.2	0.1	0.1	0.1					
10th	0.3	0.2	0.2	0.2					
25th	1.1	0.7	0.7	0.5					
50th (median time to transplant)	4.7	3.2	3.2	1.6					
75th	18.9	17.9	17.9	7.1					

^{*} 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.



Center Code: NYCP Transplant Program (Organ): Lung

Release Date: January 7, 2025 Based on Data Available: October 31, 2024 SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

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	3,822	6,788	6,788	75,206
Number of Acceptances	114	240	240	3,105
Expected Acceptances	106.4	243.8	243.8	3,104.9
Offer Acceptance Ratio*	1.07	0.98	0.98	1.00
95% Credible Interval**	[0.88, 1.27]			
PHS increased infectious risk				
Number of Offers	589	1,165	1,165	14,401
Number of Acceptances	10	35	35	549
Expected Acceptances	15.3	41.4	41.4	549.3
Offer Acceptance Ratio*	0.69	0.85	0.85	1.00
95% Credible Interval**	[0.36, 1.14]			
Donor was current smoker				
Number of Offers	396	643	643	7,423
Number of Acceptances	1	7	7	237
Expected Acceptances	8.4	16.2	16.2	238.7
Offer Acceptance Ratio*	0.29	0.50	0.50	0.99
95% Credible Interval**	[0.06, 0.69]			
Donor age >= 55				
Number of Offers	798	1,183	1,183	11,468
Number of Acceptances	34	46	46	431
Expected Acceptances	19.7	36.8	36.8	426.5
Offer Acceptance Ratio*	1.66	1.24	1.24	1.01
95% Credible Interval**	[1.16, 2.24]			
Hard-to-Place Lungs (Over 50 Offers)				
Number of Offers	1,189	2,234	2,234	23,595
Number of Acceptances	11	39	39	453
Expected Acceptances	9.9	33.3	33.3	438.4
Offer Acceptance Ratio*	1.10	1.16	1.16	1.03
95% Credible Interval**	[0.58, 1.77]			
Donor more than 500 miles away				
Number of Offers	2,375	4,099	4,099	45,260
Number of Acceptances	65	137	137	1,506
Expected Acceptances	56.2	123.2	123.2	1,544.5
Offer Acceptance Ratio*	1.15	1.11	1.11	0.98
95% Credible Interval**	[0.89, 1.44]			

^{*} The offer acceptance ratio estimates the relative offer acceptance practice of NY Presbyterian Hospital/Columbia Univ. 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, [0.88, 1.27], indicates the location of NYCP's true offer acceptance ratio with 95% probability. The best estimate is 7% more likely to accept an offer compared to national acceptance behavior, but NYCP's performance could plausibly range from 12% reduced acceptance up to 27% higher acceptance.



Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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Figure B10. Offer acceptance: Overall

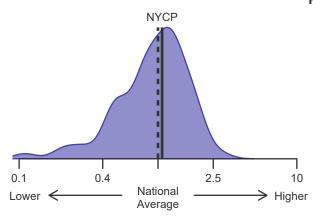


Figure B11. Offer acceptance: PHS increased infectious risk

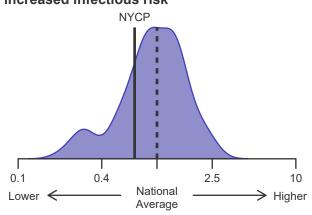


Figure B12. Offer acceptance: Donor was current smoker

NYCP

0.1

0.4

National
Average

National

Figure B13. Offer acceptance: Donor age >= 55

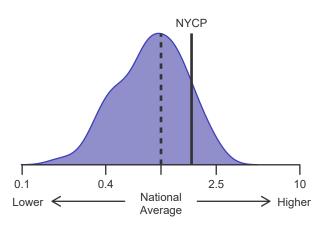
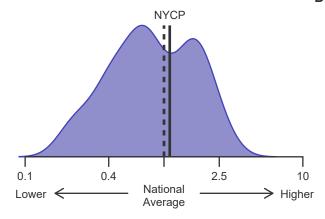
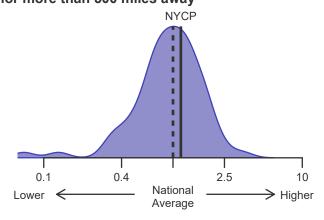


Figure B14. Offer acceptance: Offer number > 50 Figure B15. Offer acceptance:

Donor more than 500 miles away







Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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C. Transplant Information

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

	Percei	ntage in each c	ategory
Characteristic	Center (N=117)	Region (N=251)	U.S. (N=3,169)
Ethnicity/Race (%)*			
White	56.4	59.0	68.2
African-American	14.5	14.7	10.4
Hispanic/Latino	21.4	18.3	15.1
Asian	7.7	7.2	3.1
Other	0.0	0.0	1.1
Unknown	0.0	0.8	2.0
Age (%)			
<2 years	0.0	0.0	0.0
2-11 years	0.0	0.0	0.3
12-17	0.0	0.0	0.5
18-34	6.8	6.0	3.8
35-49 years	12.0	10.4	11.4
50-64 years	38.5	40.2	44.0
65-69 years	23.9	25.9	25.7
70+ years	18.8	17.5	14.2
Gender (%)			
Male	51.3	54.2	57.6
Female	48.7	45.8	42.4

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



Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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C. Transplant Information

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

	Percer	ntage in each c	ategory
Characteristic	Center	Region	U.S.
	(N=117)	(N=251)	(N=3,169)
Blood Type (%)			
0	47.0	48.2	47.6
A	32.5	30.3	37.7
В	18.8	17.5	11.2
AB	1.7	4.0	3.4
Previous Transplant (%)			
Yes	4.3	4.4	3.7
No	95.7	95.6	96.3
Body Mass Index (%)			
0-20	17.9	17.5	14.3
21-25	36.8	35.1	32.6
26-30	29.9	31.9	37.8
31-35	15.4	15.1	13.6
36-40	0.0	0.4	0.7
41+	0.0	0.0	0.1
Unknown	0.0	0.0	0.9
Primary Disease (%)			
Idiopathic Pulmonary Arterial Hypertension	6.0	5.6	5.1
Cystic Fibrosis	4.3	3.6	2.4
Idiopathic Pulmonary Fibrosis	67.5	64.5	65.4
Emphysema/COPD	17.9	16.3	20.2
Other	4.3	10.0	6.9
Missing	0.0	0.0	0.0
Recipient Medical Condition at Transplant (%)			
Not Hospitalized	57.3	60.6	64.3
Hospitalized	35.0	21.9	17.0
ICU	7.7	17.5	18.1
Unknown	0.0	0.0	0.6



Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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C. Transplant Information

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

	Percentage in each of		
Donor Characteristic	Center (N=117)	Region (N=251)	U.S. (N=3,169)
Cause of Death (%)			
Deceased: Stroke	42.7	31.1	25.9
Deceased: MVA	17.9	13.5	12.2
Deceased: Other	39.3	55.4	61.8
Ethnicity/Race (%)*			
White	56.4	59.0	59.5
African-American	17.9	18.7	17.2
Hispanic/Latino	22.2	19.9	18.6
Asian	2.6	2.0	3.0
Other	0.0	0.0	1.1
Not Reported	0.9	0.4	0.5
Age (%)			
<2 years	0.0	0.0	0.1
2-11 years	0.9	1.2	0.5
12-17	8.5	10.8	5.5
18-34	24.8	29.9	38.2
35-49 years	27.4	32.7	33.8
50-64 years	29.9	20.7	19.8
65-69 years	8.5	4.8	1.5
70+ years	0.0	0.0	0.6
Gender (%)			
Male	55.6	55.8	60.6
Female	44.4	44.2	39.4
Blood Type (%)			
0	57.3	57.0	56.0
A	29.1	27.5	33.4
В	13.7	14.3	9.6
AB	0.0	1.2	1.1
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%.



Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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C. Transplant Information

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

	Percer	ntage in each ca	ategory
Transplant Characteristic	Center (N=117)	Region (N=251)	U.S. (N=3,169)
Total Ischemic Time (Minutes): Local (%)			
Deceased: 0-90 min	0.0	0.0	0.5
Deceased: 91-180 min	6.2	11.6	6.8
Deceased: 181-270 min	6.2	27.9	24.2
Deceased: 271-360 min	0.0	25.6	27.8
Deceased: 361+ min	87.5	34.9	39.8
Not Reported	0.0	0.0	0.9
Total Ischemic Time (Minutes): Shared (%)			
Deceased: 0-90 min	0.0	0.5	1.7
Deceased: 91-180 min	0.0	0.5	1.0
Deceased: 181-270 min	0.0	3.8	3.9
Deceased: 271-360 min	10.9	26.0	20.3
Deceased: 361+ min	89.1	69.2	72.5
Not Reported	0.0	0.0	0.6
Procedure Type (%)			
Single organ	97.4	96.8	98.5
Multi organ	2.6	3.2	1.5
Donor Location (%)			
Local Donation Service Area (DSA)	13.7	17.1	18.0
Another Donation Service Area (DSA)	86.3	82.9	82.0
Median Time in Hospital After Transplant	21.0 Days	18.0 Days	20.0 Days



Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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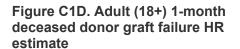
C. Transplant Information

Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft Single organ transplants performed between 07/01/2021 and 12/31/2023 Deaths and retransplants are considered graft failures

	NYCP	U.S.
Number of transplants evaluated	250	6,755
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	97.20% [95.18%-99.27%]	97.34% [96.95%-97.72%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.03%	
Number of observed graft failures (including deaths) during the first month after transplant	7	180
Number of expected graft failures (including deaths) during the first month after transplant	7.50	
Estimated hazard ratio*	0.95	
95% credible interval for the hazard ratio**	[0.43, 1.66]	

^{*} The hazard ratio provides an estimate of how NY Presbyterian Hospital/Columbia Univ. 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 NYCP's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.43, 1.66], indicates the location of NYCP's true hazard ratio with 95% probability. The best estimate is 5% lower risk of graft failure compared to an average program, but NYCP's performance could plausibly range from 57% reduced risk up to 66% increased risk.



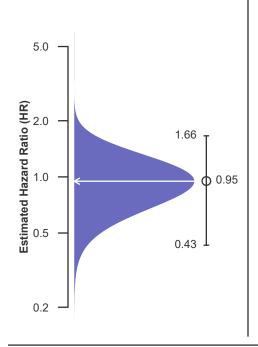
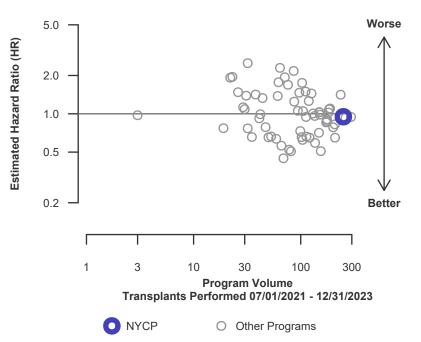


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison





Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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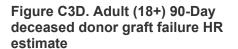
C. Transplant Information

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

	NYCP	U.S.
Number of transplants evaluated	250	6,755
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	93.59% [90.60%-96.68%]	95.17% [94.66%-95.69%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	94.60%	
Number of observed graft failures (including deaths) during the first 90 days after transplant	16	326
Number of expected graft failures (including deaths) during the first 90 days after transplant	13.41	
Estimated hazard ratio*	1.17	
95% credible interval for the hazard ratio**	[0.69, 1.77]	

^{*} The hazard ratio provides an estimate of how NY Presbyterian Hospital/Columbia Univ. 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 NYCP's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.69, 1.77], indicates the location of NYCP's true hazard ratio with 95% probability. The best estimate is 17% higher risk of graft failure compared to an average program, but NYCP's performance could plausibly range from 31% reduced risk up to 77% increased risk.



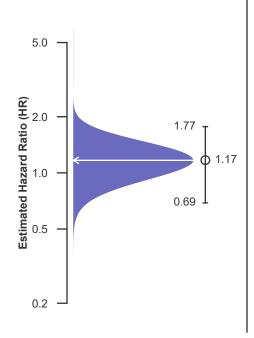
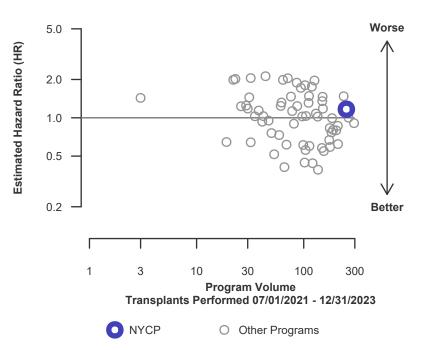


Figure C4D. Adult (18+) 90-Day deceased donor graft failure HR program comparison





Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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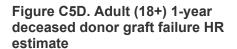
C. Transplant Information

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

	NYCP	U.S.
Number of transplants evaluated	250	6,755
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	86.20% [81.83%-90.80%]	88.97% [88.18%-89.76%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	87.65%	
Number of observed graft failures (including deaths) during the first year after transplant	32	688
Number of expected graft failures (including deaths) during the first year after transplant	28.00	
Estimated hazard ratio*	1.13	
95% credible interval for the hazard ratio**	[0.78, 1.54]	

^{*} The hazard ratio provides an estimate of how NY Presbyterian Hospital/Columbia Univ. 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 NYCP's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.78, 1.54], indicates the location of NYCP's true hazard ratio with 95% probability. The best estimate is 13% higher risk of graft failure compared to an average program, but NYCP's performance could plausibly range from 22% reduced risk up to 54% increased risk.



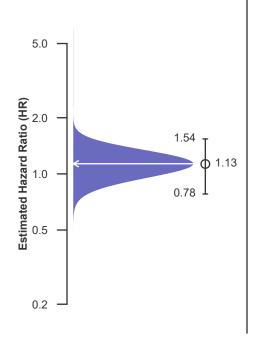
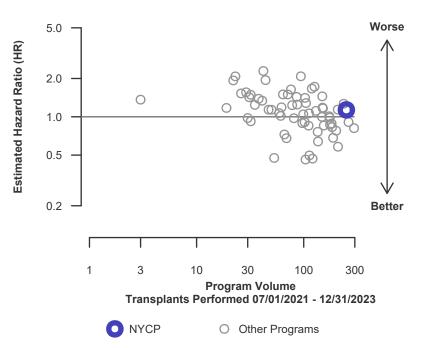


Figure C6D. Adult (18+) 1-year deceased donor graft failure HR program comparison





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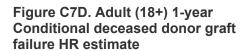
C. Transplant Information

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

	NYCP	U.S.
Number of transplants evaluated	233	6,427
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]	92.10% 90.32%-93.92%]	93.48% [93.15%-93.80%]
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)	92.66%	
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	16	362
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	14.59	
Estimated hazard ratio*	1.09	
95% credible interval for the hazard ratio**	[0.64, 1.64]	

^{*} The hazard ratio provides an estimate of how NY Presbyterian Hospital/Columbia Univ. 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 NYCP's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.64, 1.64], indicates the location of NYCP's true hazard ratio with 95% probability. The best estimate is 9% higher risk of graft failure compared to an average program, but NYCP's performance could plausibly range from 36% reduced risk up to 64% increased risk.



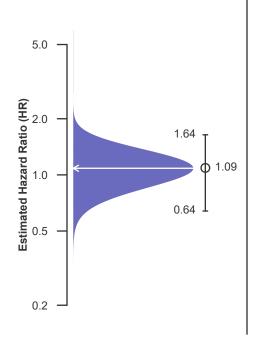
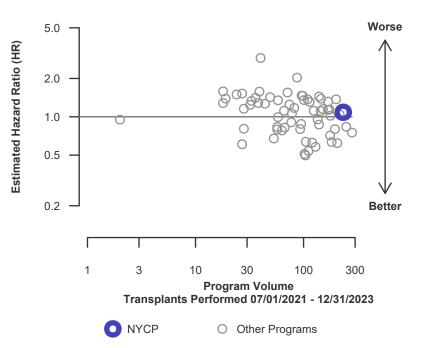


Figure C8D. Adult (18+) 1-year Conditional deceased donor graft failure HR program comparison





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C. Transplant Information

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

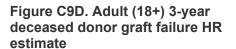
Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Deaths and retransplants are considered graft failures

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

	NYCP	U.S.
Number of transplants evaluated	186	5,894
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	66.17% [57.55%-76.08%]	71.75% [70.17%-73.36%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	66.54%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	39	995
Number of expected graft failures (including deaths) during the first 3 years after transplant	37.28	
Estimated hazard ratio*	1.04	
95% credible interval for the hazard ratio**	[0.75, 1.39]	

^{*} The hazard ratio provides an estimate of how NY Presbyterian Hospital/Columbia Univ. 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 NYCP's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.75, 1.39], indicates the location of NYCP's true hazard ratio with 95% probability. The best estimate is 4% higher risk of graft failure compared to an average program, but NYCP's performance could plausibly range from 25% reduced risk up to 39% increased risk.



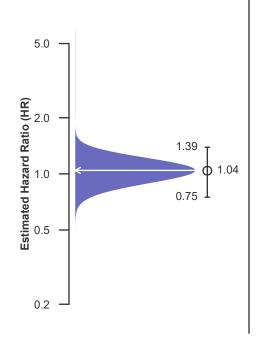
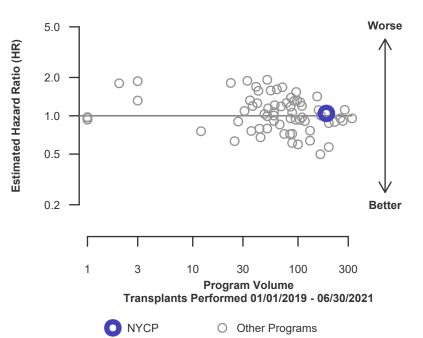


Figure C10D. Adult (18+) 3-year deceased donor graft failure HR program comparison





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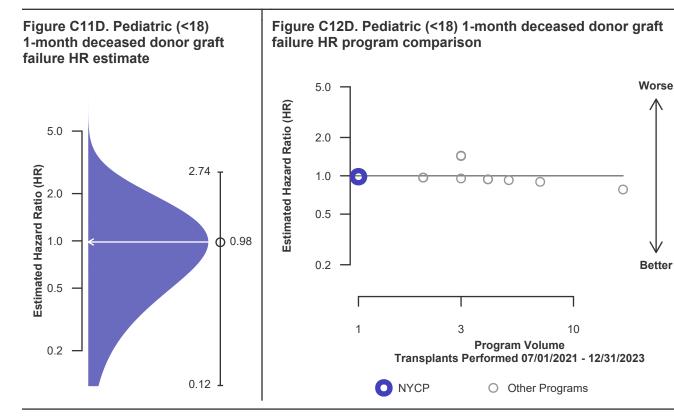
C. Transplant Information

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

	NYCP	U.S.
Number of transplants evaluated	1	61
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%]	96.72% [92.35%-100.00%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	96.75%	
Number of observed graft failures (including deaths) during the first month after transplant	0	2
Number of expected graft failures (including deaths) during the first month after transplant	0.03	
Estimated hazard ratio*	0.98	
95% credible interval for the hazard ratio**	[0.12, 2.74]	

^{*} The hazard ratio provides an estimate of how NY Presbyterian Hospital/Columbia Univ. 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 NYCP'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 NYCP's true hazard ratio with 95% probability. The best estimate is 2% lower risk of graft failure compared to an average program, but NYCP's performance could plausibly range from 88% reduced risk up to 174% increased risk.





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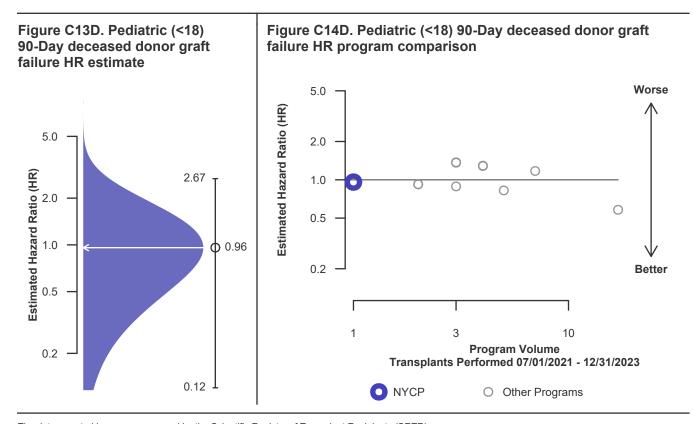
C. Transplant Information

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

	NYCP	U.S.
Number of transplants evaluated	1	61
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%]	91.80% [85.17%-98.95%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	91.87%	
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	5
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.08	
Estimated hazard ratio*	0.96	
95% credible interval for the hazard ratio**	[0.12, 2.67]	

^{*} The hazard ratio provides an estimate of how NY Presbyterian Hospital/Columbia Univ. 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 NYCP's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.12, 2.67], indicates the location of NYCP's true hazard ratio with 95% probability. The best estimate is 4% lower risk of graft failure compared to an average program, but NYCP's performance could plausibly range from 88% reduced risk up to 167% increased risk.





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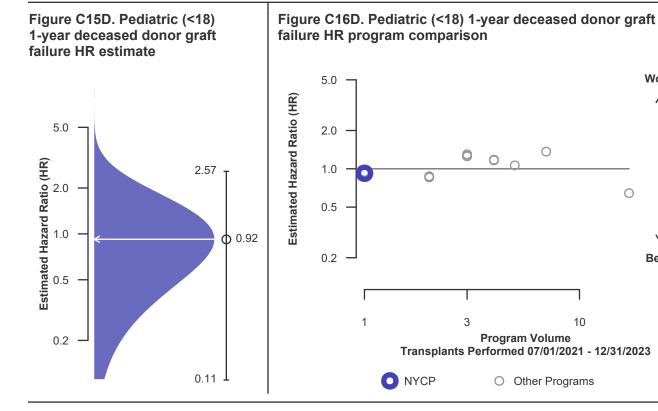
C. Transplant Information

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

	NYCP	U.S.
Number of transplants evaluated	1	61
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%]	84.32% [75.34%-94.37%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	84.46%	
Number of observed graft failures (including deaths) during the first year after transplant	0	9
Number of expected graft failures (including deaths) during the first year after transplant	0.17	
Estimated hazard ratio*	0.92	
95% credible interval for the hazard ratio**	[0.11, 2.57]	

^{*} The hazard ratio provides an estimate of how NY Presbyterian Hospital/Columbia Univ. 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 NYCP's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

^{**} The 95% credible interval, [0.11, 2.57], indicates the location of NYCP's true hazard ratio with 95% probability. The best estimate is 8% lower risk of graft failure compared to an average program, but NYCP's performance could plausibly range from 89% reduced risk up to 157% increased risk.



Worse

Better

0

10



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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

	NYCP	U.S.
Number of transplants evaluated	1	56
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] [10 (unadjusted for patient and donor characteristics)	100.00% 00.00%-100.00%]	91.85% [88.46%-95.36%]
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)	91.93%	
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	4
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.08	
Estimated hazard ratio*	0.96	
95% credible interval for the hazard ratio**	[0.12, 2.67]	

^{*} The hazard ratio provides an estimate of how NY Presbyterian Hospital/Columbia Univ. 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 NYCP's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

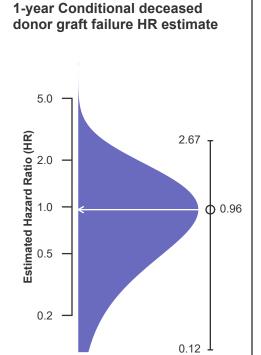
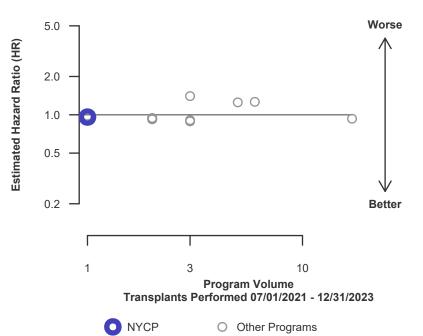


Figure C17D. Pediatric (<18)





^{**} The 95% credible interval, [0.12, 2.67], indicates the location of NYCP's true hazard ratio with 95% probability. The best estimate is 4% lower risk of graft failure compared to an average program, but NYCP's performance could plausibly range from 88% reduced risk up to 167% increased risk.



Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

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C. Transplant Information

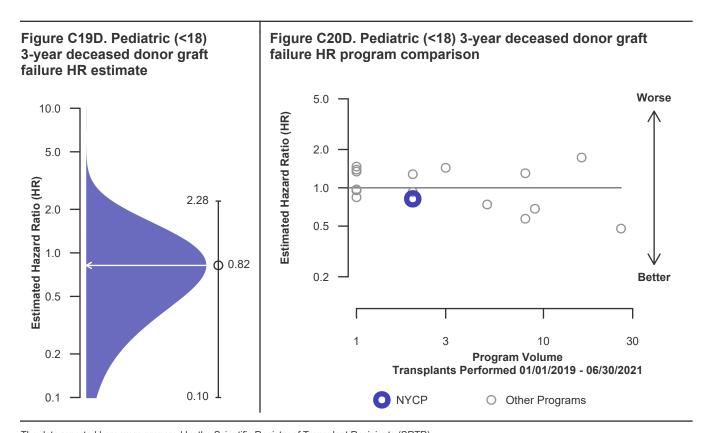
Table C14D. Pediatric (<18) 3-year survival with a functioning deceased donor graft Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Deaths and retransplants are considered graft failures

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

	NYCP	U.S.
Number of transplants evaluated	2	93
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%]	68.30% [54.33%-85.88%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	68.77%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	14
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.44	
Estimated hazard ratio*	0.82	
95% credible interval for the hazard ratio**	[0.10, 2.28]	

^{*} The hazard ratio provides an estimate of how NY Presbyterian Hospital/Columbia Univ. 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 NYCP's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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





Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

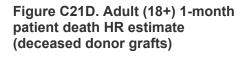
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C. Transplant Information

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

	NYCP	U.S.
Number of transplants evaluated	241	6,558
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	97.93% [96.14%-99.74%]	97.80% [97.45%-98.16%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	97.49%	
Number of observed deaths during the first month after transplant	5	144
Number of expected deaths during the first month after transplant	6.09	
Estimated hazard ratio*	0.86	
95% credible interval for the hazard ratio**	[0.35, 1.61]	

^{*} The hazard ratio provides an estimate of how NY Presbyterian Hospital/Columbia Univ. 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 NYCP's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.



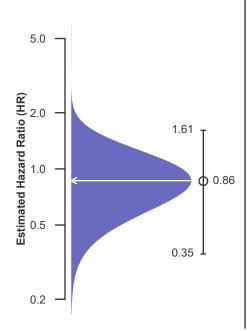
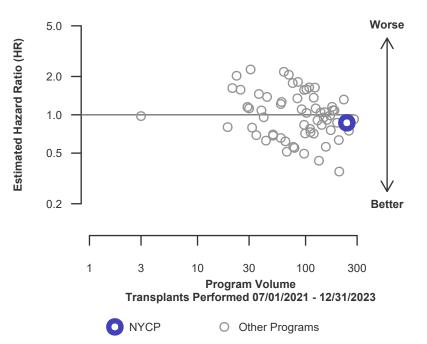


Figure C22D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)



^{**} The 95% credible interval, [0.35, 1.61], indicates the location of NYCP's true hazard ratio with 95% probability. The best estimate is 14% lower risk of patient death compared to an average program, but NYCP's performance could plausibly range from 65% reduced risk up to 61% increased risk.



Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

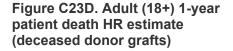
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C. Transplant Information

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

	NYCP	U.S.
Number of transplants evaluated	241	6,558
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	87.00% [82.66%-91.57%]	89.71% [88.95%-90.49%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	88.26%	
Number of observed deaths during the first year after transplant	29	625
Number of expected deaths during the first year after transplant	26.10	
Estimated hazard ratio*	1.10	
95% credible interval for the hazard ratio**	[0.75, 1.52]	

^{*} The hazard ratio provides an estimate of how NY Presbyterian Hospital/Columbia Univ. 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 NYCP's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.



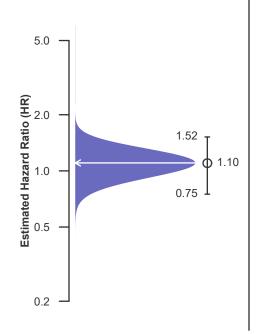
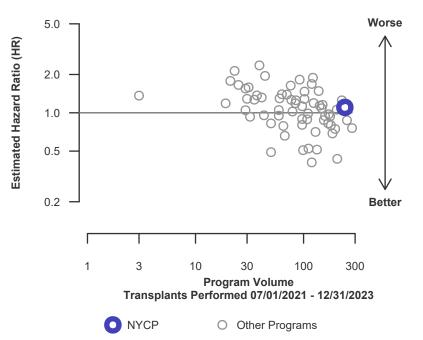


Figure C24D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)



^{**} The 95% credible interval, [0.75, 1.52], indicates the location of NYCP's true hazard ratio with 95% probability. The best estimate is 10% higher risk of patient death compared to an average program, but NYCP's performance could plausibly range from 25% reduced risk up to 52% increased risk.



Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

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C. Transplant Information

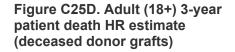
Table C17D. Adult (18+) 3-year patient survival (deceased donor graft recipients)

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

	NYCP	U.S.
Number of transplants evaluated	178	5,699
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	67.55% [58.83%-77.55%]	73.49% [71.93%-75.07%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	69.41%	
Number of observed deaths during the first 3 years after transplant	36	913
Number of expected deaths during the first 3 years after transplant	32.32	
Estimated hazard ratio*	1.11	
95% credible interval for the hazard ratio**	[0.78, 1.49]	

^{*} The hazard ratio provides an estimate of how NY Presbyterian Hospital/Columbia Univ. 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 NYCP's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.



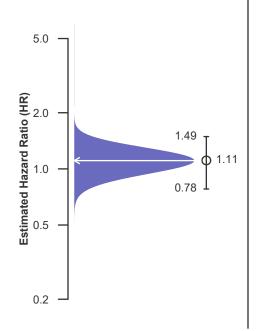
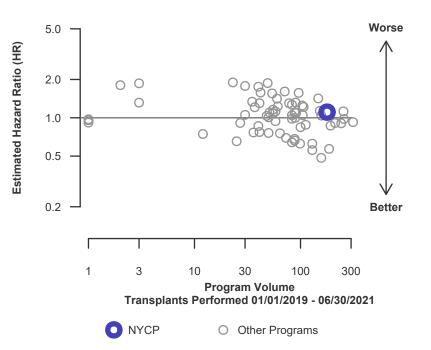


Figure C26D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)



^{**} The 95% credible interval, [0.78, 1.49], indicates the location of NYCP's true hazard ratio with 95% probability. The best estimate is 11% higher risk of patient death compared to an average program, but NYCP's performance could plausibly range from 22% reduced risk up to 49% increased risk.



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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

	NYCP	U.S.
Number of transplants evaluated	1	59
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	96.61% [92.10%-100.00%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	96.64%	
Number of observed deaths during the first month after transplant	0	2
Number of expected deaths during the first month after transplant	0.03	
Estimated hazard ratio*	0.98	
95% credible interval for the hazard ratio**	[0.12, 2.74]	

^{*} The hazard ratio provides an estimate of how NY Presbyterian Hospital/Columbia Univ. 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 NYCP's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

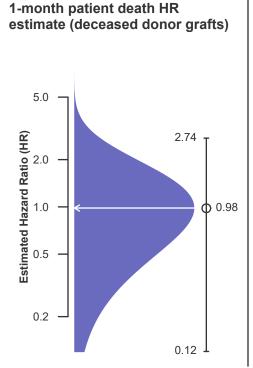
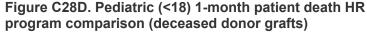
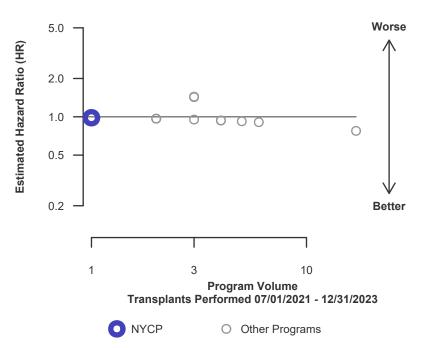


Figure C27D. Pediatric (<18)





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



Center Code: NYCP Transplant Program (Organ): Lung Release Date: January 7, 2025

Based on Data Available: October 31, 2024

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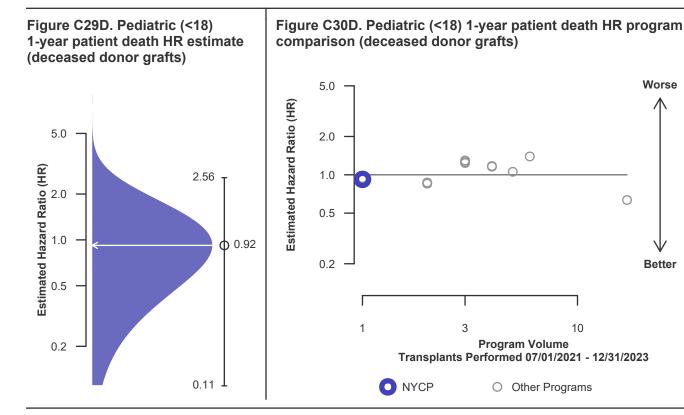
C. Transplant Information

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

	NYCP	U.S.
Number of transplants evaluated	1	59
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	83.94% [74.78%-94.21%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	84.08%	
Number of observed deaths during the first year after transplant	0	9
Number of expected deaths during the first year after transplant	0.17	
Estimated hazard ratio*	0.92	
95% credible interval for the hazard ratio**	[0.11, 2.56]	

^{*} The hazard ratio provides an estimate of how NY Presbyterian Hospital/Columbia Univ. 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 NYCP's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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





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C. Transplant Information

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

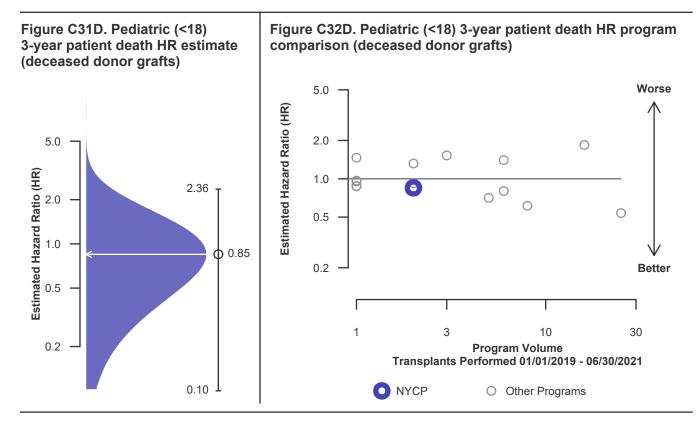
Single organ transplants performed between 01/01/2019 and 03/12/2020, and 06/13/2020 and 06/30/2021 Retransplants excluded

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

	NYCP	U.S.
Number of transplants evaluated	2	87
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	74.89% [62.18%-90.19%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	75.22%	
Number of observed deaths during the first 3 years after transplant	0	12
Number of expected deaths during the first 3 years after transplant	0.36	
Estimated hazard ratio*	0.85	
95% credible interval for the hazard ratio**	[0.10, 2.36]	

^{*} The hazard ratio provides an estimate of how NY Presbyterian Hospital/Columbia Univ. 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 NYCP's patient death 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 NYCP's true hazard ratio with 95% probability. The best estimate is 15% lower risk of patient death compared to an average program, but NYCP's performance could plausibly range from 90% reduced risk up to 136% increased risk.





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C. Transplant Information

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

Adult (18+) Transplants

First-Year Outcomes

Transplant Type	Transplants Performed		Lung Graft Failures		Estimated Lung Graft Survival	
	NYCP-TX1	USA	NYCP-TX1	USA	NYCP-TX1	USA
Heart-Lung Liver-Lung	5 1	124 39	1 0	20 7	80.0% 100.0%	83.9% 81.2%

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 First-Year Outcomes

Transplant Type	Transp Perfor NYCP-TX1	med	Patient E NYCP-TX1		Estima Patient S NYCP-TX1	Survival
Heart-Lung	5	124	1	20	80.0%	83.9%
Liver-Lung	1	39	0	7	100.0%	82.1%

Pediatric (<18) Transplants

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