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## COVID-19 Guide

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### Adjustments to Transplant Program and OPO Evaluation Metrics

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

In response to the current global pandemic, SRTR modified the evaluation metrics for transplant programs and OPOs for the reports released in January 2021, July 2021, January 2022, July 2022, January 2023, July 2023, January 2024, July 2024, January 2025 and July 2025. These reports made adjustments to transplant program and OPO performance metrics so that data during the time around the declaration of a national public health emergency on March 13, 2020, were not included in the metrics.

Modifications for the January 2026 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 2026 reporting cycle:

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 7/1/2022-12/31/2024, follow-up through 6/30/2025.

3-year Patient and Graft Survival Evaluations: Transplants 1/1/2020-3/12/2020, follow-up through 3/12/2020. Transplants 6/13/2020-6/30/2022; follow-up through 6/30/2025.

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

Days after listing (and before transplant) between 7/1/2023 and 6/30/2025.



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

Candidates on the waitlist 7/1/2023-6/30/2025.

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

Evaluation period: 7/1/2023-6/30/2025.

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

Offers received 7/1/2024-6/30/2025.

These decisions will apply to the evaluations released in the SRTR's semi-annual program-specific reports scheduled for release on January 6, 2026. These changes have been communicated to the leadership of the Organ Procurement and Transplantation Network's (OPTN) Membership and Professional Standards Committee (MSPC).

As with the July 2025 reports, SRTR will continue to report descriptive data beyond March 12, 2020, e.g., waitlist counts, transplant counts, recipient characteristics, donor counts, donor characteristics, etc., but will alter data for performance evaluation metrics as described above.



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## User Guide

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This report contains a wide range of useful information about the liver transplant program at Duke University Hospital. 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 448.4 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 07/01/2019 and 12/31/2024. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this program was 0.1 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 06/30/2025 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



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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](mailto:srtr@srtr.org).



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## A. Program Summary

Figure A1. Waiting list and transplant activity

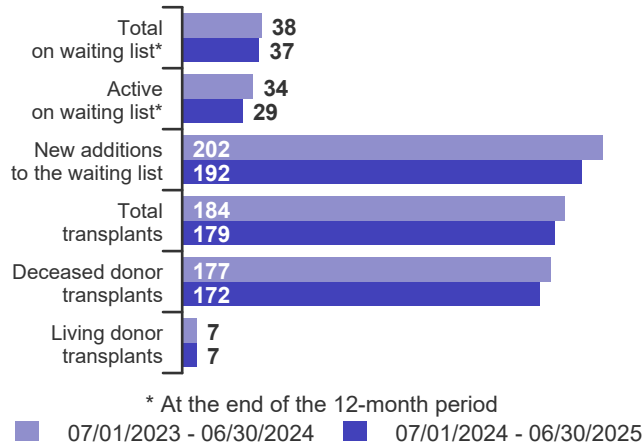


Table A1. Census of transplant recipients

Recipients	07/01/2023-06/30/2024	07/01/2024-06/30/2025
Transplanted at this center	184	179
Followed by this center*	1,122	1,120
...transplanted at this program	1,038	1,035
...transplanted elsewhere	84	85

\* 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  
07/01/2023 - 06/30/2025

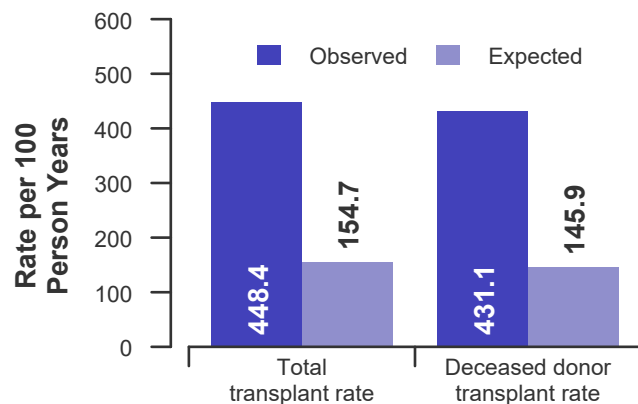


Figure A3. Pre-transplant mortality rates  
07/01/2023 - 06/30/2025

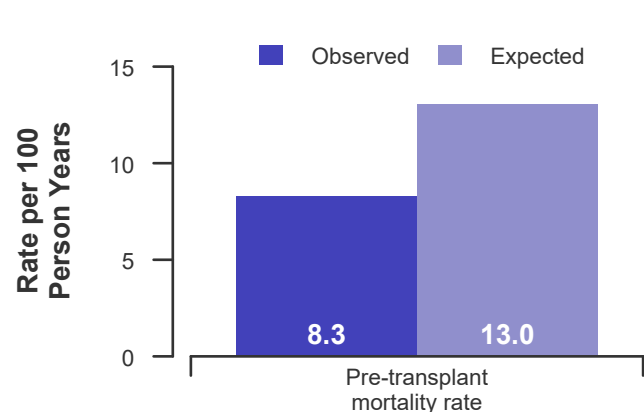


Figure A4. First-year adult graft and patient survival: 07/01/2022 - 12/31/2024

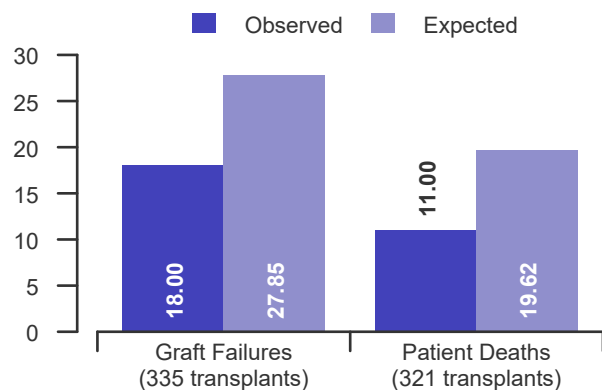
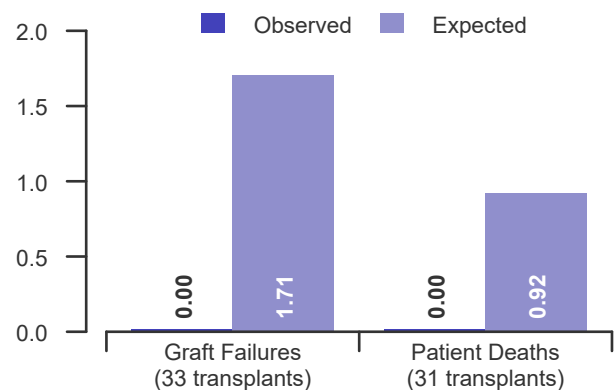


Figure A5. First-year pediatric graft and patient survival: 07/01/2022 - 12/31/2024







## B. Waiting List Information

**Table B1. Waiting list activity summary: 07/01/2023 - 06/30/2025**

Waiting List Registrations	Counts for this center		Activity for 07/01/2024 to 06/30/2025 as percent of registrants on waiting list on 07/01/2024		
	07/01/2023- 06/30/2024	07/01/2024- 06/30/2025	This Center (%)	OPTN Region (%)	U.S. (%)
<b>On waiting list at start</b>	40	38	100.0	100.0	100.0
<b>Additions</b>					
New listings at this center	202	192	505.3	209.9	163.0
<b>Removals</b>					
Transferred to another center	0	0	0.0	1.0	1.4
Received living donor transplant*	7	7	18.4	6.7	6.4
Received deceased donor transplant*	177	172	452.6	161.9	117.2
Died	5	3	7.9	14.4	9.6
Transplanted at another center	1	0	0.0	3.6	2.4
Deteriorated	4	2	5.3	8.5	9.5
Recovered	6	6	15.8	7.8	11.7
Other reasons	4	3	7.9	8.9	10.7
<b>On waiting list at end of period</b>	38	37	97.4	97.0	94.3

\* 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.





## B. Waiting List Information

**Table B2. Demographic characteristics of waiting list candidates****Candidates registered on the waiting list between 07/01/2024 and 06/30/2025**

Demographic Characteristic	New Waiting List Registrations 07/01/2024 to 06/30/2025 (%)			All Waiting List Registrations on 06/30/2025 (%)		
	This Center	OPTN Region	U.S.	This Center	OPTN Region	U.S.
	(N=192)	(N=1,671)	(N=15,699)	(N=37)	(N=772)	(N=9,076)
<b>All (%)</b>	100.0	100.0	100.0	100.0	100.0	100.0
<b>Ethnicity/Race (%)*</b>						
White	84.4	81.2	64.5	70.3	78.6	61.6
African-American	9.9	9.8	7.0	16.2	11.7	6.6
Hispanic/Latino	4.7	5.3	19.5	10.8	4.9	22.8
Asian	0.5	1.7	4.2	0.0	2.3	5.0
Other	0.0	0.9	2.1	0.0	1.3	2.2
Unknown	0.5	1.1	2.7	2.7	1.2	1.7
<b>Age (%)</b>						
<2 years	0.5	2.3	2.0	0.0	1.7	1.5
2-11 years	2.1	2.0	1.5	2.7	2.3	1.7
12-17 years	2.6	1.2	1.3	5.4	2.1	1.6
18-34 years	6.2	5.7	7.1	8.1	4.1	6.5
35-49 years	15.6	23.4	23.7	10.8	21.5	21.2
50-64 years	51.0	45.3	43.4	51.4	48.1	46.5
65-69 years	14.1	15.0	14.9	5.4	14.9	15.4
70+ years	7.8	5.0	6.1	16.2	5.3	5.7
<b>Gender (%)</b>						
Male	52.1	58.6	57.5	43.2	57.0	57.6
Female	47.9	41.4	42.5	56.8	43.0	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%.



## B. Waiting List Information

**Table B3. Medical characteristics of waiting list candidates**

Candidates registered on the waiting list between 07/01/2024 and 06/30/2025

Medical Characteristic	New Waiting List Registrations 07/01/2024 to 06/30/2025 (%)			All Waiting List Registrations on 06/30/2025 (%)		
	This Center (N=192)	OPTN Region (N=1,671)	U.S. (N=15,699)	This Center (N=37)	OPTN Region (N=772)	U.S. (N=9,076)
<b>All (%)</b>	100.0	100.0	100.0	100.0	100.0	100.0
<b>Blood Type (%)</b>						
O	50.0	46.1	46.9	59.5	54.0	50.6
A	39.1	39.4	37.2	37.8	36.1	38.2
B	8.3	11.1	12.3	2.7	8.9	9.5
AB	2.6	3.4	3.7	0.0	0.9	1.6
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
<b>Previous Transplant (%)</b>						
Yes	7.8	4.8	4.6	8.1	3.8	4.1
No	92.2	95.2	95.4	91.9	96.2	95.9
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
<b>Primary Disease (%)</b>						
Acute Hepatic Necrosis	1.6	1.9	2.1	2.7	0.9	1.2
Non-Cholestatic Cirrhosis	15.6	14.5	13.5	13.5	22.3	27.8
Cholestatic Liver Disease/Cirrhosis	12.0	7.0	6.3	21.6	7.1	7.0
Biliary Atresia	0.5	1.9	2.0	0.0	1.7	2.2
Metabolic Diseases	0.5	1.8	1.9	0.0	1.4	1.5
Malignant Neoplasms	13.0	8.9	11.2	18.9	9.5	11.7
Other	56.8	63.8	62.9	43.2	57.0	48.4
Missing	0.0	0.2	0.1	0.0	0.1	0.2
<b>Medical Urgency Status/MELD/PELD at Listing (%)*</b>						
Status 1A	4.2	2.2	2.3	2.7	0.1	0.1
Status 1B	0.5	0.5	0.4	0.0	0.0	0.1
Status 2A	0.0	0.0	0.0	0.0	0.0	0.0
Status 2B	0.0	0.0	0.0	0.0	0.0	0.0
Status 3	0.0	0.0	0.0	0.0	0.0	0.1
MELD 6-10	9.9	8.8	10.9	13.5	16.3	21.0
MELD 11-14	19.3	12.7	12.2	37.8	20.9	21.8
MELD 15-20	23.4	24.8	21.9	21.6	37.0	30.5
MELD 21-30	22.4	26.6	23.7	16.2	16.1	14.4
MELD 31-40	13.0	13.4	13.5	0.0	1.2	1.0
PELD less than or equal to 10	0.5	1.1	1.4	0.0	1.9	2.0
PELD 11-14	0.0	0.5	0.3	0.0	0.3	0.2
PELD 15-20	0.0	0.5	0.5	0.0	1.0	0.4
PELD 21-30	0.0	0.7	0.3	2.7	0.8	0.1
PELD 31 or greater	0.0	0.1	0.1	0.0	0.0	0.0
Temporarily Inactive	3.6	3.9	8.3	5.4	4.4	8.3

\* MELD/PELD score based on laboratory measures is shown for listings beginning 2/27/2002 unless patient is Status 1 or Temporarily Inactive. MELD/PELD scores based on exception rules are not used. Status 1 separated into 1A and 1B in August 2005.



## B. Waiting List Information

Table B4. Transplant rates: 07/01/2023 - 06/30/2025

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
<b>All Candidates</b>				
Count on waiting list at start*	40	69	810	10,372
Person Years**	81.0	147.1	1,539.6	19,563.6
Removals for Transplant	363	444	2,368	23,109
<b>Adult (18+) Candidates</b>				
Count on waiting list at start*	38	67	781	9,932
Person Years**	76.1	142.3	1,470.5	18,737.8
Removals for transplant	340	421	2,228	21,972
<b>Pediatric (&lt;18) Candidates</b>				
Count on waiting list at start*	2	2	29	440
Person Years**	4.9	4.9	69.1	825.7
Removals for transplant	23	23	140	1,137

\* 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: 07/01/2023 - 06/30/2025

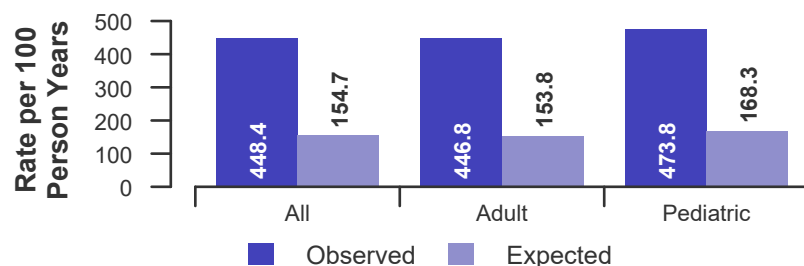


Figure B2. Transplant rate ratio estimate

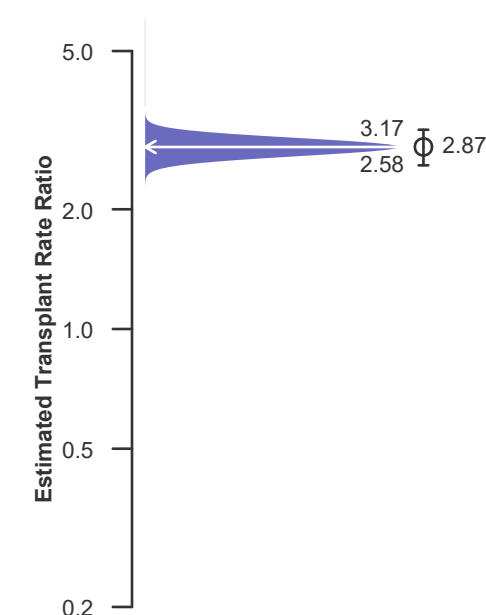
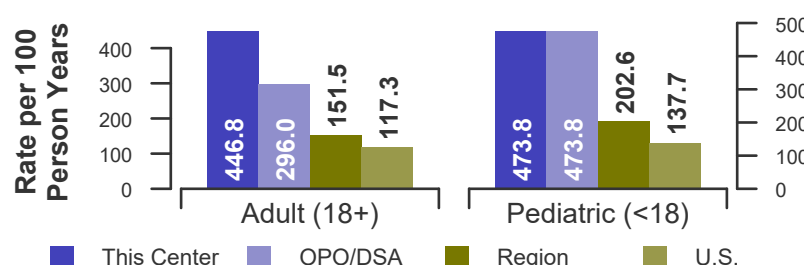


Figure B3. Observed adult (18+) and pediatric (<18) transplant rates: 07/01/2023 - 06/30/2025





## B. Waiting List Information

Table B4D. Deceased donor transplant rates: 07/01/2023 - 06/30/2025

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
<b>All Candidates</b>				
Count on waiting list at start*	40	69	810	10,372
Person Years**	81.0	147.1	1,539.6	19,563.6
Removals for Transplant	349	418	2,256	21,849
<b>Adult (18+) Candidates</b>				
Count on waiting list at start*	38	67	781	9,932
Person Years**	76.1	142.3	1,470.5	18,737.8
Removals for transplant	333	402	2,137	20,918
<b>Pediatric (&lt;18) Candidates</b>				
Count on waiting list at start*	2	2	29	440
Person Years**	4.9	4.9	69.1	825.7
Removals for transplant	16	16	119	931

\* 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: 07/01/2023 - 06/30/2025

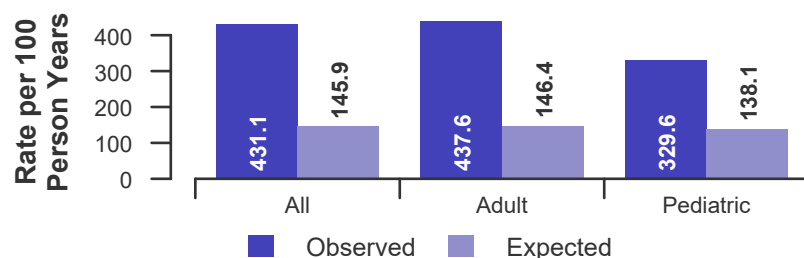


Figure B2D. Deceased donor transplant rate ratio estimate

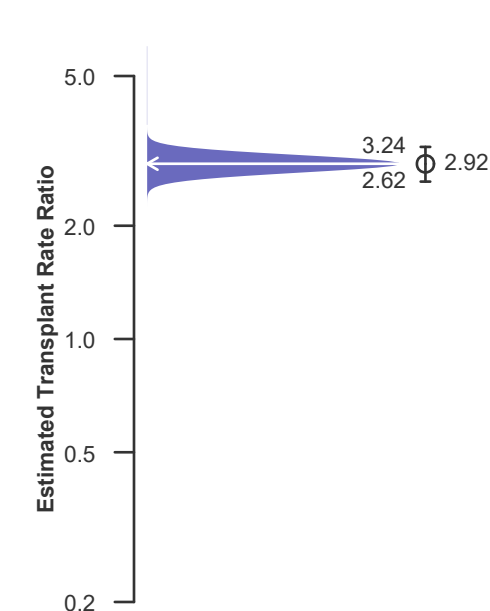
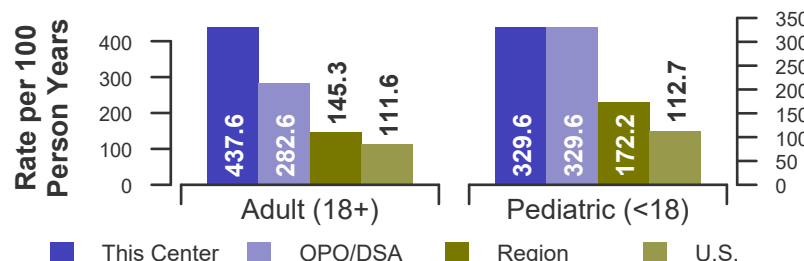


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 07/01/2023 - 06/30/2025





## B. Waiting List Information

Table B5. Pre-transplant mortality rates: 07/01/2023 - 06/30/2025

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
<b>All Candidates</b>				
Count on waiting list at start*	40	69	810	10,372
Person Years**	96.2	176.0	1,778.0	23,010.2
Number of deaths	8	21	273	2,874
<b>Adult (18+) Candidates</b>				
Count on waiting list at start*	38	67	781	9,932
Person Years**	90.2	170.0	1,706.2	22,103.5
Number of deaths	8	21	270	2,826
<b>Pediatric (&lt;18) Candidates</b>				
Count on waiting list at start*	2	2	29	440
Person Years**	6.0	6.0	71.8	906.7
Number of deaths	0	0	3	48

\* 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: 07/01/2023 - 06/30/2025

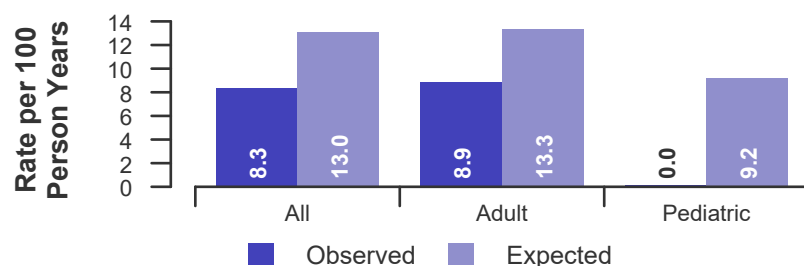


Figure B6. Observed adult (18+) and pediatric (<18) pre-transplant mortality rates: 07/01/2023 - 06/30/2025

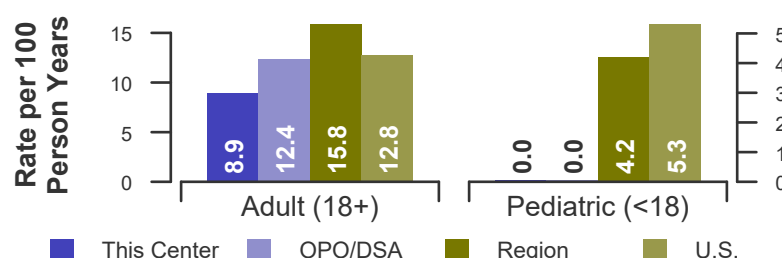
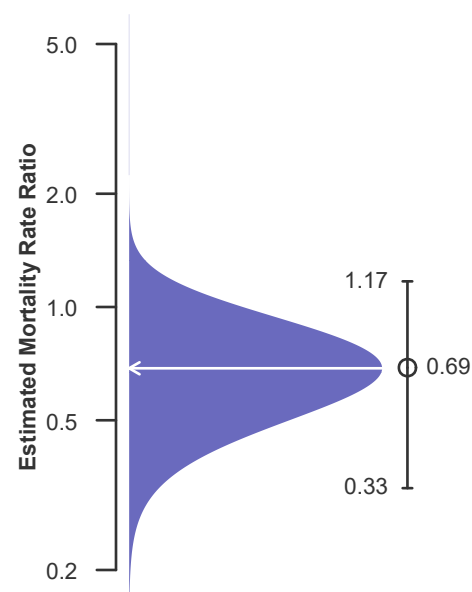


Figure B5. Pre-transplant mortality rate ratio estimate





## B. Waiting List Information

Table B6. Rates of patient mortality after listing: 07/01/2023 - 06/30/2025

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
<b>All Patients</b>				
Count at risk during the evaluation period	968	1,275	8,734	84,005
Person-years*	1,298.6	1,705.2	11,669.5	112,921.9
Number of Deaths	44	70	707	6,377
<b>Adult (18+) Patients</b>				
Count at risk during the evaluation period	885	1,187	8,232	79,599
Person-years*	1,180.8	1,580.3	11,008.0	106,825.5
Number of Deaths	44	70	695	6,252
<b>Pediatric (&lt;18) Patients</b>				
Count at risk during the evaluation period	83	88	502	4,406
Person-years*	117.8	124.9	661.4	6,096.4
Number of Deaths	0	0	12	125

\* Person-years are calculated as days (converted to fractional years). The number of days from 07/01/2023, or from the date of first wait listing until death, reaching 5 years after listing or June 30, 2025.

\*\* 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: 07/01/2023 - 06/30/2025

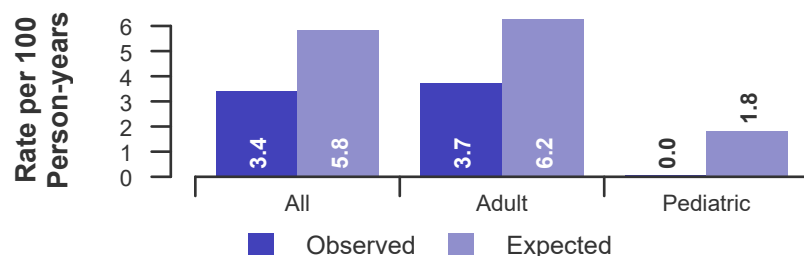


Figure B8. HR estimate of patient mortality after listing

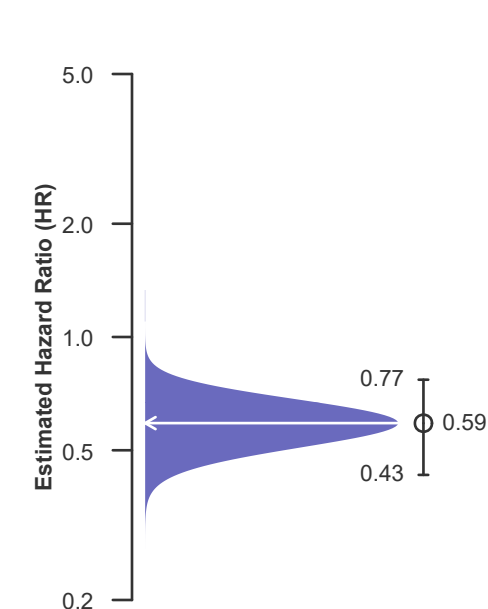
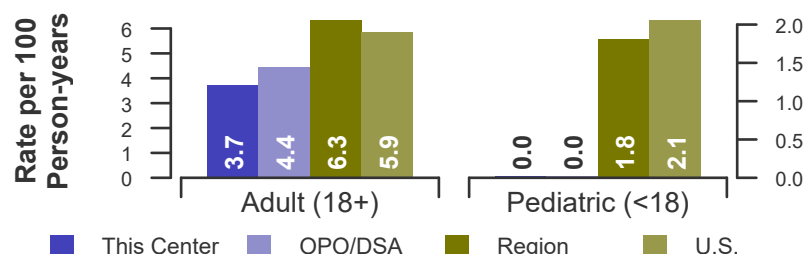


Figure B9. Observed adult (18+) and pediatric (<18) rates of patient mortality after listing: 07/01/2023 - 06/30/2025





## B. Waiting List Information

**Table B7. Waiting list candidate status after listing**

Candidates registered on waiting list between 01/01/2023 and 12/31/2023

Waiting list status (survival status)	This Center (N=179)			U.S. (N=14,662)		
	Months Since Listing			Months Since Listing		
	6	12	18	6	12	18
<b>Alive on waiting list (%)</b>	12.8	2.8	1.1	33.5	17.4	10.9
<b>Died on the waiting list without transplant (%)</b>	1.1	1.1	1.1	3.6	4.5	4.9
<b>Removed without transplant (%):</b>						
Condition worsened (status unknown)	2.8	2.8	2.8	3.0	4.2	4.8
Condition improved (status unknown)	2.2	2.8	2.8	1.5	2.6	3.7
Refused transplant (status unknown)	0.0	0.0	0.0	0.2	0.3	0.4
Other	1.1	2.2	2.2	1.8	3.2	4.1
<b>Transplant (living donor from waiting list only) (%):</b>						
Functioning (alive)	3.9	3.9	1.1	2.8	3.5	2.5
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.1	0.1	0.1
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.0	0.0	0.0	0.1	0.1	0.1
Status Yet Unknown**	0.0	0.0	2.8	0.0	0.1	1.3
<b>Transplant (deceased donor) (%):</b>						
Functioning (alive)	74.3	68.2	43.0	49.3	54.6	38.5
Failed-Retransplanted (alive)	0.0	0.0	1.1	0.4	0.6	0.8
Failed-alive not retransplanted	0.0	0.6	0.0	0.1	0.0	0.0
Died	1.1	2.2	2.2	2.1	3.2	4.2
Status Yet Unknown*	0.6	13.4	39.7	1.4	4.9	22.8
<b>Lost or Transferred (status unknown) (%)</b>	0.0	0.0	0.0	0.3	0.6	0.8
<b>TOTAL (%)</b>	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	2.2	3.4	3.4	5.7	7.8	9.3
Total % known died or removed as unstable	5.0	6.1	6.1	8.7	12.0	14.0
Total % removed for transplant	79.9	88.3	89.9	56.2	67.2	70.3
Total % with known functioning transplant (alive)	78.2	72.1	44.1	52.1	58.1	41.0

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





## B. Waiting List Information

**Table B7S1. Medical urgency status 1 candidate status after listing**

Candidates registered on the waiting list between 01/01/2023 and 12/31/2023

Waiting list status (survival status)	This Center (N=2)			U.S. (N=431)		
	Months Since listing			Months Since listing		
	6	12	18	6	12	18
<b>Alive on waiting list (%)</b>	0.0	0.0	0.0	1.4	0.7	0.2
<b>Died on the waiting list without transplant (%)</b>	0.0	0.0	0.0	7.4	7.4	7.4
<b>Removed without transplant (%):</b>						
Condition worsened (status unknown)	0.0	0.0	0.0	4.4	4.4	4.4
Condition improved (status unknown)	0.0	0.0	0.0	16.7	17.4	17.9
Refused transplant (status unknown)	0.0	0.0	0.0	0.2	0.2	0.2
Other	0.0	0.0	0.0	1.2	1.2	1.2
<b>Transplant (living donor from waiting list only) (%):</b>						
Functioning (alive)	0.0	0.0	0.0	0.2	0.2	0.2
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0
Died	0.0	0.0	0.0	0.0	0.0	0.0
Status Yet Unknown**	0.0	0.0	0.0	0.0	0.0	0.0
<b>Transplant (deceased donor) (%):</b>						
Functioning (alive)	100.0	100.0	100.0	59.6	54.3	38.5
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.5	0.5	0.5
Failed-alive not retransplanted	0.0	0.0	0.0	0.2	0.0	0.0
Died	0.0	0.0	0.0	6.7	7.9	8.8
Status Yet Unknown*	0.0	0.0	0.0	0.9	5.3	20.2
<b>Lost or Transferred (status unknown) (%)</b>	0.0	0.0	0.0	0.5	0.5	0.5
<b>TOTAL (%)</b>	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	0.0	0.0	0.0	14.2	15.3	16.2
Total % known died or removed as unstable	0.0	0.0	0.0	18.6	19.7	20.6
Total % removed for transplant	100.0	100.0	100.0	68.2	68.2	68.2
Total % with known functioning transplant (alive)	100.0	100.0	100.0	59.9	54.5	38.7

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



## B. Waiting List Information

**Table B8. Percent of candidates with deceased donor transplants: demographic characteristics**  
Candidates registered on the waiting list between 07/01/2019 and 06/30/2022

Characteristic	N	Percent transplanted at time periods since listing									
		This Center					United States				
		30 day	1 year	2 years	3 years		30 day	1 year	2 years	3 years	
<b>All</b>	361	42.4	83.1	87.3	87.8	39,496	29.7	56.6	61.9	63.6	
<b>Ethnicity/Race*</b>											
White	274	42.3	83.6	87.6	88.0	27,060	30.5	57.6	62.5	64.2	
African-American	45	46.7	80.0	86.7	88.9	2,922	32.4	58.2	63.2	64.9	
Hispanic/Latino	20	35.0	90.0	90.0	90.0	7,082	26.2	53.0	59.1	60.8	
Asian	11	36.4	72.7	81.8	81.8	1,730	26.6	53.4	61.4	63.4	
Other	11	45.5	81.8	81.8	81.8	700	32.1	56.1	61.3	63.6	
Unknown	0	--	--	--	--	2	0.0	0.0	0.0	0.0	
<b>Age</b>											
<2 years	16	56.2	93.8	93.8	93.8	785	25.0	71.2	73.9	75.0	
2-11 years	7	57.1	85.7	85.7	85.7	623	28.9	66.9	71.6	73.5	
12-17 years	5	20.0	60.0	80.0	80.0	491	26.1	62.3	67.6	68.4	
18-34 years	23	52.2	87.0	87.0	87.0	2,551	41.5	60.8	64.8	66.1	
35-49 years	66	54.5	84.8	87.9	87.9	7,974	41.9	62.1	66.0	67.3	
50-64 years	163	44.8	85.3	90.2	90.8	18,428	27.9	55.7	61.3	63.3	
65-69 years	61	24.6	77.0	83.6	85.2	6,433	19.8	51.0	57.4	59.2	
70+ years	20	15.0	70.0	70.0	70.0	2,211	18.6	47.1	53.0	54.1	
<b>Gender</b>											
Male	227	39.2	82.4	85.5	85.9	24,414	29.6	57.6	63.0	64.7	
Female	134	47.8	84.3	90.3	91.0	15,082	29.9	55.1	60.1	61.8	

\* 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 07/01/2019 and 06/30/2022

Characteristic	N	Percent transplanted at time periods since listing					United States				
		This Center									
		30 day	1 year	2 years	3 years		30 day	1 year	2 years	3 years	
<b>All</b>	361	42.4	83.1	87.3	87.8	39,496	29.7	56.6	61.9	63.6	
<b>Blood Type</b>											
O	158	36.7	81.0	86.1	86.1	18,572	28.5	54.4	59.9	61.7	
A	149	43.6	83.2	87.2	88.6	14,564	28.9	54.9	60.2	62.1	
B	38	50.0	84.2	86.8	86.8	4,809	32.6	64.4	69.0	70.2	
AB	16	68.8	100.0	100.0	100.0	1,551	43.0	75.9	78.7	79.2	
<b>Previous Transplant</b>											
Yes	22	54.5	68.2	72.7	72.7	1,868	33.8	56.5	60.7	62.4	
No	339	41.6	84.1	88.2	88.8	37,628	29.5	56.7	61.9	63.6	
<b>Primary Disease</b>											
Acute Hepatic Necrosis	21	90.5	90.5	95.2	95.2	2,027	59.5	68.0	69.0	69.4	
Non-Cholestatic Cirrhosis	203	46.3	84.7	88.2	88.7	26,196	31.5	56.7	61.3	62.8	
Cholestatic Liver Disease/Cirrhosis	25	44.0	72.0	88.0	88.0	2,521	24.2	53.2	60.9	63.2	
Biliary Atresia	9	66.7	100.0	100.0	100.0	638	16.5	67.6	71.6	73.4	
Metabolic Diseases	12	50.0	91.7	91.7	91.7	760	31.2	70.1	76.3	77.6	
Malignant Neoplasms	54	5.6	75.9	79.6	81.5	4,603	8.8	48.2	57.5	59.9	
Other	37	37.8	81.1	83.8	83.8	2,740	33.0	58.9	64.6	66.7	
Missing	0	--	--	--	--	11	27.3	27.3	36.4	36.4	
<b>Medical Urgency Status/MELD/PELD at Listing*</b>											
Status 1	0	--	--	--	--	0	--	--	--	--	
Status 1A	13	84.6	84.6	84.6	84.6	1,166	62.5	62.7	62.8	62.8	
Status 1B	1	0.0	100.0	100.0	100.0	158	53.8	84.2	84.2	84.2	
Status 2A	0	--	--	--	--	0	--	--	--	--	
Status 2B	0	--	--	--	--	0	--	--	--	--	
Status 3	0	--	--	--	--	0	--	--	--	--	
MELD 6-10	45	2.2	77.8	86.7	86.7	6,297	3.4	36.4	46.3	49.5	
MELD 11-14	32	12.5	81.2	84.4	84.4	4,666	4.3	36.2	46.0	49.2	
MELD 15-20	78	17.9	76.9	85.9	85.9	8,094	12.5	48.2	55.1	57.3	
MELD 21-30	109	52.3	84.4	86.2	88.1	9,631	38.4	68.3	70.9	71.6	
MELD 31-40	53	90.6	90.6	92.5	92.5	5,209	79.9	84.6	84.6	84.6	
PELD less than or equal to 10	9	44.4	88.9	88.9	88.9	601	12.0	68.9	75.5	78.0	
PELD 11-14	2	50.0	100.0	100.0	100.0	103	19.4	77.7	81.6	83.5	
PELD 15-20	4	50.0	100.0	100.0	100.0	135	22.2	80.0	80.7	82.2	
PELD 21-30	1	100.0	100.0	100.0	100.0	115	29.6	74.8	76.5	76.5	
PELD 31 or greater	1	100.0	100.0	100.0	100.0	53	50.9	67.9	67.9	67.9	
Temporarily Inactive	13	69.2	84.6	84.6	84.6	3,268	44.5	59.0	62.7	64.0	

\* MELD/PELD score based on laboratory measures is shown for listings beginning 2/27/2002 unless patient is Status 1 or Temporarily Inactive. MELD/PELD scores based on exception rules are not used. Status 1 separated into 1A and 1B in August 2005.



## B. Waiting List Information

**Table B10. Time to transplant for waiting list candidates\***

Candidates registered on the waiting list between 07/01/2019 and 12/31/2024

Percentile	Center	Months to Transplant**		U.S.
		OPO/DSA	Region	
5th	0.1	0.1	0.1	0.1
10th	0.1	0.1	0.1	0.2
25th	0.3	0.3	0.4	0.5
50th (median time to transplant)	1.2	1.8	2.5	4.6
75th	5.4	7.8	17.7	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 06/30/2025. 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: 07/01/2024 - 06/30/2025

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
<b>Overall</b>				
Number of Offers	2,392	3,018	28,008	252,129
Number of Acceptances	153	185	1,165	10,052
Expected Acceptances	95.1	141.4	1,114.1	10,051.0
Offer Acceptance Ratio*	1.60	1.30	1.05	1.00
95% Credible Interval**	[1.36, 1.86]	--	--	--
<b>PHS increased infectious risk</b>				
Number of Offers	340	483	3,436	29,588
Number of Acceptances	24	31	191	1,511
Expected Acceptances	16.6	27.1	173.3	1,509.0
Offer Acceptance Ratio*	1.40	1.13	1.10	1.00
95% Credible Interval**	[0.92, 1.99]	--	--	--
<b>DCD donor</b>				
Number of Offers	1,534	1,831	16,284	146,445
Number of Acceptances	78	89	454	3,506
Expected Acceptances	42.9	65.5	434.6	3,506.7
Offer Acceptance Ratio*	1.78	1.35	1.04	1.00
95% Credible Interval**	[1.41, 2.19]	--	--	--
<b>HCV+ donor</b>				
Number of Offers	73	98	620	5,637
Number of Acceptances	7	9	43	267
Expected Acceptances	3.1	5.2	34.8	268.4
Offer Acceptance Ratio*	1.76	1.52	1.22	0.99
95% Credible Interval**	[0.81, 3.09]	--	--	--
<b>Hard-to-Place Livers (Over 50 Offers)</b>				
Number of Offers	1,395	1,554	15,232	129,384
Number of Acceptances	35	36	105	1,071
Expected Acceptances	16.6	20.2	127.3	1,253.7
Offer Acceptance Ratio*	1.99	1.71	0.83	0.85
95% Credible Interval**	[1.40, 2.68]	--	--	--
<b>Donor more than 500 miles away</b>				
Number of Offers	619	639	5,027	60,170
Number of Acceptances	21	21	116	1,184
Expected Acceptances	11.6	12.6	112.4	1,083.3
Offer Acceptance Ratio*	1.70	1.58	1.03	1.09
95% Credible Interval**	[1.08, 2.46]	--	--	--

\* The offer acceptance ratio estimates the relative offer acceptance practice of Duke University Hospital 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, [1.36, 1.86], indicates the location of NCDU's true offer acceptance ratio with 95% probability. The best estimate is 60% more likely to accept an offer compared to national acceptance behavior, but NCDU's performance could plausibly range from 36% higher acceptance up to 86% higher acceptance.



## B. Waiting List Information

Figure B10. Offer acceptance: Overall

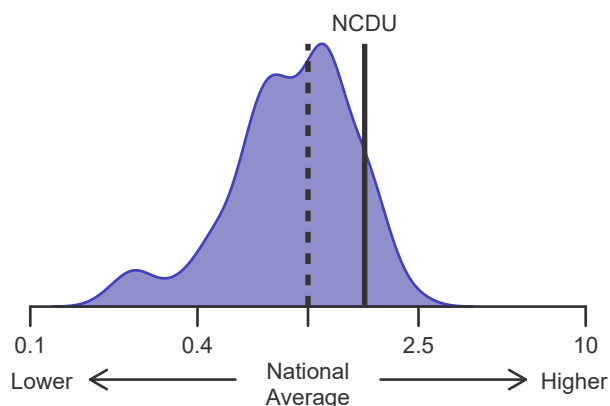


Figure B11. Offer acceptance: PHS increased infectious risk

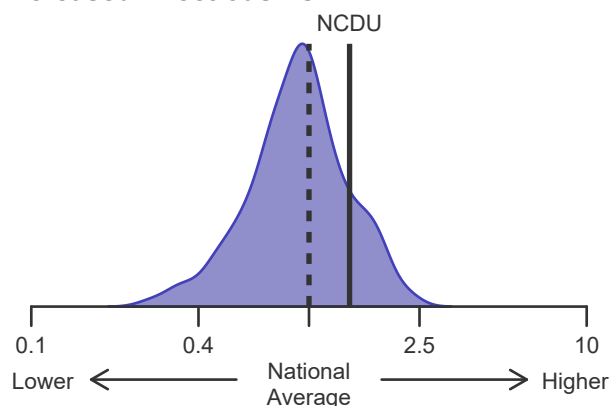


Figure B12. Offer acceptance: DCD Donor

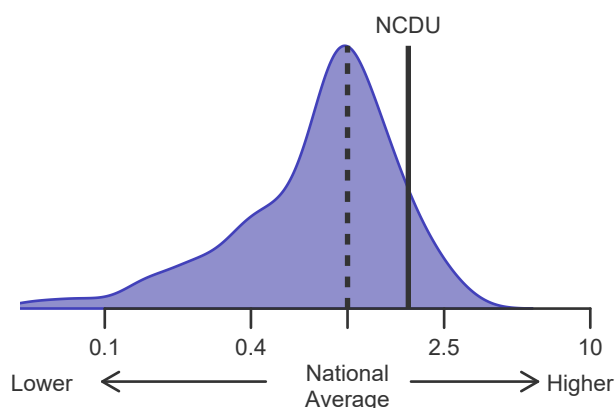


Figure B13. Offer acceptance: HCV+ Donor

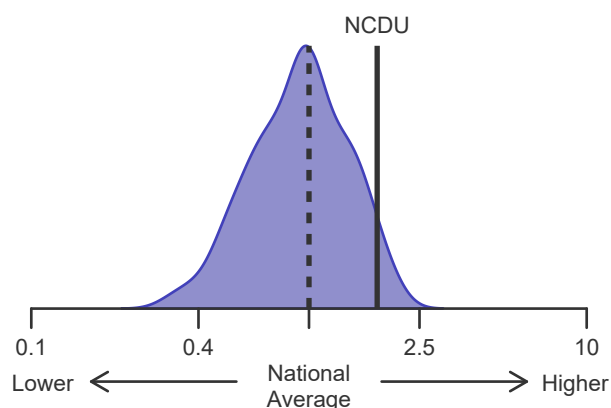


Figure B14. Offer acceptance: Offer number > 50

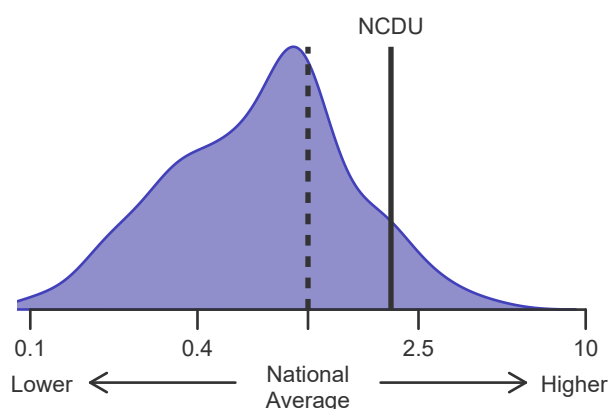
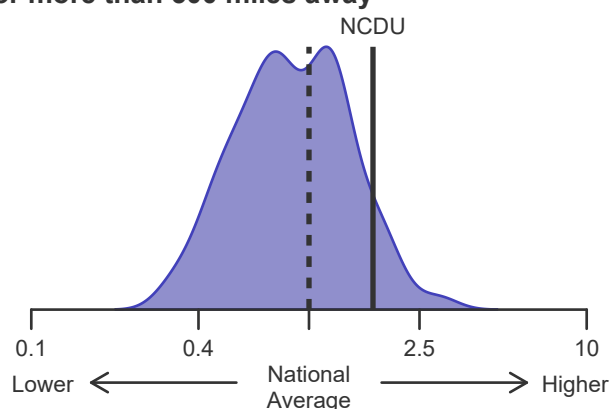


Figure B15. Offer acceptance: Donor more than 500 miles away





## C. Transplant Information

**Table C1D. Deceased donor transplant recipient demographic characteristics**

**Patients transplanted between 07/01/2024 and 06/30/2025**

Characteristic	Percentage in each category		
	Center (N=172)	Region (N=1,289)	U.S. (N=11,283)
<b>Ethnicity/Race (%)*</b>			
White	87.2	82.9	66.1
African-American	9.3	9.5	7.0
Hispanic/Latino	2.9	5.1	18.4
Asian	0.6	1.0	4.0
Other	0.0	0.6	2.0
Unknown	0.0	0.8	2.5
<b>Age (%)</b>			
<2 years	0.6	1.9	1.3
2-11 years	1.7	1.8	1.5
12-17	1.2	0.9	1.0
18-34	5.2	6.3	7.0
35-49 years	16.3	23.0	23.5
50-64 years	50.6	45.5	43.5
65-69 years	17.4	15.8	15.7
70+ years	7.0	5.0	6.5
<b>Gender (%)</b>			
Male	54.1	61.5	58.9
Female	45.9	38.5	41.1

\* 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 07/01/2024 and 06/30/2025

Characteristic	Percentage in each category		
	Center (N=7)	Region (N=53)	U.S. (N=618)
<b>Ethnicity/Race (%)*</b>			
White	85.7	81.1	74.8
African-American	0.0	7.5	5.8
Hispanic/Latino	14.3	9.4	14.2
Asian	0.0	0.0	2.8
Other	0.0	0.0	0.3
Unknown	0.0	1.9	2.1
<b>Age (%)</b>			
<2 years	14.3	9.4	9.4
2-11 years	42.9	11.3	4.9
12-17	0.0	0.0	1.1
18-34	14.3	5.7	9.9
35-49 years	0.0	15.1	22.2
50-64 years	14.3	26.4	34.5
65-69 years	14.3	22.6	11.8
70+ years	0.0	9.4	6.3
<b>Gender (%)</b>			
Male	42.9	49.1	47.2
Female	57.1	50.9	52.8

\* 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 07/01/2024 and 06/30/2025

Characteristic	Percentage in each category		
	Center (N=172)	Region (N=1,289)	U.S. (N=11,283)
<b>Blood Type (%)</b>			
O	48.8	44.3	46.0
A	37.8	40.0	36.6
B	10.5	11.8	13.1
AB	2.9	4.0	4.2
<b>Previous Transplant (%)</b>			
Yes	5.2	4.7	4.4
No	94.8	95.3	95.6
<b>Body Mass Index (%)</b>			
0-20	7.0	9.7	10.1
21-25	18.6	21.5	25.8
26-30	36.6	32.8	29.8
31-35	22.7	19.6	18.7
36-40	8.7	10.0	8.8
41+	6.4	6.4	4.5
Unknown	0.0	0.0	2.3
<b>Primary Disease (%)</b>			
Acute Hepatic Necrosis	1.2	2.1	1.9
Non-Cholestatic Cirrhosis	18.6	14.8	13.0
Cholestatic Liver Disease/Cirrhosis	8.7	6.1	6.4
Biliary Atresia	0.6	1.5	1.4
Metabolic Diseases	1.2	2.1	2.0
Malignant Neoplasms	12.2	9.5	12.2
Other	57.6	63.9	63.0
Missing	0.0	0.0	0.1
<b>Medical Urgency Statust/MELD/PELD at Transplant (%)*</b>			
Status 1A	2.3	1.9	2.4
Status 1B	0.6	1.0	1.0
MELD 6-10	9.3	8.4	9.6
MELD 11-14	11.0	8.0	8.4
MELD 15-20	31.4	22.3	20.0
MELD 21-30	25.0	32.4	29.7
MELD 31-40	17.4	19.9	20.6
PELD less than or equal to 10	0.6	0.6	0.7
PELD 11-14	0.0	0.3	0.2
PELD 15-20	0.0	0.3	0.3
PELD 21-30	0.0	0.5	0.3
PELD 31 or greater	0.0	0.2	0.1
Temporarily Inactive	0.0	0.0	0.0
<b>Recipient Medical Condition at Transplant (%)</b>			
Not Hospitalized	65.1	64.9	59.3
Hospitalized	21.5	22.8	25.0
ICU	13.4	12.3	15.6
Unknown	0.0	0.0	0.1

\* MELD/PELD score based on laboratory measures at the time of transplant is shown unless recipient is Status 1 or Temporarily Inactive. MELD/PELD scores based on exception rules are not used. Status 1 separated into 1A and 1B in August 2005



## C. Transplant Information

**Table C2L. Living donor transplant recipient medical characteristics**  
**Patients transplanted between 07/01/2024 and 06/30/2025**

Characteristic	Percentage in each category		
	Center (N=7)	Region (N=53)	U.S. (N=618)
<b>Blood Type (%)</b>			
O	57.1	50.9	44.5
A	42.9	35.8	44.5
B	0.0	11.3	8.9
AB	0.0	1.9	2.1
<b>Previous Transplant (%)</b>			
Yes	14.3	1.9	1.3
No	85.7	98.1	98.7
<b>Body Mass Index (%)</b>			
0-20	57.1	30.2	22.3
21-25	28.6	32.1	29.8
26-30	0.0	18.9	27.0
31-35	14.3	17.0	13.6
36-40	0.0	1.9	5.3
41+	0.0	0.0	1.6
Unknown	0.0	0.0	0.3
<b>Primary Disease (%)</b>			
Acute Hepatic Necrosis	0.0	0.0	0.5
Non-Cholestatic Cirrhosis	0.0	15.1	12.6
Cholestatic Liver Disease/Cirrhosis	14.3	18.9	18.3
Biliary Atresia	14.3	13.2	11.2
Metabolic Diseases	0.0	3.8	2.4
Malignant Neoplasms	14.3	3.8	12.3
Other	57.1	45.3	42.7
Missing	0.0	0.0	0.0
<b>Medical Urgency Statust/MELD/PELD at Transplant (%)*</b>			
Status 1A	14.3	1.9	0.6
Status 1B	0.0	0.0	1.1
MELD 6-10	0.0	5.7	19.7
MELD 11-14	28.6	24.5	21.2
MELD 15-20	14.3	26.4	24.9
MELD 21-30	0.0	20.8	13.8
MELD 31-40	0.0	0.0	1.1
PELD less than or equal to 10	28.6	7.5	6.1
PELD 11-14	0.0	5.7	1.9
PELD 15-20	0.0	0.0	1.6
PELD 21-30	0.0	3.8	1.6
PELD 31 or greater	14.3	1.9	1.0
Temporarily Inactive	0.0	1.9	5.2
<b>Recipient Medical Condition at Transplant (%)</b>			
Not Hospitalized	71.4	77.4	88.7
Hospitalized	14.3	18.9	9.1
ICU	14.3	3.8	2.3
Unknown	0.0	0.0	0.0

\* MELD/PELD score based on laboratory measures at the time of transplant is shown unless recipient is Status 1 or Temporarily Inactive. MELD/PELD scores based on exception rules are not used. Status 1 separated into 1A and 1B in August 2005



## C. Transplant Information

**Table C3D. Deceased donor characteristics**

Transplants performed between 07/01/2024 and 06/30/2025

Donor Characteristic	Percentage in each category		
	Center (N=172)	Region (N=1,289)	U.S. (N=11,283)
<b>Cause of Death (%)</b>			
Deceased: Stroke	28.5	28.0	28.6
Deceased: MVA	6.4	9.2	10.2
Deceased: Other	65.1	62.8	61.2
<b>Ethnicity/Race (%)*</b>			
White	64.5	68.6	62.8
African-American	20.3	21.6	17.3
Hispanic/Latino	12.2	7.0	14.6
Asian	1.7	2.3	3.1
Other	0.6	0.1	1.2
Not Reported	0.6	0.5	0.9
<b>Age (%)</b>			
<2 years	0.6	0.8	0.5
2-11 years	1.2	1.2	1.5
12-17	2.3	3.5	3.4
18-34	18.6	21.7	20.9
35-49 years	14.0	26.0	28.7
50-64 years	33.7	34.4	31.9
65-69 years	16.3	7.1	7.6
70+ years	13.4	5.3	5.5
<b>Gender (%)</b>			
Male	50.0	58.3	60.9
Female	50.0	41.7	39.1
<b>Blood Type (%)</b>			
O	52.9	48.2	49.7
A	37.2	38.9	36.6
B	8.7	10.4	11.2
AB	1.2	2.5	2.5
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 07/01/2024 and 06/30/2025

Donor Characteristic	Percentage in each category		
	Center (N=7)	Region (N=53)	U.S. (N=618)
<b>Ethnicity/Race (%)*</b>			
White	85.7	94.3	77.5
African-American	0.0	1.9	4.2
Hispanic/Latino	0.0	1.9	11.2
Asian	0.0	0.0	1.9
Other	14.3	1.9	1.3
Not Reported	0.0	0.0	3.9
<b>Age (%)</b>			
0-11 years	0.0	0.0	0.6
12-17	0.0	0.0	0.0
18-34	28.6	35.8	36.9
35-49 years	71.4	47.2	48.4
50-64 years	0.0	17.0	13.9
65-69 years	0.0	0.0	0.2
70+ years	0.0	0.0	0.0
<b>Gender (%)</b>			
Male	28.6	17.0	39.8
Female	71.4	83.0	60.2
<b>Blood Type (%)</b>			
O	57.1	50.9	60.8
A	42.9	41.5	33.7
B	0.0	5.7	4.7
AB	0.0	1.9	0.8
Unknown	0.0	0.0	0.0

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



## C. Transplant Information

**Table C4D. Deceased donor transplant characteristics**  
Transplants performed between 07/01/2024 and 06/30/2025

Transplant Characteristic	Percentage in each category		
	Center (N=172)	Region (N=1,289)	U.S. (N=11,283)
<b>Cold Ischemic Time (Hours): Local (%)</b>			
Deceased: 0-5 hr	4.0	27.7	37.1
Deceased: 6-10 hr	6.0	13.7	18.7
Deceased: 11-15 hr	40.0	18.7	15.8
Deceased: 16-20 hr	28.0	23.1	17.6
Deceased: 21+ hr	22.0	16.8	10.2
Not Reported	0.0	0.0	0.6
<b>Cold Ischemic Time (Hours): Shared (%)</b>			
Deceased: 0-5 hr	3.3	15.4	21.7
Deceased: 6-10 hr	16.4	31.5	31.2
Deceased: 11-15 hr	24.6	19.3	15.8
Deceased: 16-20 hr	23.8	18.7	18.1
Deceased: 21+ hr	32.0	15.0	12.4
Not Reported	0.0	0.2	0.8
<b>Procedure Type (%)</b>			
Single organ	90.1	91.3	91.1
Multi organ	9.9	8.7	8.9
<b>Donor Location (%)</b>			
Local Donation Service Area (DSA)	29.1	29.9	37.0
Another Donation Service Area (DSA)	70.9	70.1	63.0
<b>Median Time in Hospital After Transplant</b>	11.0 Days	9.0 Days	10.0 Days



## C. Transplant Information

**Table C4L. Living donor transplant characteristics**  
**Transplants performed between 07/01/2024 and 06/30/2025**

Transplant Characteristic	Percentage in each category		
	Center (N=7)	Region (N=53)	U.S. (N=618)
<b>Relation with Donor (%)</b>			
Related	42.9	41.5	48.9
Unrelated	57.1	58.5	51.0
Not Reported	0.0	0.0	0.2
<b>Procedure Type (%)</b>			
Single organ	100.0	100.0	100.0
Multi organ	0.0	0.0	0.0
<b>Median Time in Hospital After Transplant</b>	22.0 Days	13.0 Days	10.0 Days





## C. Transplant Information

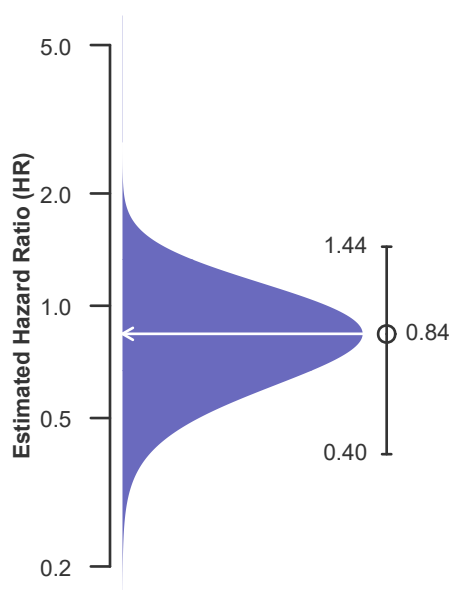
**Table C5. Adult (18+) 1-month survival with a functioning graft**  
Single organ transplants performed between 07/01/2022 and 12/31/2024  
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	335	23,387
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	97.61% [95.99%-99.26%]	97.35% [97.15%-97.56%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.07%	--
Number of observed graft failures (including deaths) during the first month after transplant	8	619
Number of expected graft failures (including deaths) during the first month after transplant	9.89	--
Estimated hazard ratio*	0.84	--
95% credible interval for the hazard ratio**	[0.40, 1.44]	--

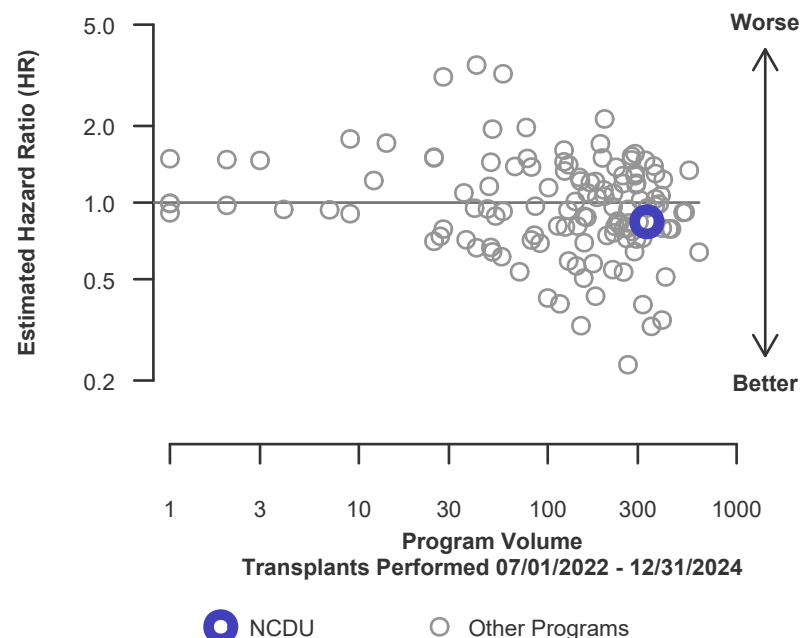
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.40, 1.44], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 16% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 60% reduced risk up to 44% 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 07/01/2022 and 12/31/2024

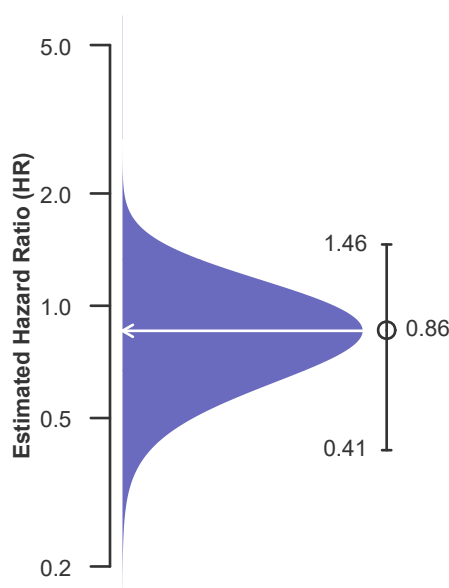
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	328	22,060
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	97.56% [95.91%-99.24%]	97.39% [97.18%-97.60%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.07%	--
Number of observed graft failures (including deaths) during the first month after transplant	8	576
Number of expected graft failures (including deaths) during the first month after transplant	9.67	--
Estimated hazard ratio*	0.86	--
95% credible interval for the hazard ratio**	[0.41, 1.46]	--

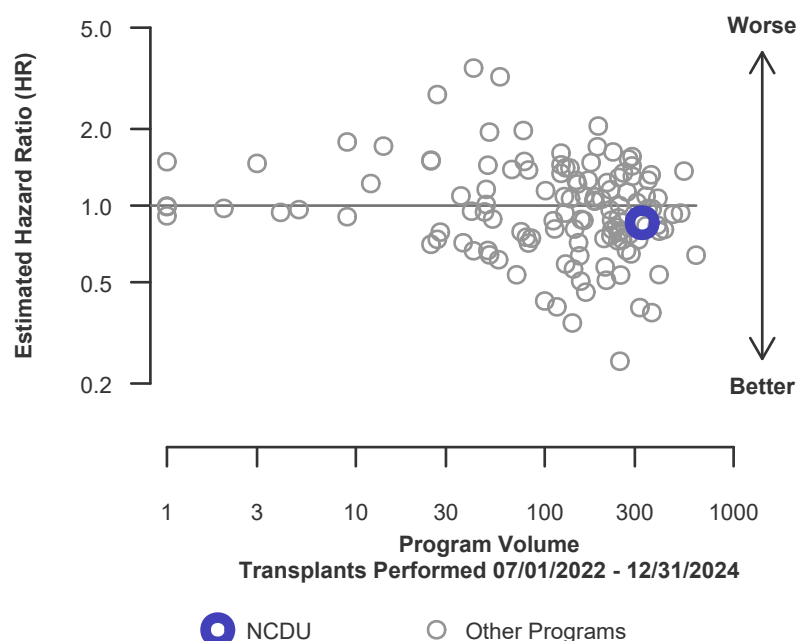
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.41, 1.46], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 14% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 59% reduced risk up to 46% 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 07/01/2022 and 12/31/2024

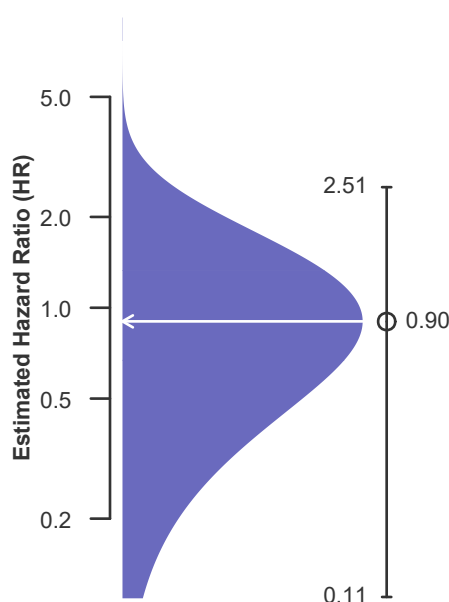
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	7	1,327
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%]	96.76% [95.81%-97.72%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	96.92%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	43
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, 2.51]	--

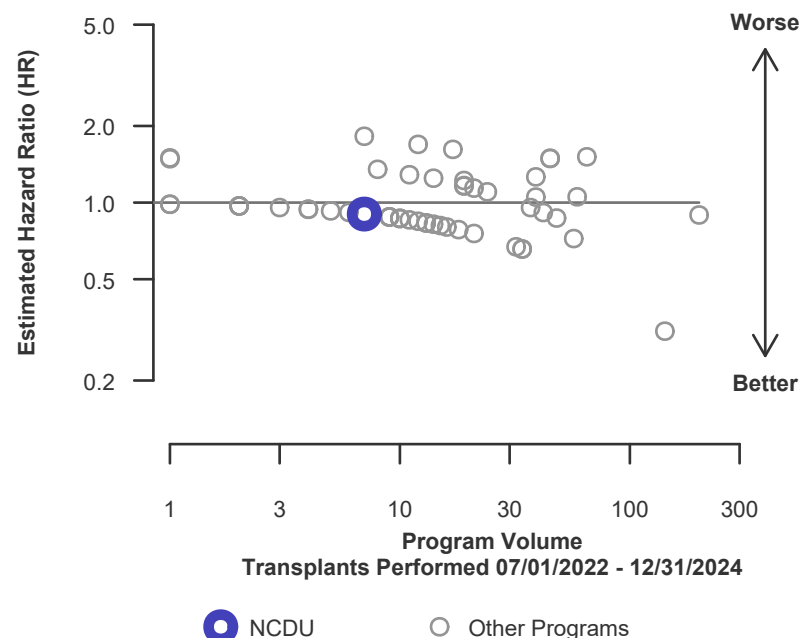
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.11, 2.51], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 10% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 89% reduced risk up to 151% 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 07/01/2022 and 12/31/2024

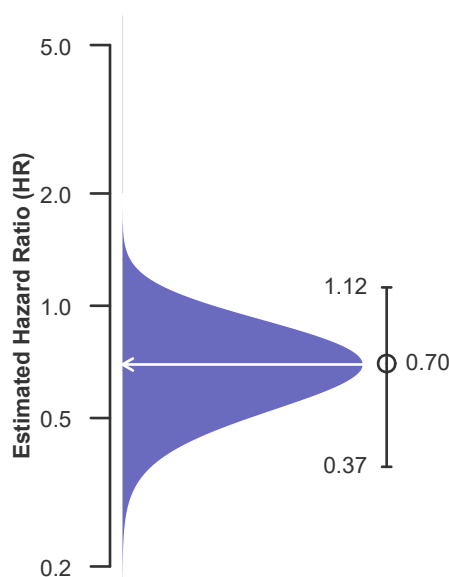
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	335	23,387
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	96.72% [94.83%-98.64%]	95.63% [95.37%-95.89%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	95.09%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	11	1,022
Number of expected graft failures (including deaths) during the first 90 days after transplant	16.68	--
Estimated hazard ratio*	0.70	--
95% credible interval for the hazard ratio**	[0.37, 1.12]	--

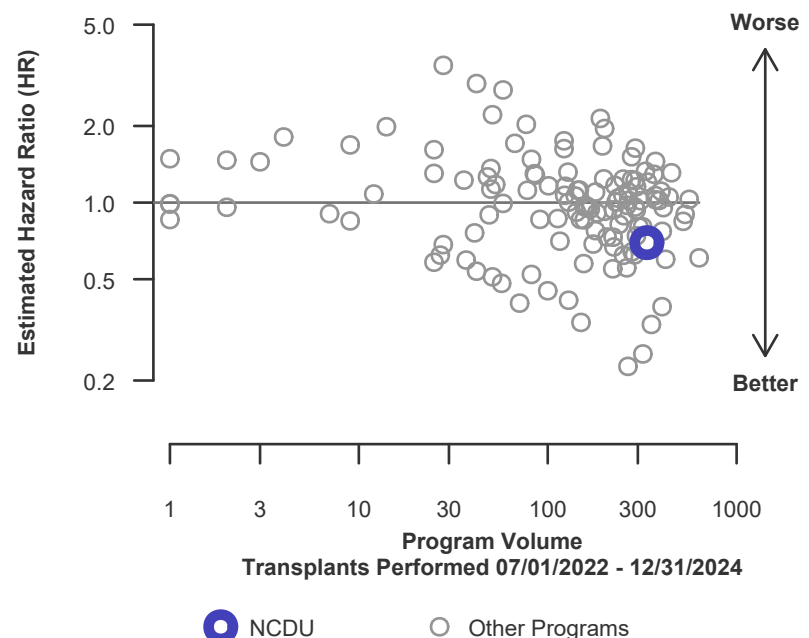
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.37, 1.12], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 30% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 63% reduced risk up to 12% 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 07/01/2022 and 12/31/2024

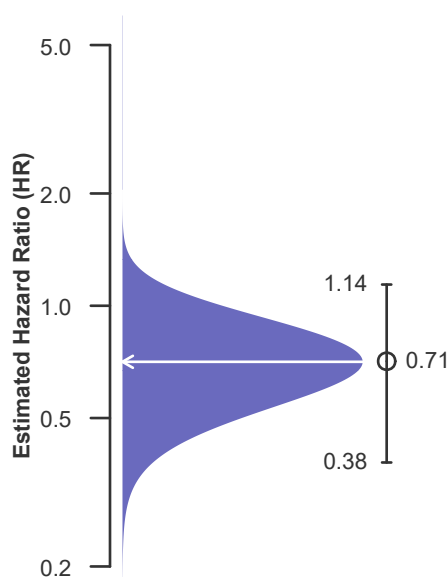
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	328	22,060
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	96.65% [94.72%-98.61%]	95.63% [95.37%-95.90%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	95.07%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	11	963
Number of expected graft failures (including deaths) during the first 90 days after transplant	16.37	--
Estimated hazard ratio*	0.71	--
95% credible interval for the hazard ratio**	[0.38, 1.14]	--

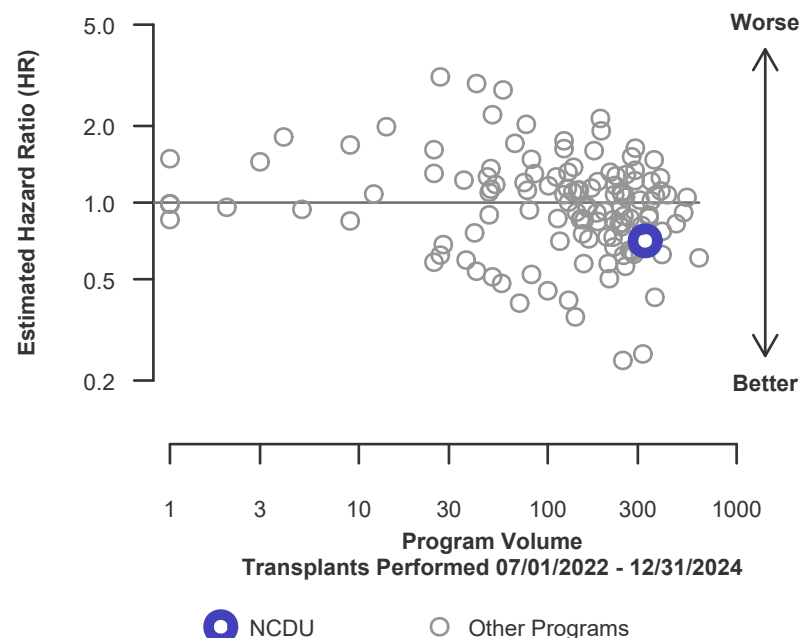
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.38, 1.14], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 29% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 62% reduced risk up to 14% 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 07/01/2022 and 12/31/2024

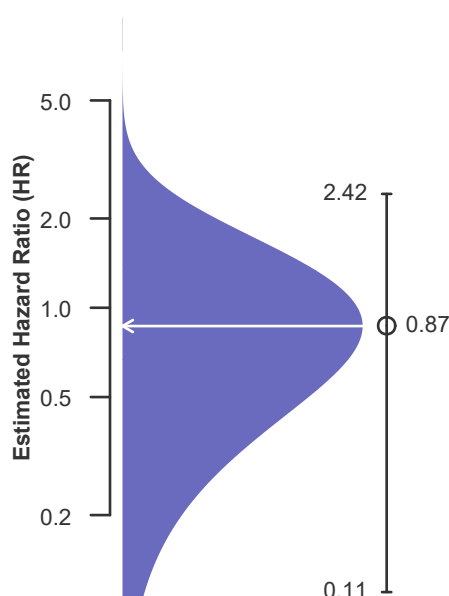
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	7	1,327
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%]	95.55% [94.45%-96.67%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	95.73%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	59
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.31	--
Estimated hazard ratio*	0.87	--
95% credible interval for the hazard ratio**	[0.11, 2.42]	--

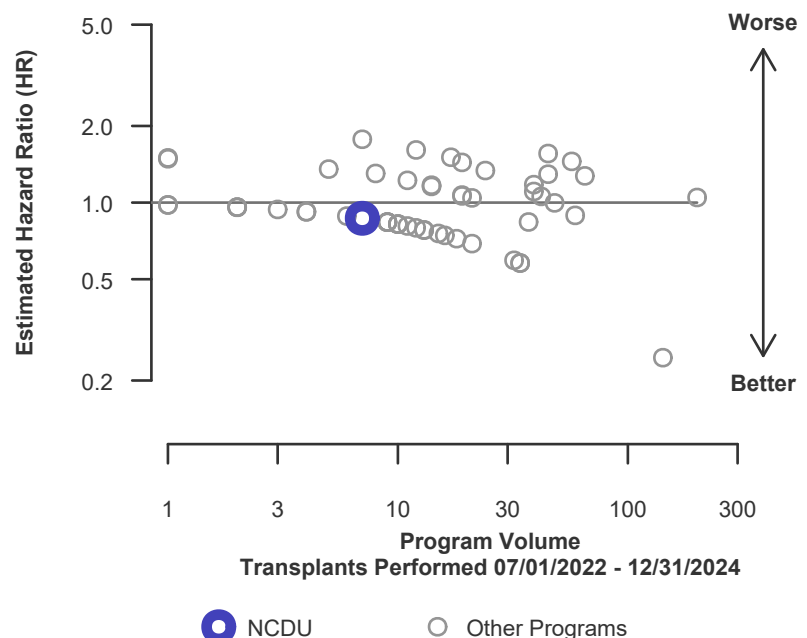
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.11, 2.42], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 13% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 89% reduced risk up to 142% 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 07/01/2022 and 12/31/2024

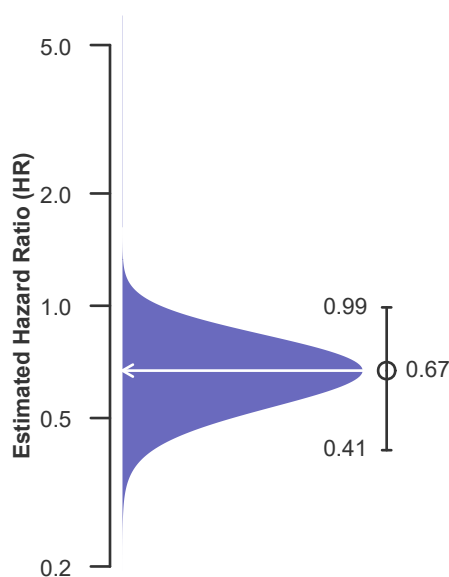
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	335	23,387
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	94.29% [91.74%-96.90%]	92.37% [92.02%-92.72%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	91.45%	--
Number of observed graft failures (including deaths) during the first year after transplant	18	1,693
Number of expected graft failures (including deaths) during the first year after transplant	27.85	--
Estimated hazard ratio*	0.67	--
95% credible interval for the hazard ratio**	[0.41, 0.99]	--

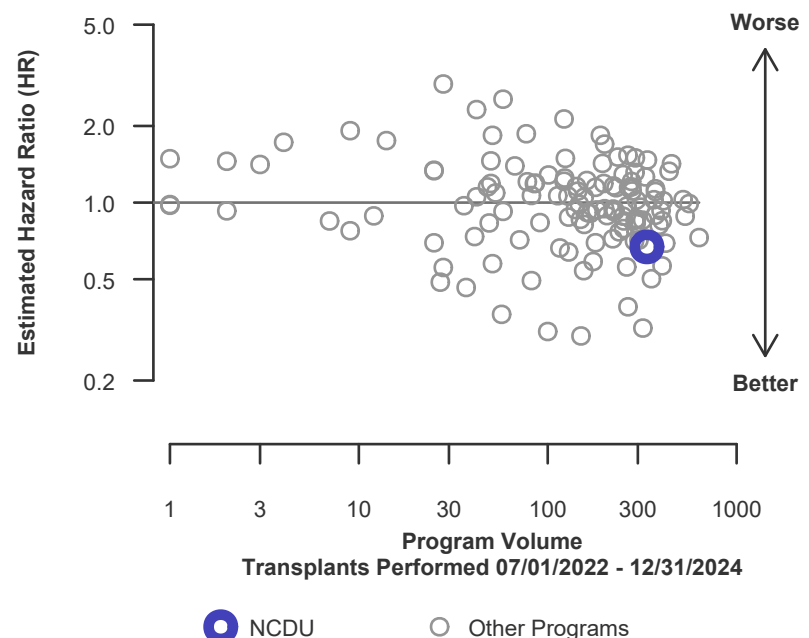
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.41, 0.99], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 33% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 59% reduced risk up to 1% reduced risk.

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



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







## C. Transplant Information

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

Single organ transplants performed between 07/01/2022 and 12/31/2024

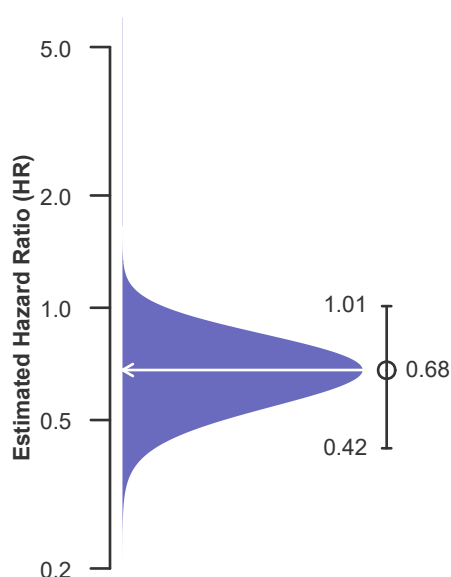
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	328	22,060
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	94.16% [91.56%-96.83%]	92.33% [91.96%-92.69%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	91.41%	--
Number of observed graft failures (including deaths) during the first year after transplant	18	1,605
Number of expected graft failures (including deaths) during the first year after transplant	27.38	--
Estimated hazard ratio*	0.68	--
95% credible interval for the hazard ratio**	[0.42, 1.01]	--

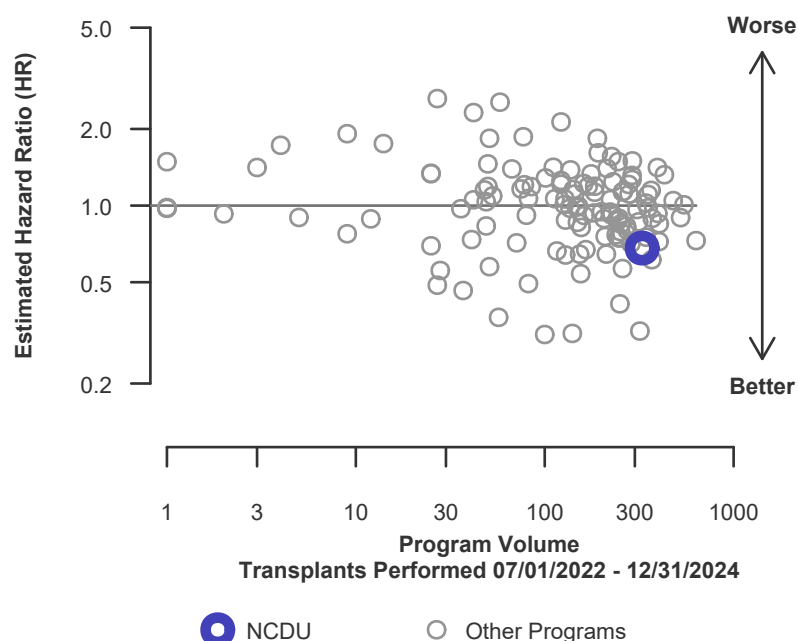
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.42, 1.01], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 32% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 58% reduced risk up to 1% 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 07/01/2022 and 12/31/2024

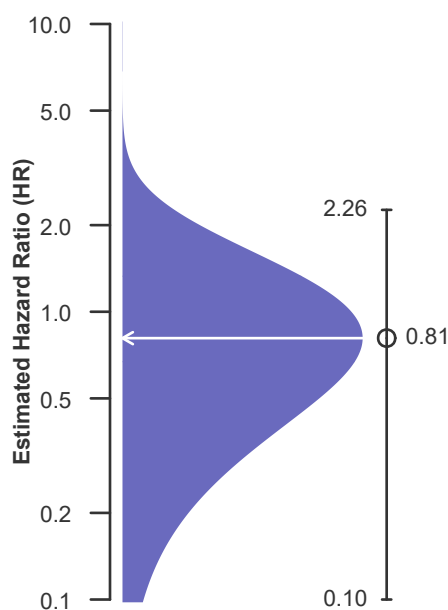
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	7	1,327
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%]	93.11% [91.73%-94.52%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	93.31%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	88
Number of expected graft failures (including deaths) during the first year after transplant	0.47	--
Estimated hazard ratio*	0.81	--
95% credible interval for the hazard ratio**	[0.10, 2.26]	--

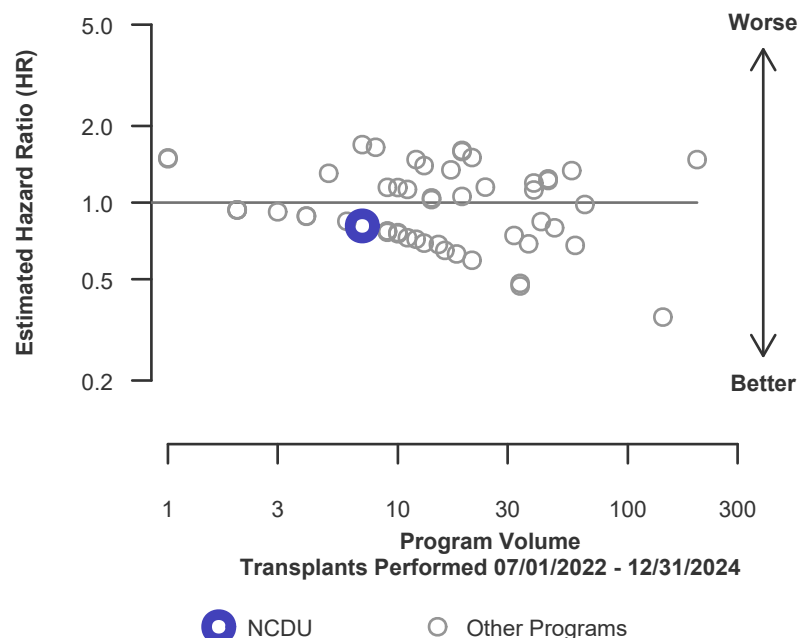
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.10, 2.26], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 19% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 90% reduced risk up to 126% 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 07/01/2022 and 12/31/2024

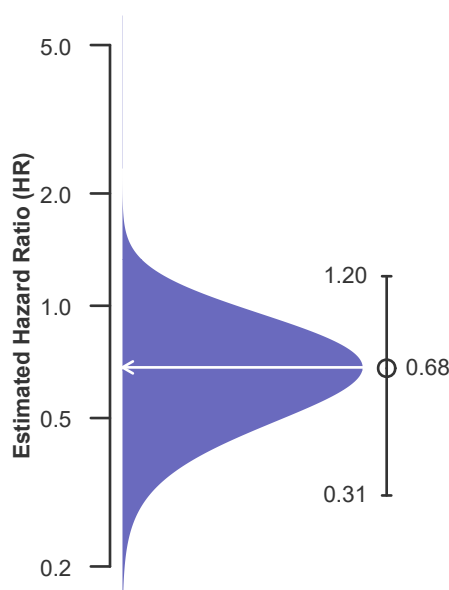
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	324	22,365
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] (unadjusted for patient and donor characteristics)	97.49% [96.75%-98.23%]	96.59% [96.49%-96.70%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	96.18%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	7	671
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	11.17	--
Estimated hazard ratio*	0.68	--
95% credible interval for the hazard ratio**	[0.31, 1.20]	--

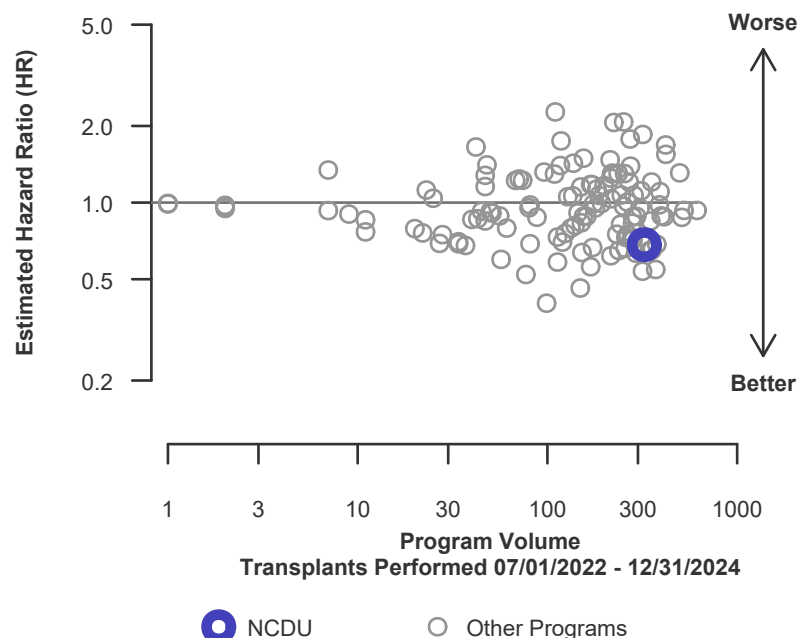
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.31, 1.20], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 32% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 69% reduced risk up to 20% 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 07/01/2022 and 12/31/2024

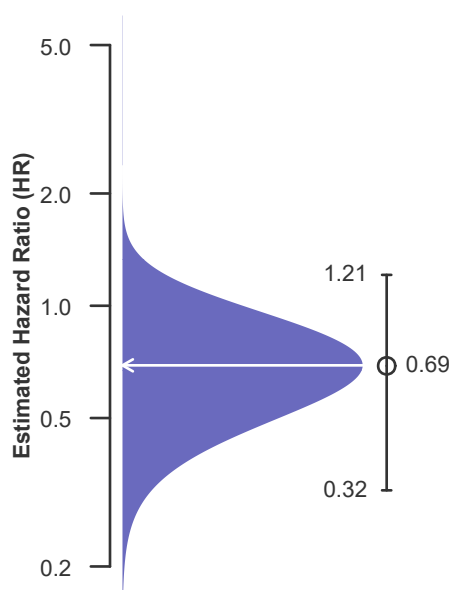
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	317	21,097
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] (unadjusted for patient and donor characteristics)	97.43% [96.67%-98.19%]	96.54% [96.43%-96.65%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	96.15%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	7	642
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	11.00	--
Estimated hazard ratio*	0.69	--
95% credible interval for the hazard ratio**	[0.32, 1.21]	--

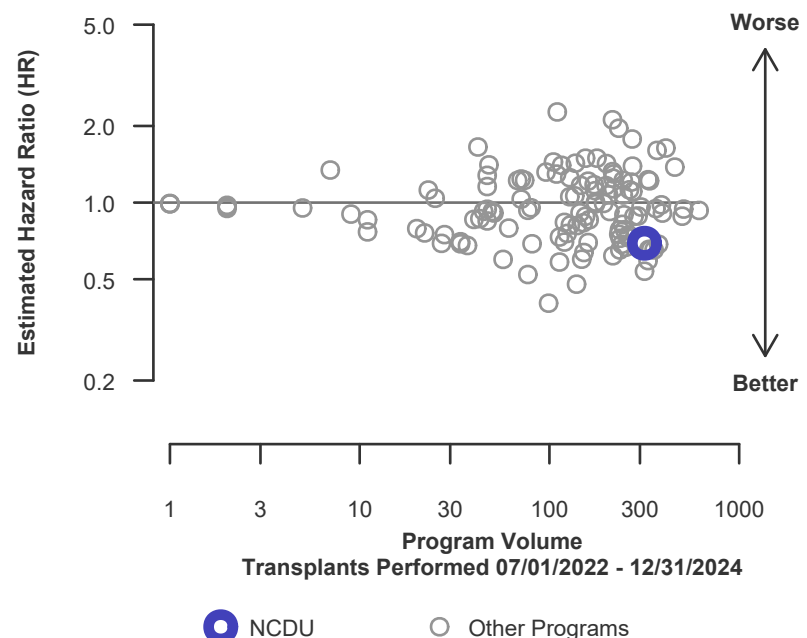
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.32, 1.21], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 31% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 68% reduced risk up to 21% 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 07/01/2022 and 12/31/2024

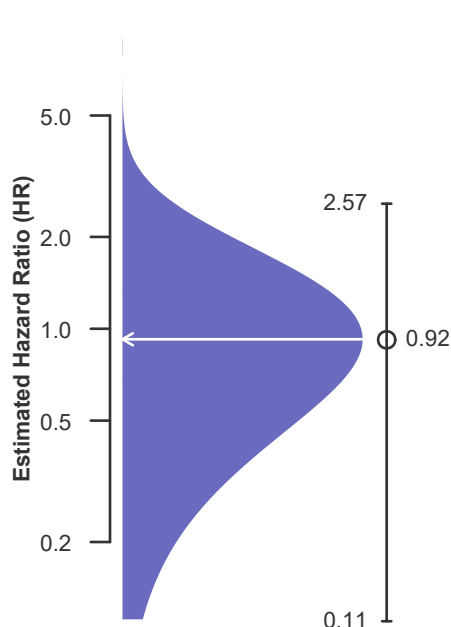
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	7	1,268
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%]	97.45% [97.12%-97.78%]
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)	97.47%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	29
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.17	--
Estimated hazard ratio*	0.92	--
95% credible interval for the hazard ratio**	[0.11, 2.57]	--

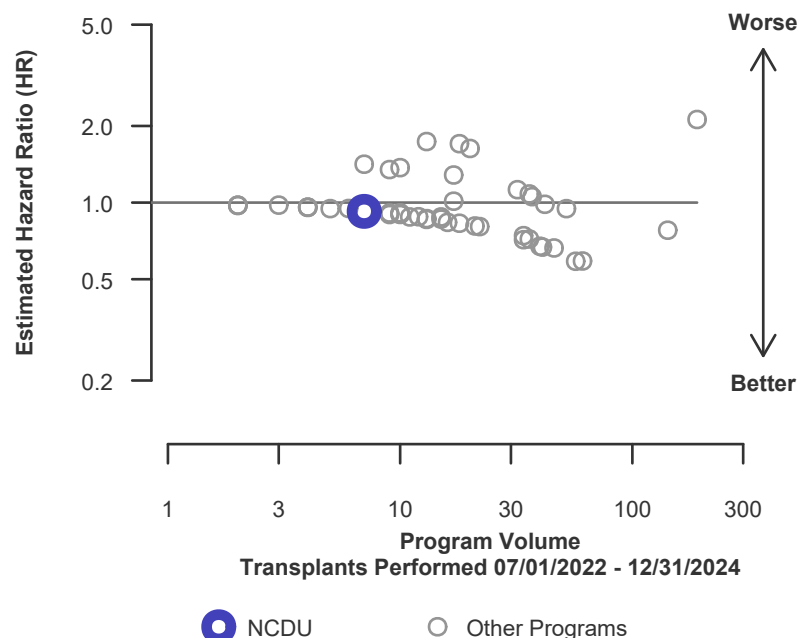
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU'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 NCDU's true hazard ratio with 95% probability. The best estimate is 8% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 89% reduced risk up to 157% 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 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

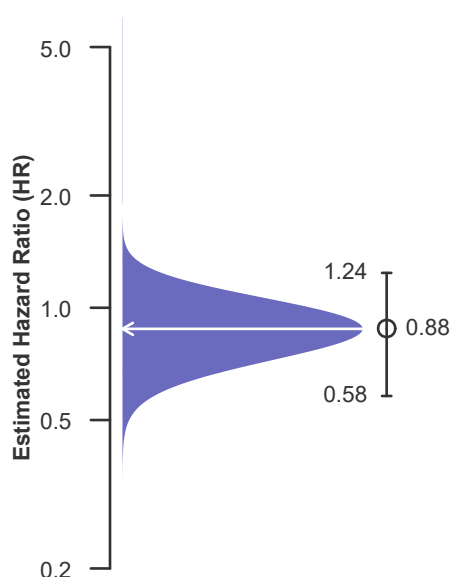
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NCDU	U.S.
Number of transplants evaluated	206	17,587
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	86.99% [82.35%-91.89%]	85.99% [85.46%-86.53%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	85.20%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	25	2,295
Number of expected graft failures (including deaths) during the first 3 years after transplant	28.76	--
Estimated hazard ratio*	0.88	--
95% credible interval for the hazard ratio**	[0.58, 1.24]	--

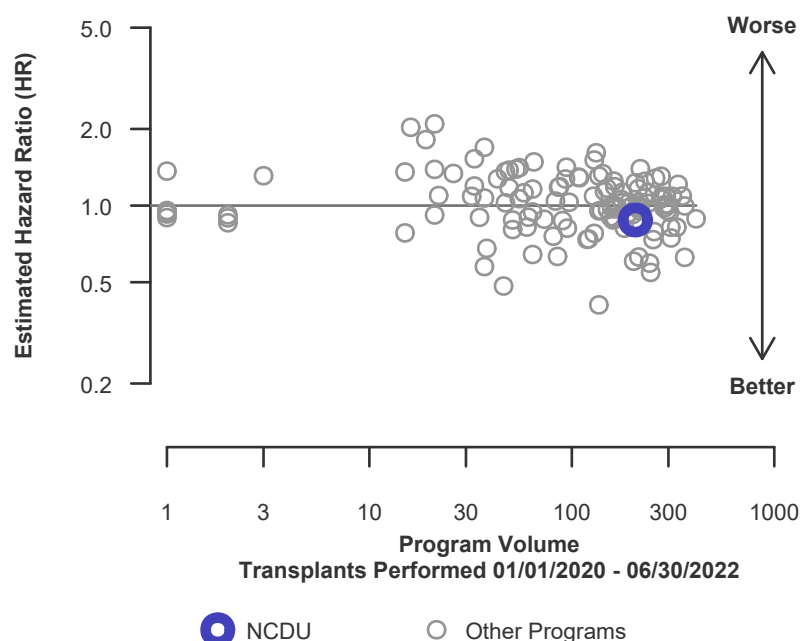
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.58, 1.24], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 12% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 42% reduced risk up to 24% 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 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

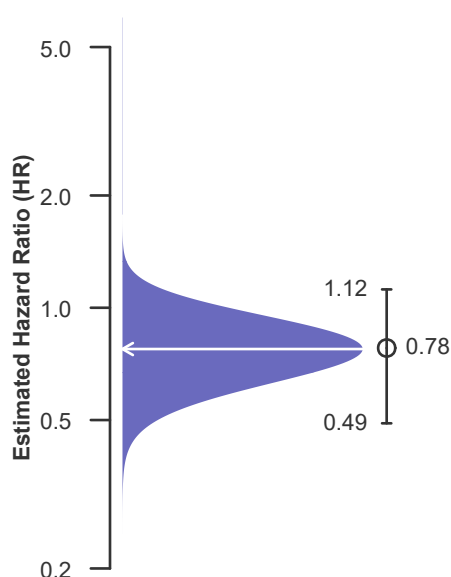
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NCDU	U.S.
Number of transplants evaluated	194	16,486
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	88.32% [83.74%-93.15%]	85.80% [85.24%-86.35%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	84.97%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	21	2,181
Number of expected graft failures (including deaths) during the first 3 years after transplant	27.67	--
Estimated hazard ratio*	0.78	--
95% credible interval for the hazard ratio**	[0.49, 1.12]	--

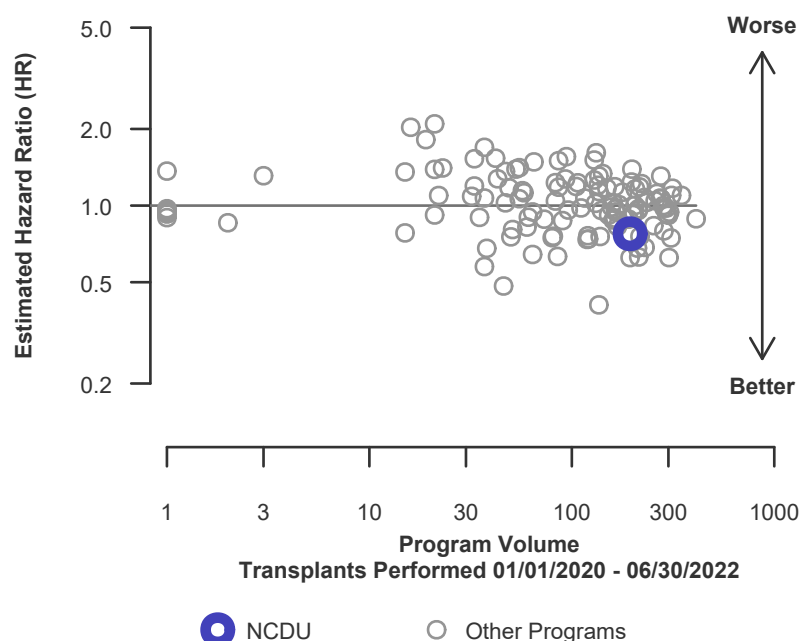
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.49, 1.12], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 22% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 51% reduced risk up to 12% 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 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

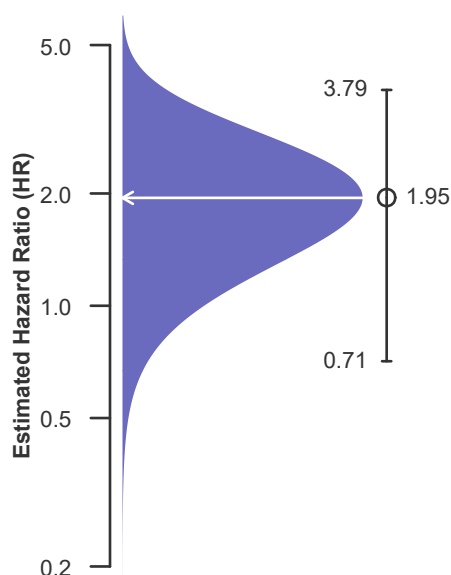
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NCDU	U.S.
Number of transplants evaluated	12	1,101
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	66.67% [44.68%-99.46%]	88.92% [87.02%-90.86%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	88.92%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	4	114
Number of expected graft failures (including deaths) during the first 3 years after transplant	1.08	--
Estimated hazard ratio*	1.95	--
95% credible interval for the hazard ratio**	[0.71, 3.79]	--

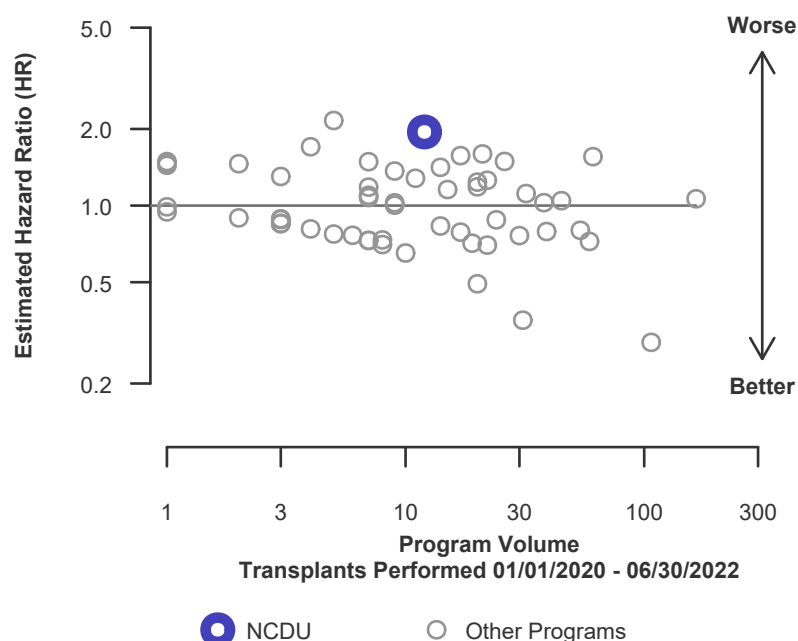
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.71, 3.79], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 95% higher risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 29% reduced risk up to 279% 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 07/01/2022 and 12/31/2024

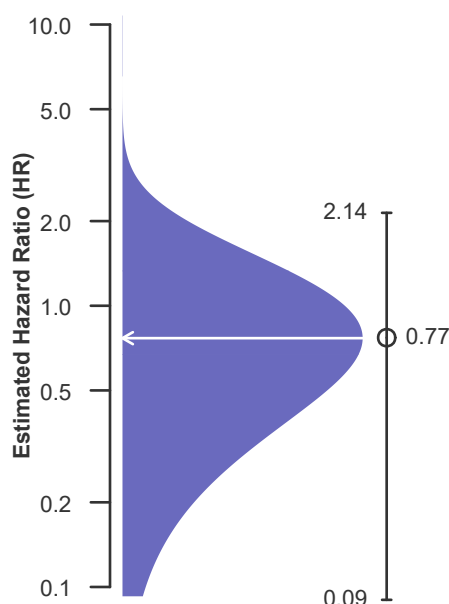
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	33	1,280
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%]	97.66% [96.83%-98.49%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.18%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	30
Number of expected graft failures (including deaths) during the first month after transplant	0.61	--
Estimated hazard ratio*	0.77	--
95% credible interval for the hazard ratio**	[0.09, 2.14]	--

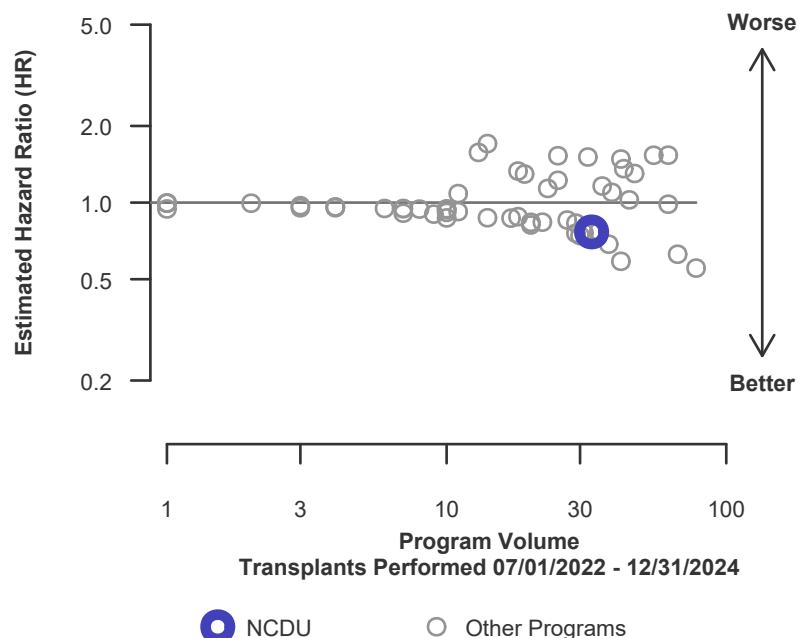
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU'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 NCDU's true hazard ratio with 95% probability. The best estimate is 23% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 91% reduced risk up to 114% 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 07/01/2022 and 12/31/2024

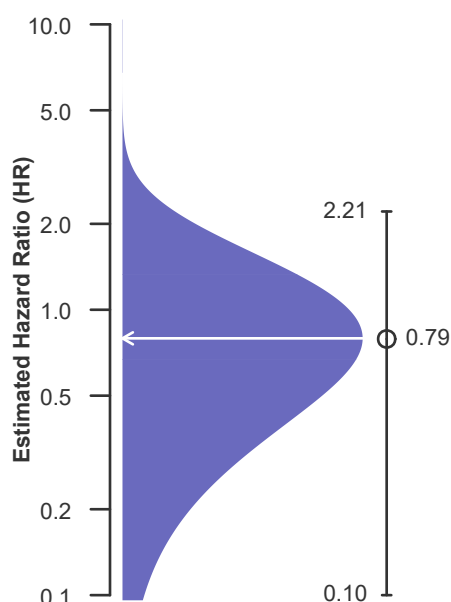
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	26	1,043
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%]	97.41% [96.45%-98.38%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.03%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	27
Number of expected graft failures (including deaths) during the first month after transplant	0.52	--
Estimated hazard ratio*	0.79	--
95% credible interval for the hazard ratio**	[0.10, 2.21]	--

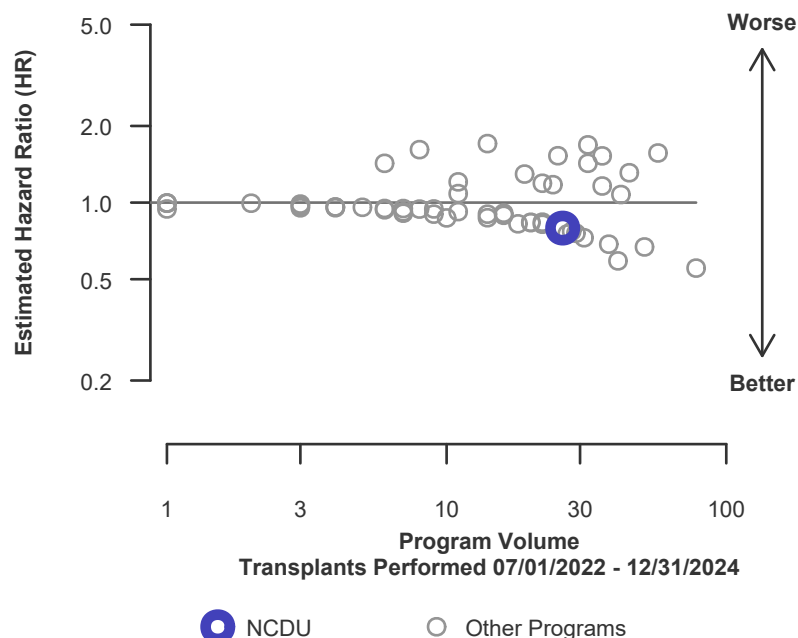
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.10, 2.21], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 21% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 90% reduced risk up to 121% 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 07/01/2022 and 12/31/2024

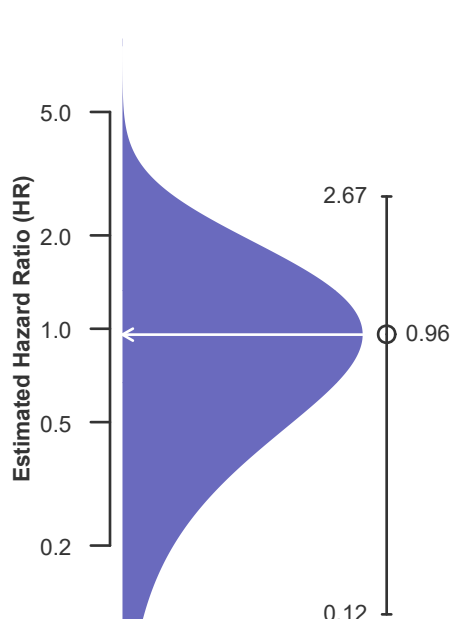
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	7	237
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%]	98.73% [97.32%-100.00%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.74%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	3
Number of expected graft failures (including deaths) during the first month after transplant	0.09	--
Estimated hazard ratio*	0.96	--
95% credible interval for the hazard ratio**	[0.12, 2.67]	--

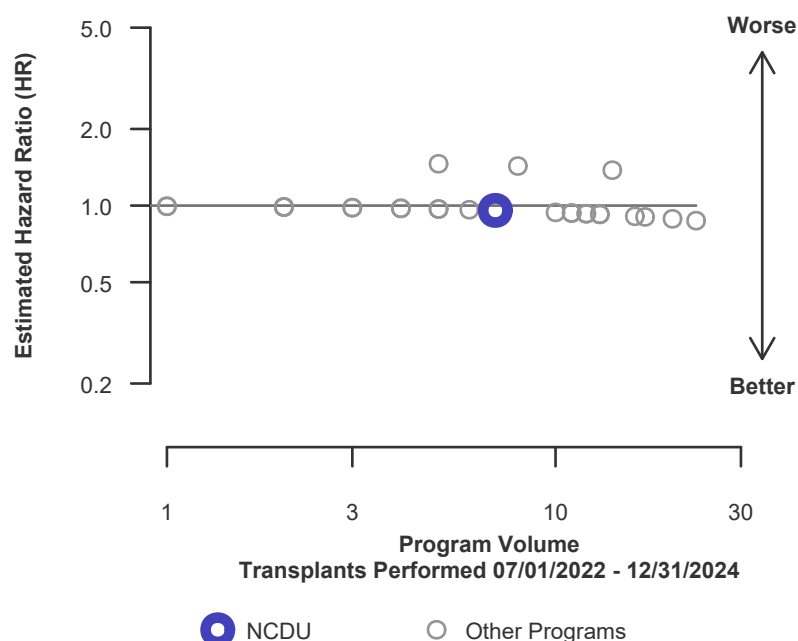
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU'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 NCDU's true hazard ratio with 95% probability. The best estimate is 4% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 88% reduced risk up to 167% 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 07/01/2022 and 12/31/2024

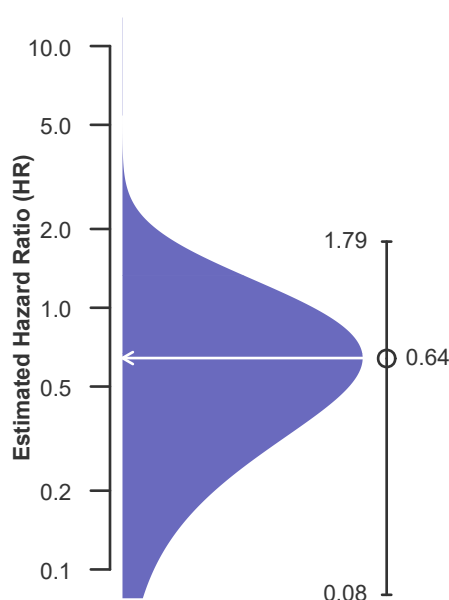
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	33	1,280
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%]	96.25% [95.21%-97.30%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	96.70%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	48
Number of expected graft failures (including deaths) during the first 90 days after transplant	1.11	--
Estimated hazard ratio*	0.64	--
95% credible interval for the hazard ratio**	[0.08, 1.79]	--

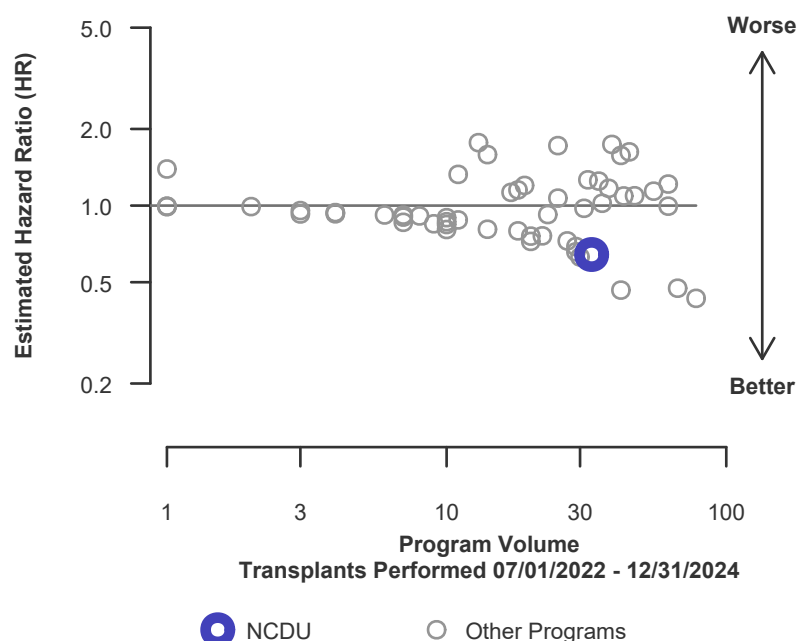
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.08, 1.79], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 36% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 92% reduced risk up to 79% 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 07/01/2022 and 12/31/2024

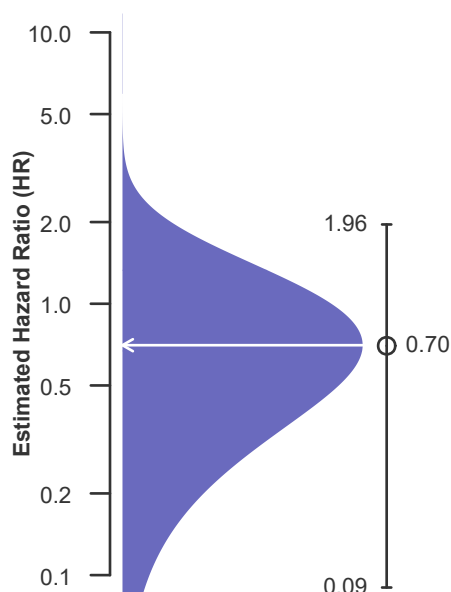
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	26	1,043
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%]	96.26% [95.12%-97.42%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	96.83%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	39
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.84	--
Estimated hazard ratio*	0.70	--
95% credible interval for the hazard ratio**	[0.09, 1.96]	--

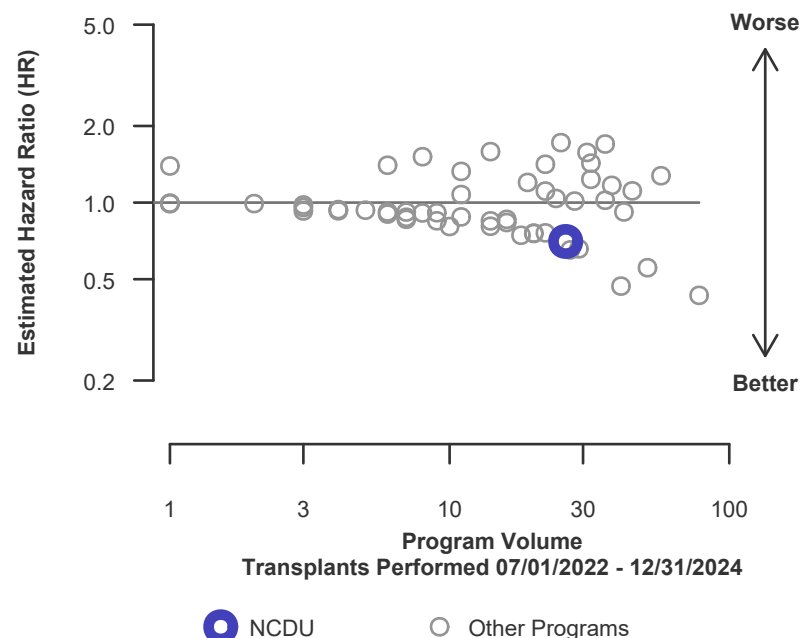
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.09, 1.96], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 30% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 91% reduced risk up to 96% 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 07/01/2022 and 12/31/2024

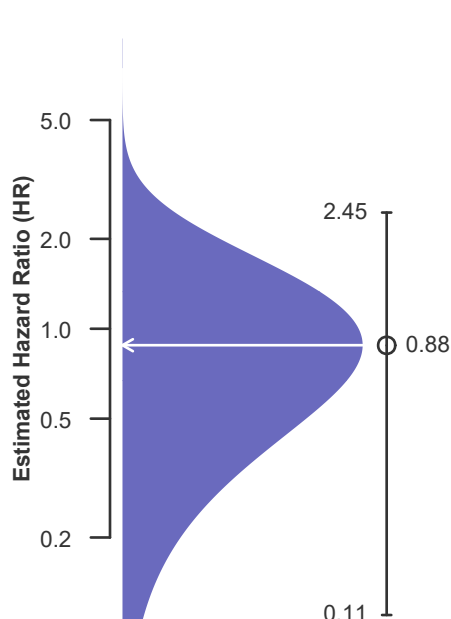
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	7	237
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%]	96.20% [93.80%-98.67%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	96.21%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	9
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.27	--
Estimated hazard ratio*	0.88	--
95% credible interval for the hazard ratio**	[0.11, 2.45]	--

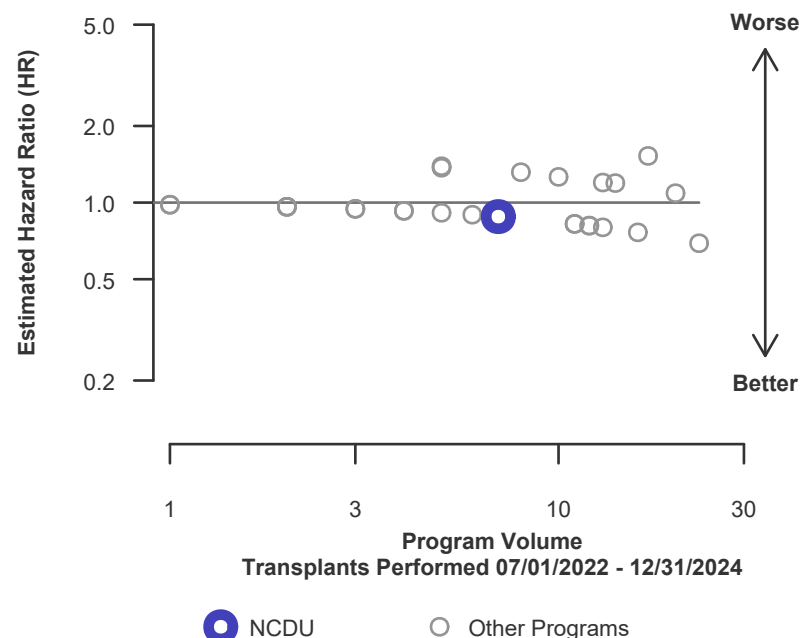
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.11, 2.45], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 12% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 89% reduced risk up to 145% 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 07/01/2022 and 12/31/2024

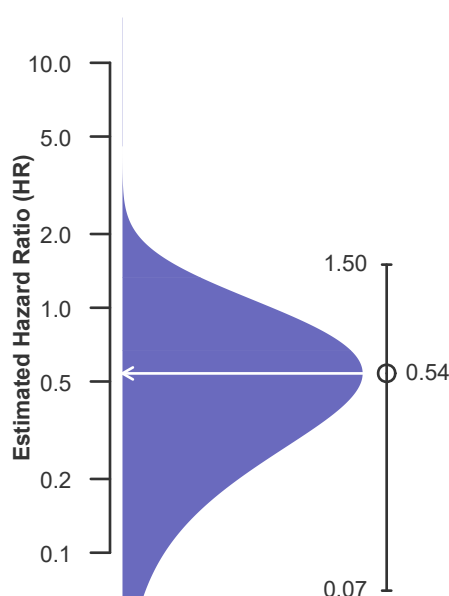
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	33	1,280
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%]	94.10% [92.79%-95.43%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	94.75%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	73
Number of expected graft failures (including deaths) during the first year after transplant	1.71	--
Estimated hazard ratio*	0.54	--
95% credible interval for the hazard ratio**	[0.07, 1.50]	--

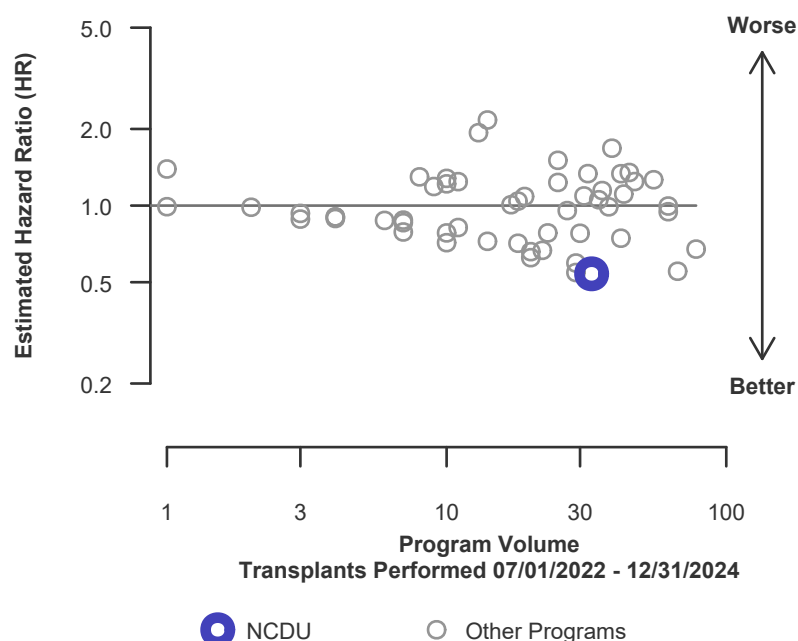
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.07, 1.50], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 46% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 93% reduced risk up to 50% 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 07/01/2022 and 12/31/2024

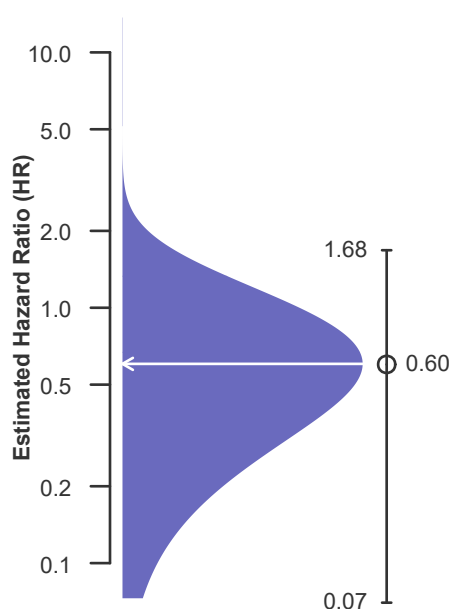
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	26	1,043
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%]	94.03% [92.57%-95.52%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	94.84%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	60
Number of expected graft failures (including deaths) during the first year after transplant	1.32	--
Estimated hazard ratio*	0.60	--
95% credible interval for the hazard ratio**	[0.07, 1.68]	--

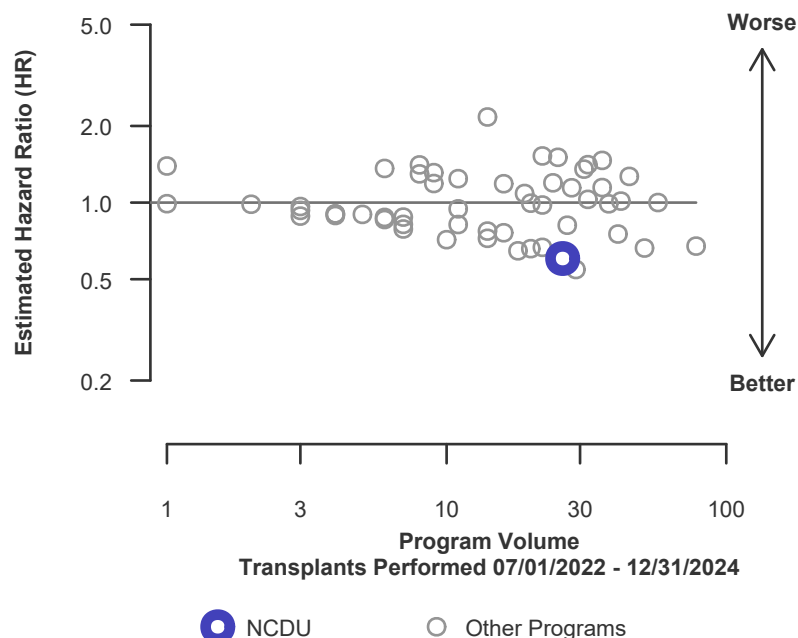
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.07, 1.68], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 40% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 93% reduced risk up to 68% 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 07/01/2022 and 12/31/2024

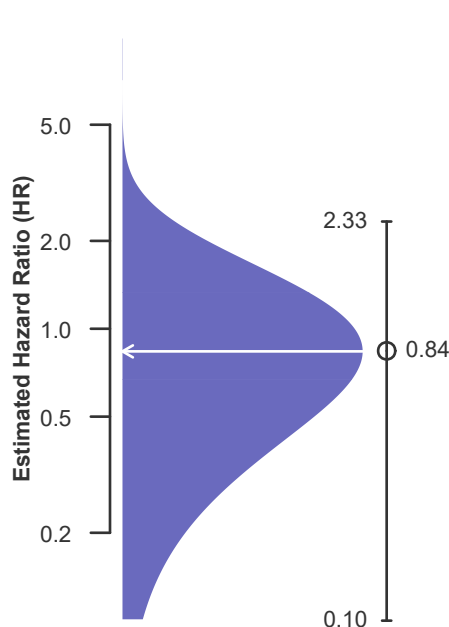
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	7	237
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%]	94.41% [91.50%-97.42%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	94.42%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	13
Number of expected graft failures (including deaths) during the first year after transplant	0.39	--
Estimated hazard ratio*	0.84	--
95% credible interval for the hazard ratio**	[0.10, 2.33]	--

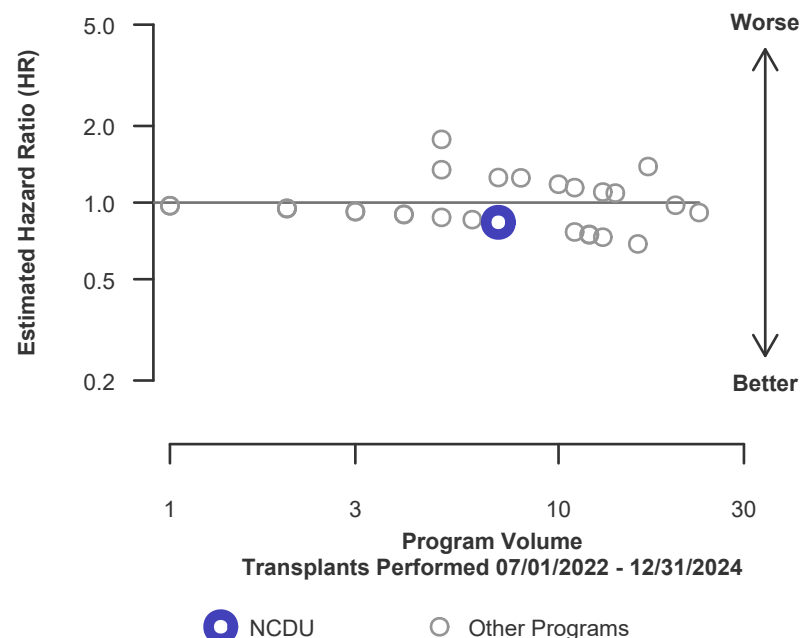
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.10, 2.33], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 16% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 90% reduced risk up to 133% 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 07/01/2022 and 12/31/2024

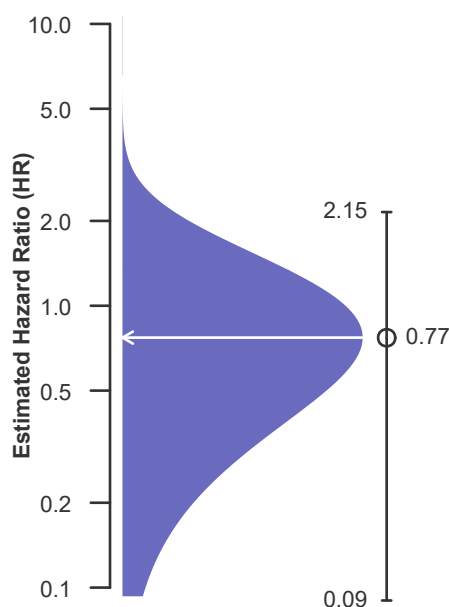
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	33	1,232
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%]	97.77% [97.46%-98.08%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	97.99%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	25
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.59	--
Estimated hazard ratio*	0.77	--
95% credible interval for the hazard ratio**	[0.09, 2.15]	--

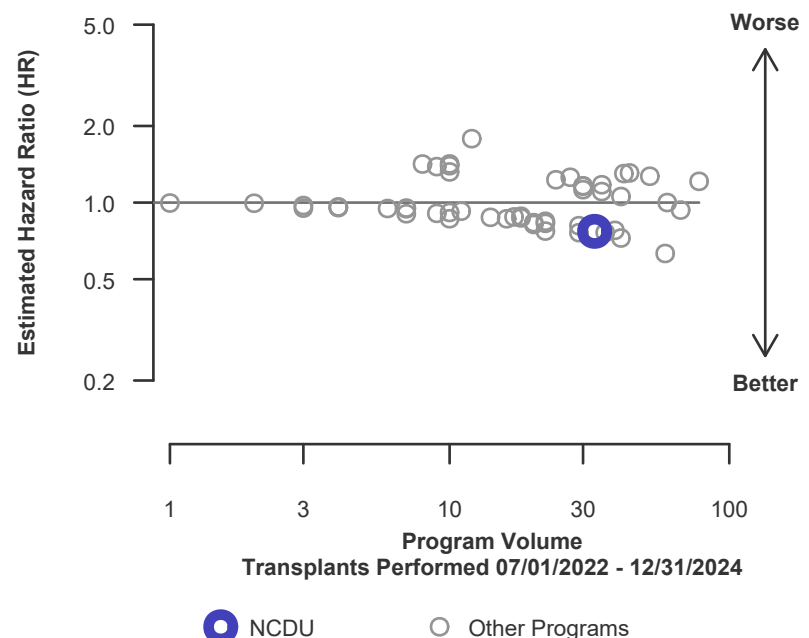
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.09, 2.15], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 23% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 91% reduced risk up to 115% 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 07/01/2022 and 12/31/2024

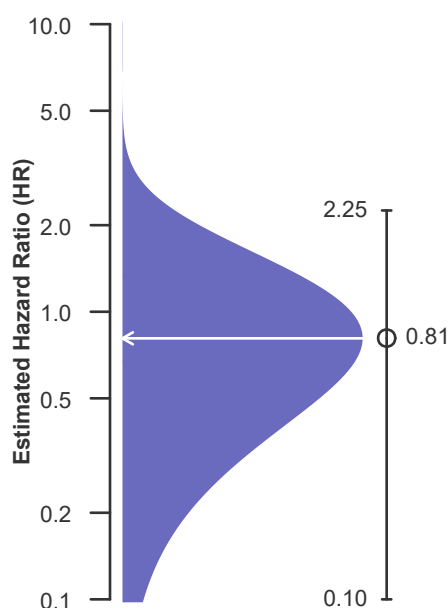
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	26	1,004
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%]	97.69% [97.33%-98.05%]
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)	97.94%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	21
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.47	--
Estimated hazard ratio*	0.81	--
95% credible interval for the hazard ratio**	[0.10, 2.25]	--

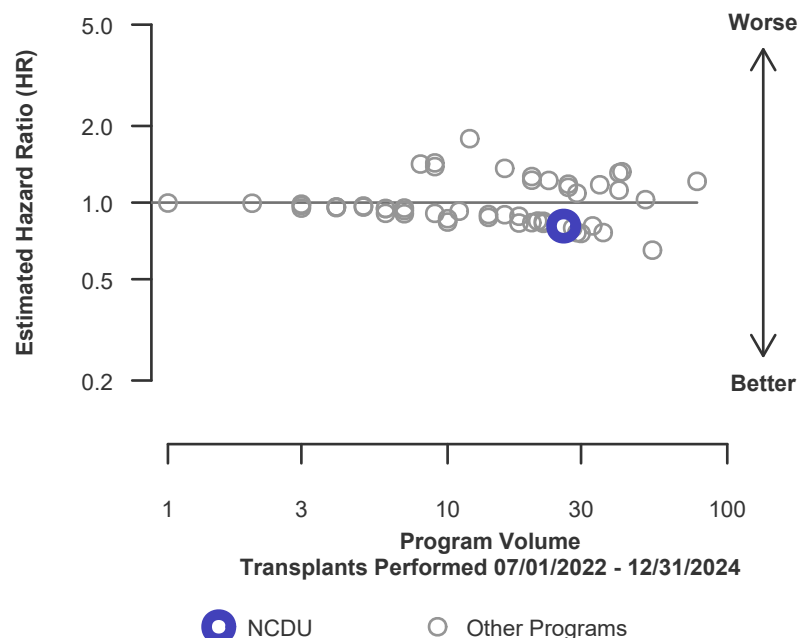
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.10, 2.25], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 19% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 90% reduced risk up to 125% 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 07/01/2022 and 12/31/2024

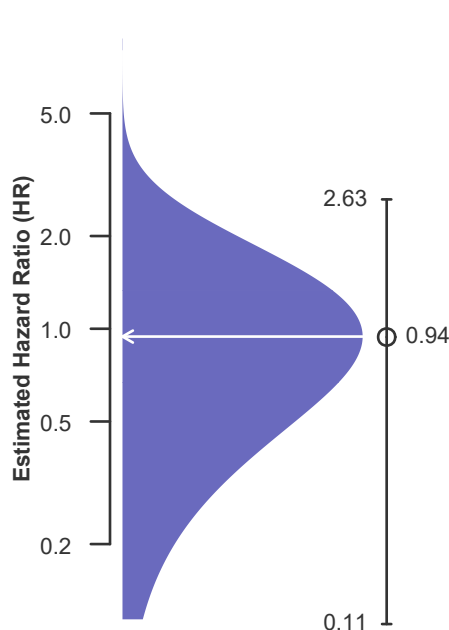
Deaths and retransplants are considered graft failures

	NCDU	U.S.
Number of transplants evaluated	7	228
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%]	98.14% [97.55%-98.73%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	98.14%	--
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	0.12	--
Estimated hazard ratio*	0.94	--
95% credible interval for the hazard ratio**	[0.11, 2.63]	--

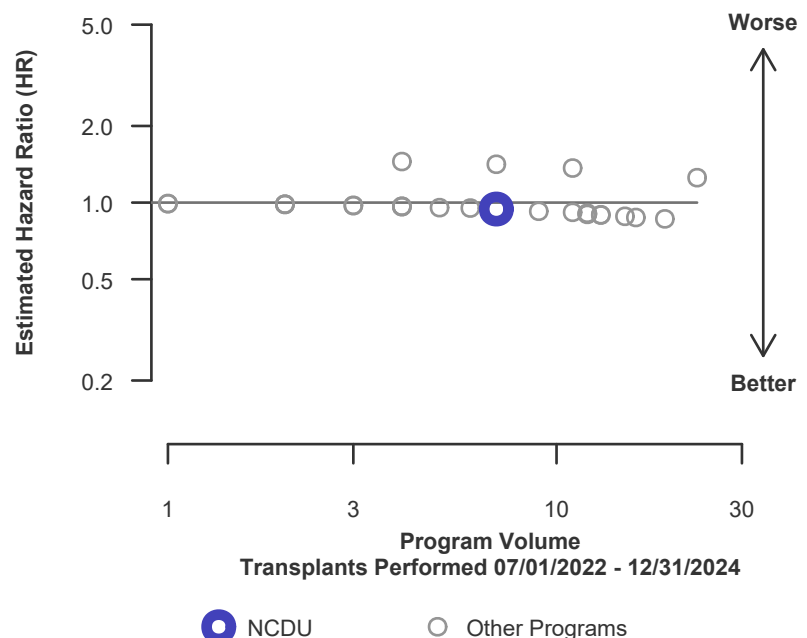
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.11, 2.63], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 6% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 89% reduced risk up to 163% 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 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

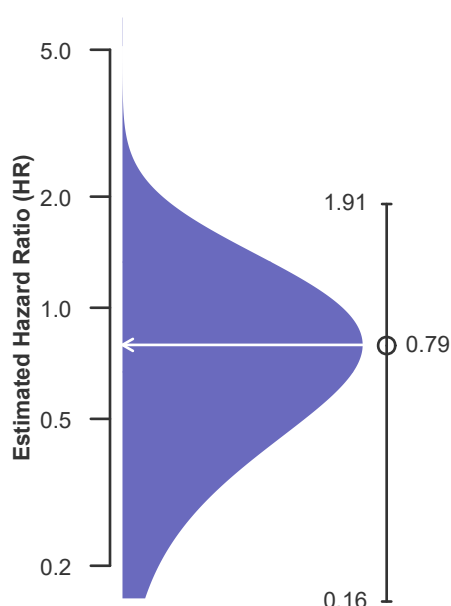
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NCDU	U.S.
Number of transplants evaluated	24	1,111
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	95.45% [87.14%-100.00%]	89.90% [88.10%-91.75%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	92.01%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	1	106
Number of expected graft failures (including deaths) during the first 3 years after transplant	1.78	--
Estimated hazard ratio*	0.79	--
95% credible interval for the hazard ratio**	[0.16, 1.91]	--

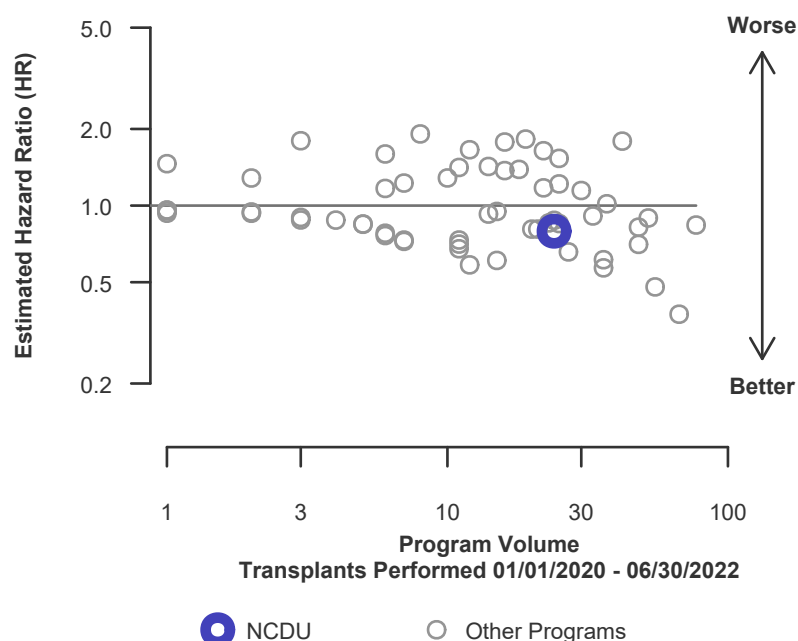
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.16, 1.91], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 21% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 84% reduced risk up to 91% 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 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

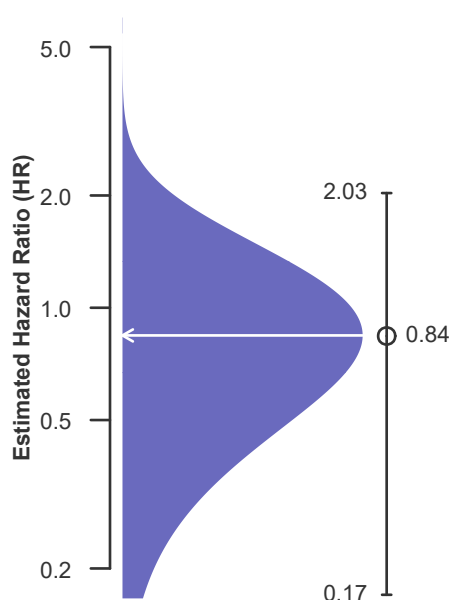
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NCDU	U.S.
Number of transplants evaluated	19	937
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	94.44% [84.43%-100.00%]	89.56% [87.57%-91.59%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	91.27%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	1	93
Number of expected graft failures (including deaths) during the first 3 years after transplant	1.56	--
Estimated hazard ratio*	0.84	--
95% credible interval for the hazard ratio**	[0.17, 2.03]	--

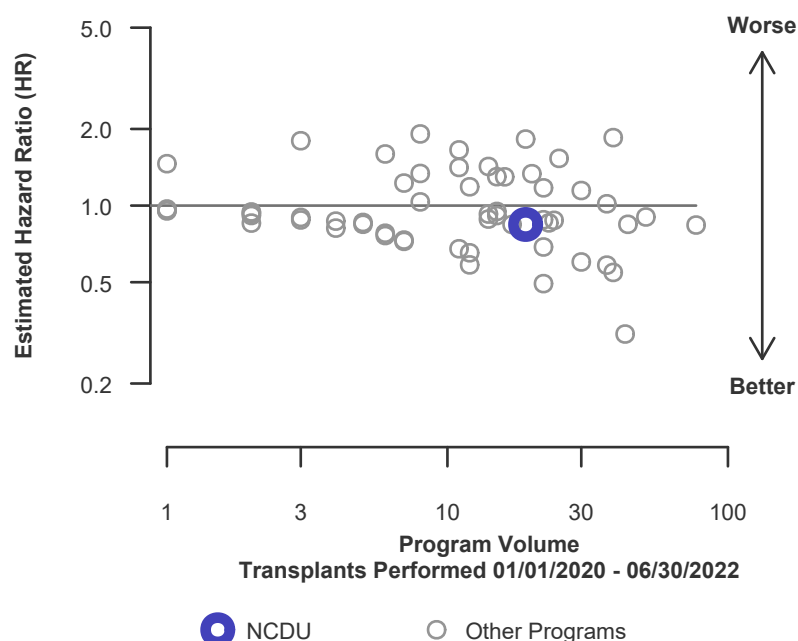
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.17, 2.03], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 16% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 83% reduced risk up to 103% 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 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Deaths and retransplants are considered graft failures

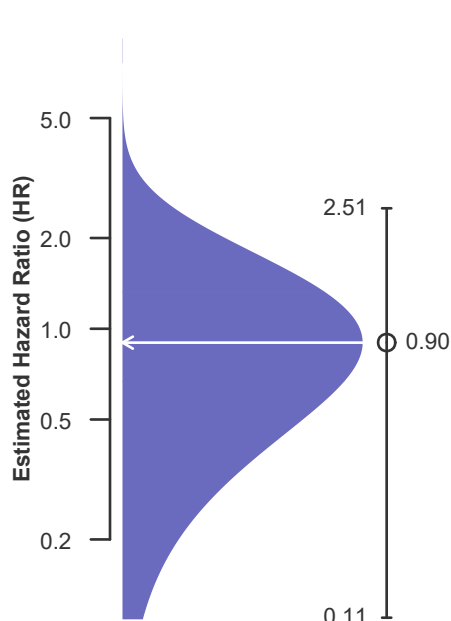
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NCDU	U.S.
Number of transplants evaluated	5	174
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%]	91.77% [87.57%-96.17%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	94.84%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	13
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.22	--
Estimated hazard ratio*	0.90	--
95% credible interval for the hazard ratio**	[0.11, 2.51]	--

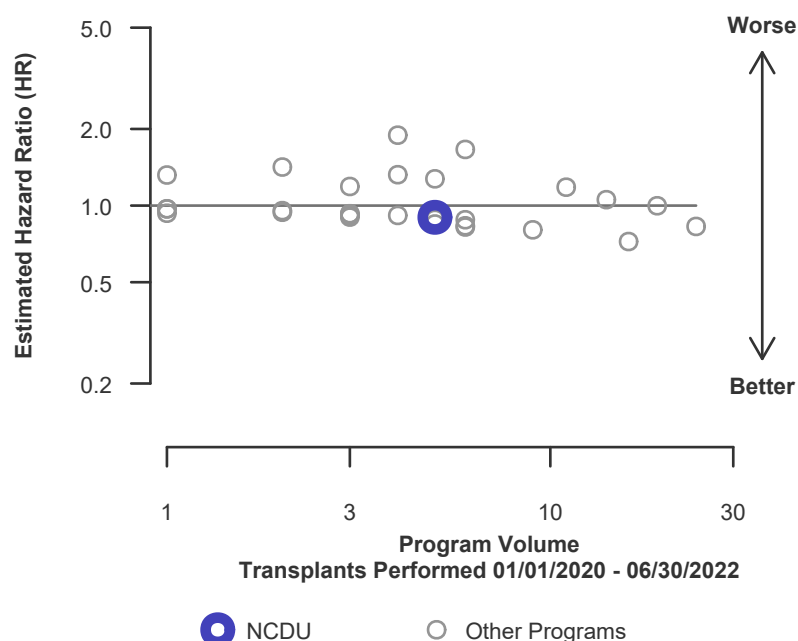
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.11, 2.51], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 10% lower risk of graft failure compared to an average program, but NCDU's performance could plausibly range from 89% reduced risk up to 151% 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 07/01/2022 and 12/31/2024

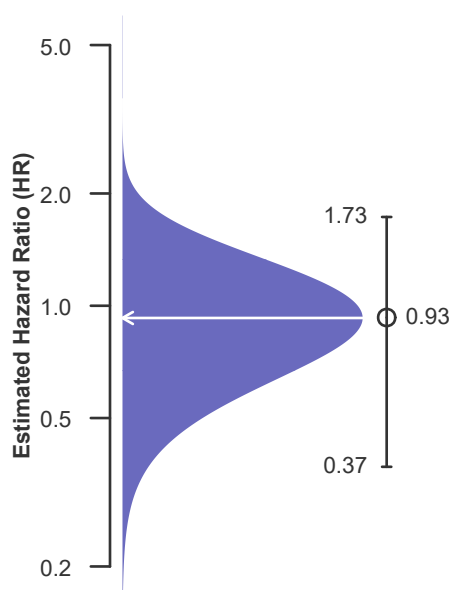
Retransplants excluded

	NCDU	U.S.
Number of transplants evaluated	321	22,630
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	98.44% [97.10%-99.81%]	98.45% [98.29%-98.61%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.28%	--
Number of observed deaths during the first month after transplant	5	351
Number of expected deaths during the first month after transplant	5.55	--
Estimated hazard ratio*	0.93	--
95% credible interval for the hazard ratio**	[0.37, 1.73]	--

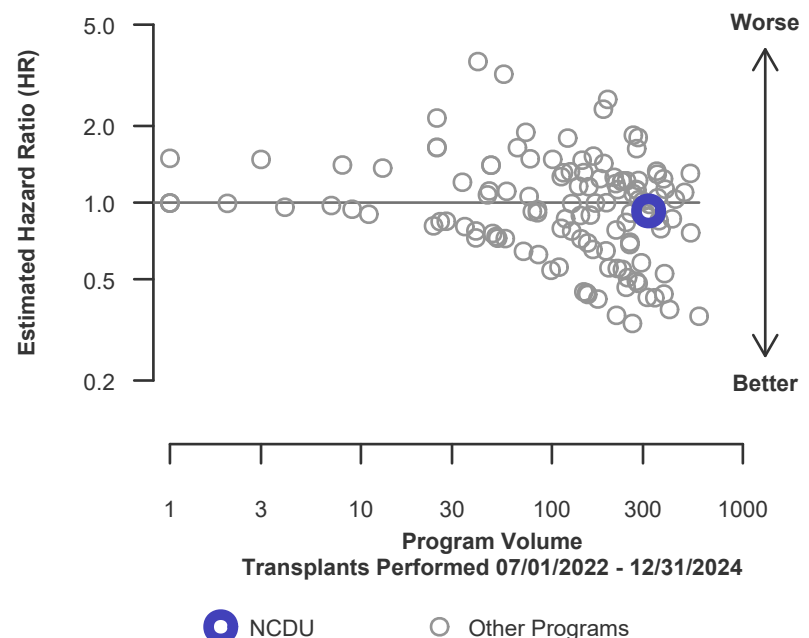
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.37, 1.73], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 7% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 63% reduced risk up to 73% 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 07/01/2022 and 12/31/2024

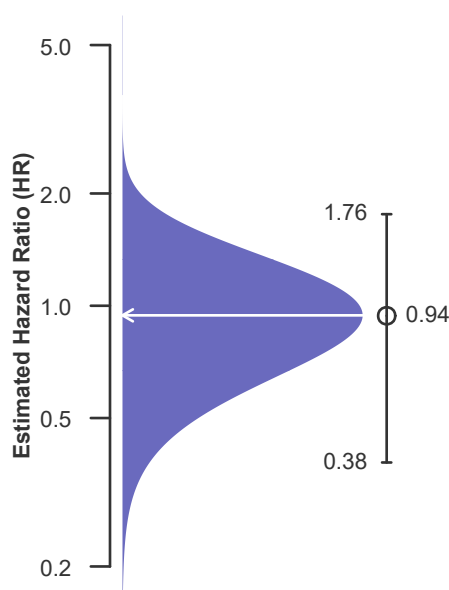
Retransplants excluded

	NCDU	U.S.
Number of transplants evaluated	314	21,316
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	98.41% [97.03%-99.80%]	98.42% [98.26%-98.59%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.28%	--
Number of observed deaths during the first month after transplant	5	336
Number of expected deaths during the first month after transplant	5.43	--
Estimated hazard ratio*	0.94	--
95% credible interval for the hazard ratio**	[0.38, 1.76]	--

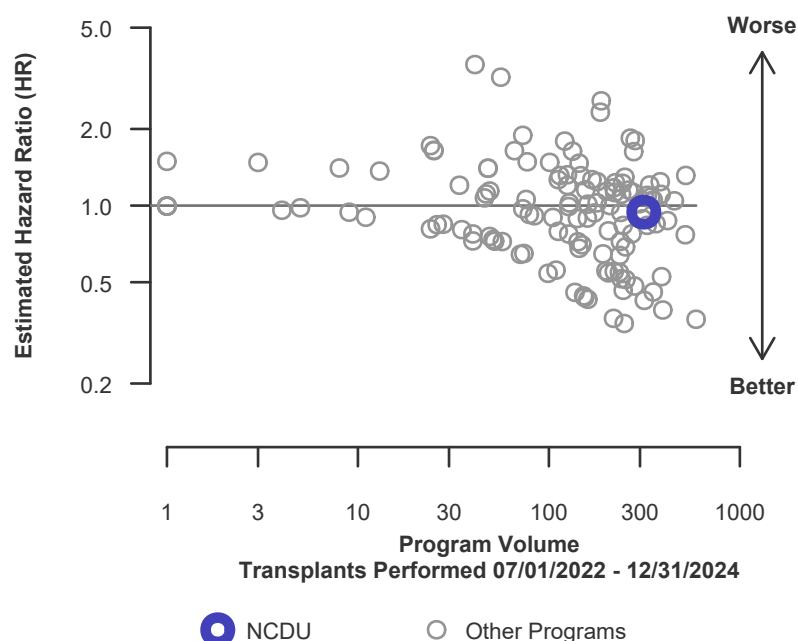
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.38, 1.76], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 6% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 62% reduced risk up to 76% 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 07/01/2022 and 12/31/2024

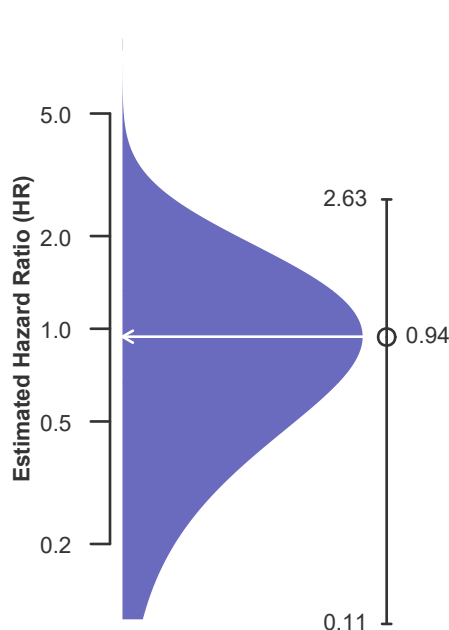
Retransplants excluded

	NCDU	U.S.
Number of transplants evaluated	7	1,314
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.86% [98.29%-99.43%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.29%	--
Number of observed deaths during the first month after transplant	0	15
Number of expected deaths during the first month after transplant	0.12	--
Estimated hazard ratio*	0.94	--
95% credible interval for the hazard ratio**	[0.11, 2.63]	--

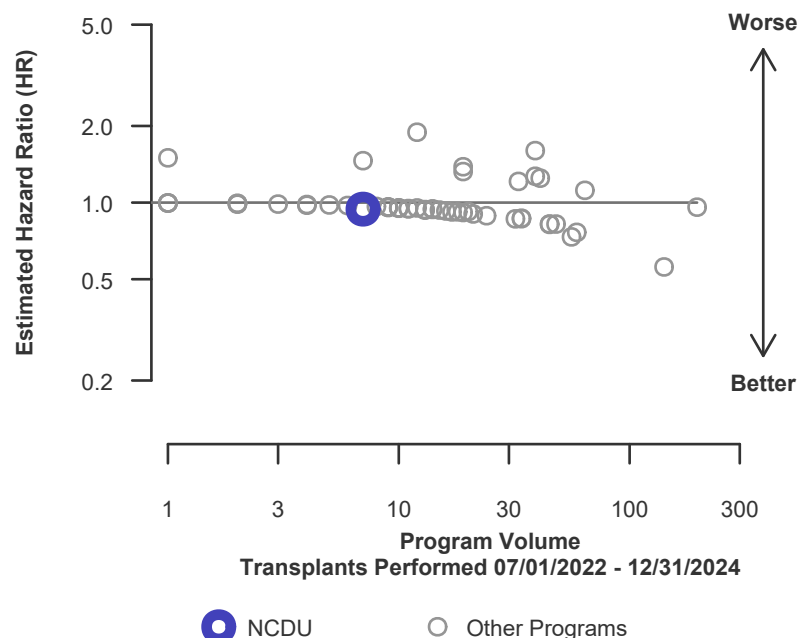
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.11, 2.63], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 6% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 89% reduced risk up to 163% 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 07/01/2022 and 12/31/2024

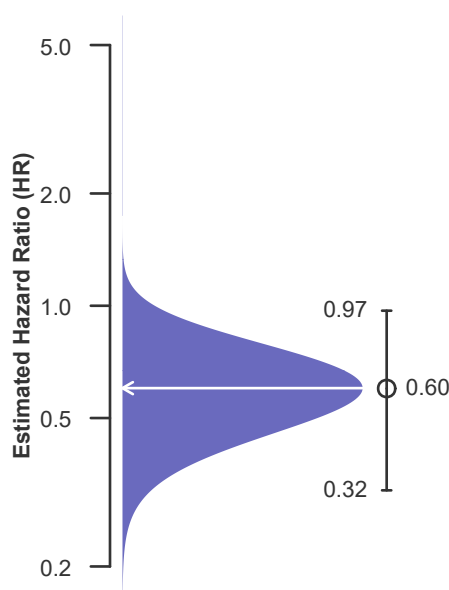
Retransplants excluded

	NCDU	U.S.
Number of transplants evaluated	321	22,630
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	96.37% [94.27%-98.51%]	94.27% [93.96%-94.59%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	93.67%	--
Number of observed deaths during the first year after transplant	11	1,219
Number of expected deaths during the first year after transplant	19.62	--
Estimated hazard ratio*	0.60	--
95% credible interval for the hazard ratio**	[0.32, 0.97]	--

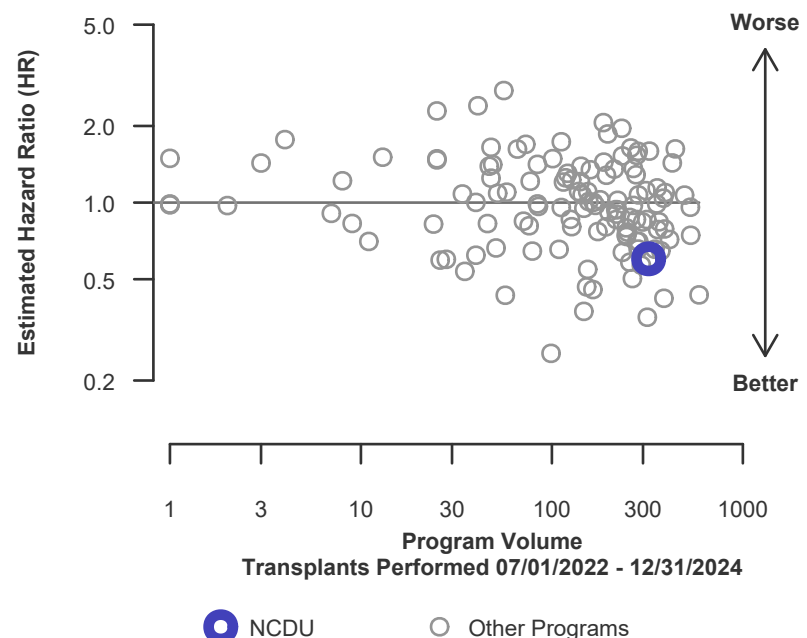
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.32, 0.97], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 40% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 68% reduced risk up to 3% reduced risk.

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



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





## C. Transplant Information

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

Single organ transplants performed between 07/01/2022 and 12/31/2024

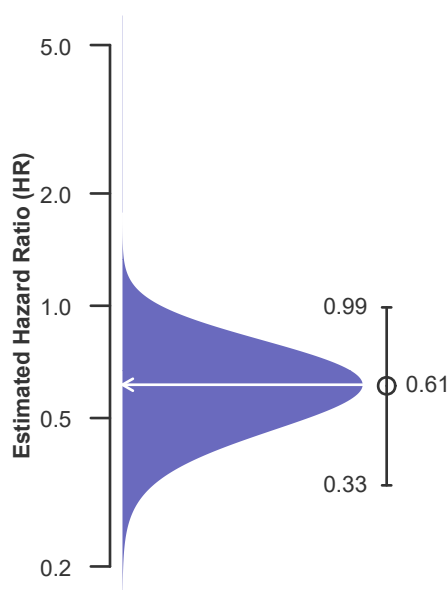
Retransplants excluded

	NCDU	U.S.
Number of transplants evaluated	314	21,316
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	96.28% [94.14%-98.47%]	94.17% [93.84%-94.50%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	93.67%	--
Number of observed deaths during the first year after transplant	11	1,169
Number of expected deaths during the first year after transplant	19.17	--
Estimated hazard ratio*	0.61	--
95% credible interval for the hazard ratio**	[0.33, 0.99]	--

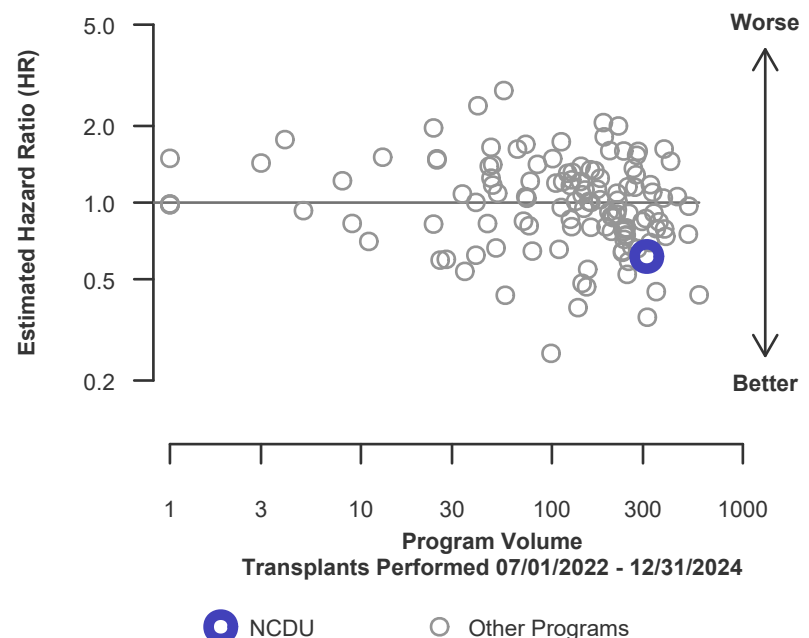
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.33, 0.99], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 39% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 67% reduced risk up to 1% reduced 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 07/01/2022 and 12/31/2024

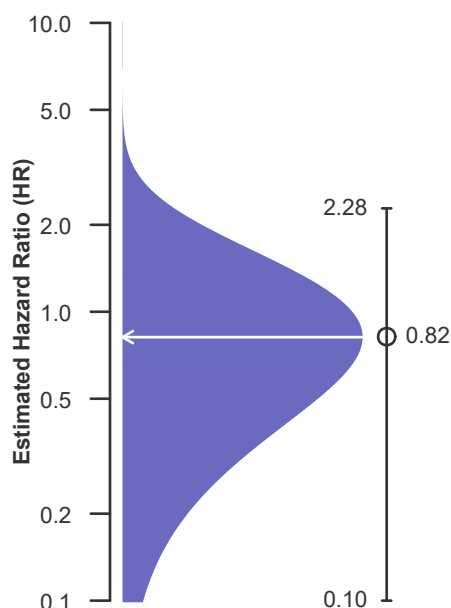
Retransplants excluded

	NCDU	U.S.
Number of transplants evaluated	7	1,314
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	95.95% [94.86%-97.06%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	93.85%	--
Number of observed deaths during the first year after transplant	0	50
Number of expected deaths during the first year after transplant	0.45	--
Estimated hazard ratio*	0.82	--
95% credible interval for the hazard ratio**	[0.10, 2.28]	--

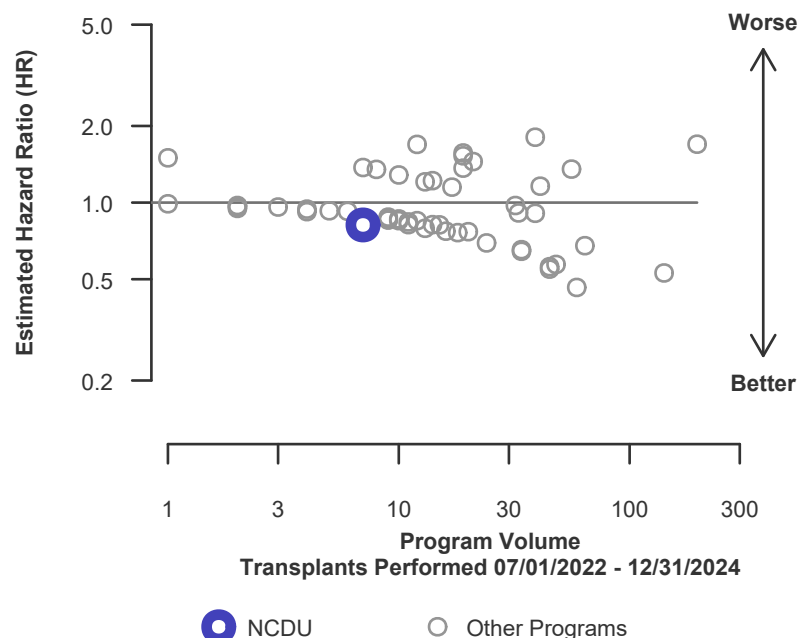
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's patient death 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 NCDU's true hazard ratio with 95% probability. The best estimate is 18% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 90% reduced risk up to 128% 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 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Retransplants excluded

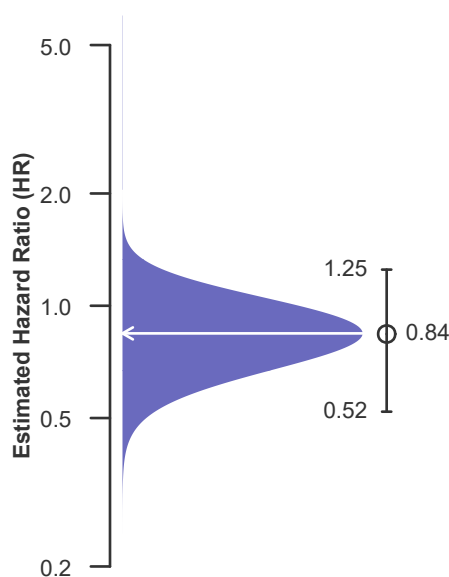
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NCDU	U.S.
Number of transplants evaluated	195	16,940
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	90.00% [85.72%-94.50%]	88.28% [87.78%-88.79%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	88.19%	--
Number of observed deaths during the first 3 years after transplant	18	1,840
Number of expected deaths during the first 3 years after transplant	21.72	--
Estimated hazard ratio*	0.84	--
95% credible interval for the hazard ratio**	[0.52, 1.25]	--

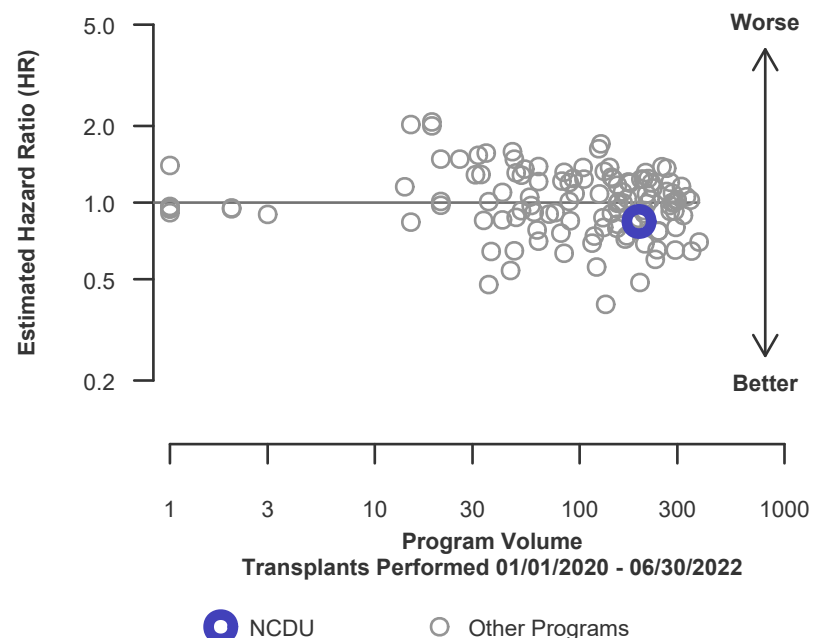
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.52, 1.25], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 16% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 48% reduced risk up to 25% increased risk.

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



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





## C. Transplant Information

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

Single organ transplants performed between 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Retransplants excluded

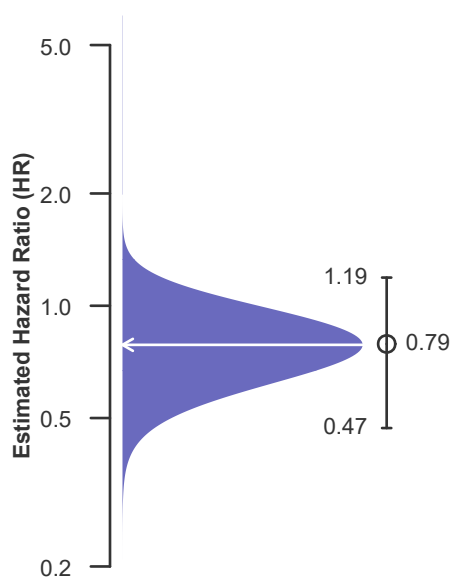
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NCDU	U.S.
Number of transplants evaluated	183	15,850
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	90.49% [86.16%-95.04%]	88.07% [87.55%-88.59%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	87.90%	--
Number of observed deaths during the first 3 years after transplant	16	1,753
Number of expected deaths during the first 3 years after transplant	20.91	--
Estimated hazard ratio*	0.79	--
95% credible interval for the hazard ratio**	[0.47, 1.19]	--

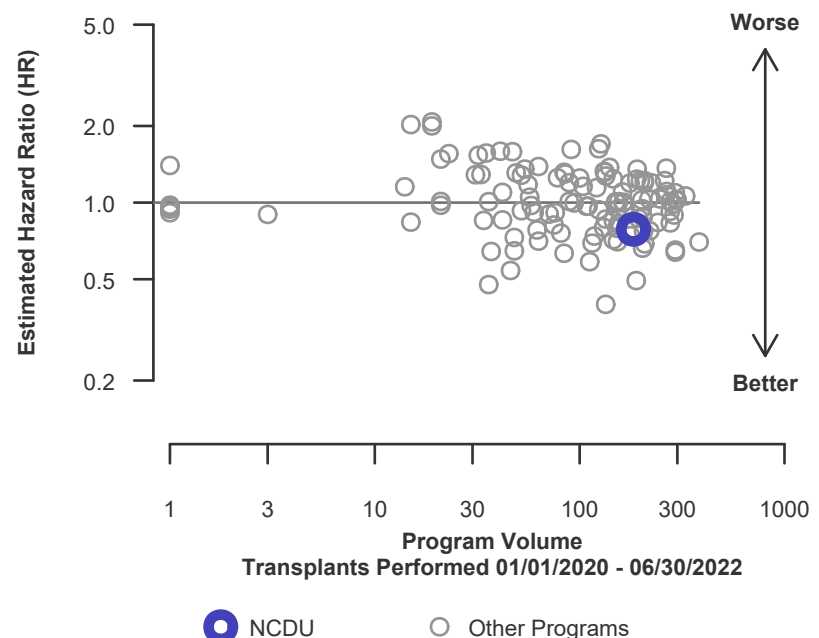
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.47, 1.19], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 21% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 53% reduced risk up to 19% 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 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Retransplants excluded

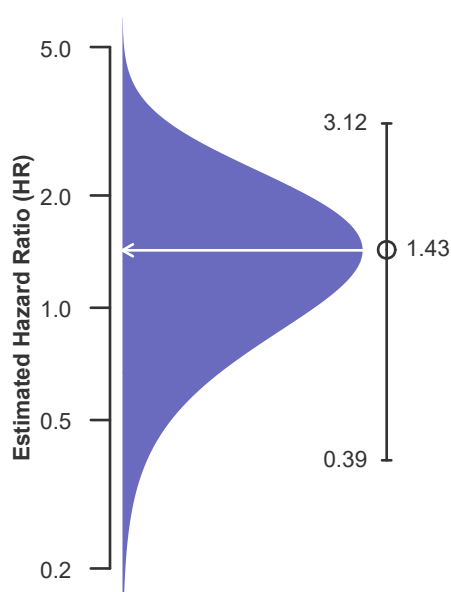
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NCDU	U.S.
Number of transplants evaluated	12	1,090
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	83.33% [64.70%-100.00%]	91.37% [89.65%-93.12%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.61%	--
Number of observed deaths during the first 3 years after transplant	2	87
Number of expected deaths during the first 3 years after transplant	0.81	--
Estimated hazard ratio*	1.43	--
95% credible interval for the hazard ratio**	[0.39, 3.12]	--

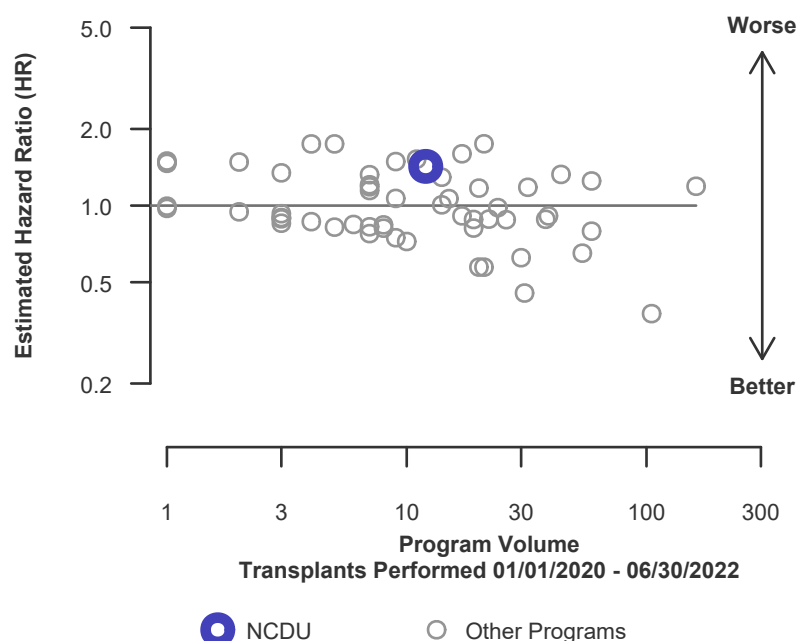
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.39, 3.12], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 43% higher risk of patient death compared to an average program, but NCDU's performance could plausibly range from 61% reduced risk up to 212% 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 07/01/2022 and 12/31/2024

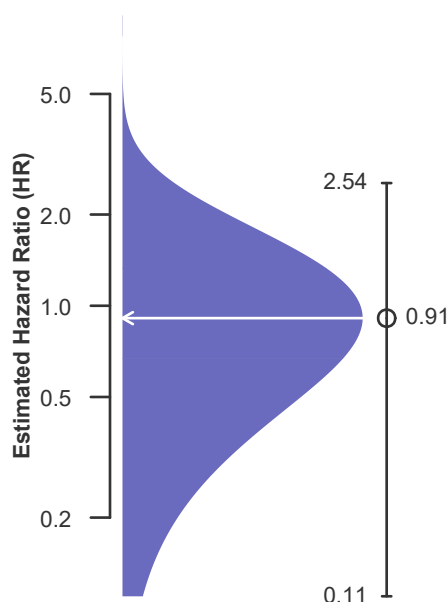
Retransplants excluded

	NCDU	U.S.
Number of transplants evaluated	31	1,218
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.10% [98.57%-99.63%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.37%	--
Number of observed deaths during the first month after transplant	0	11
Number of expected deaths during the first month after transplant	0.20	--
Estimated hazard ratio*	0.91	--
95% credible interval for the hazard ratio**	[0.11, 2.54]	--

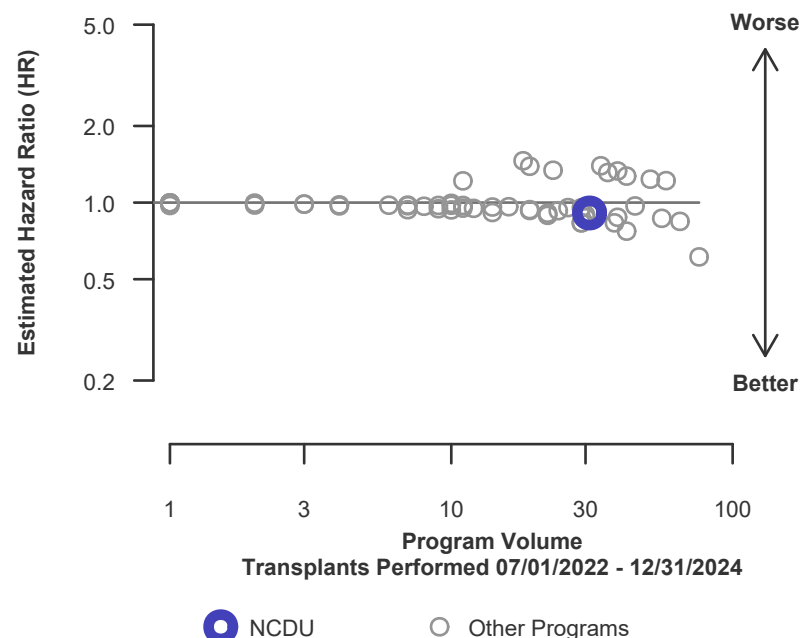
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.11, 2.54], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 9% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 89% reduced risk up to 154% 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 07/01/2022 and 12/31/2024

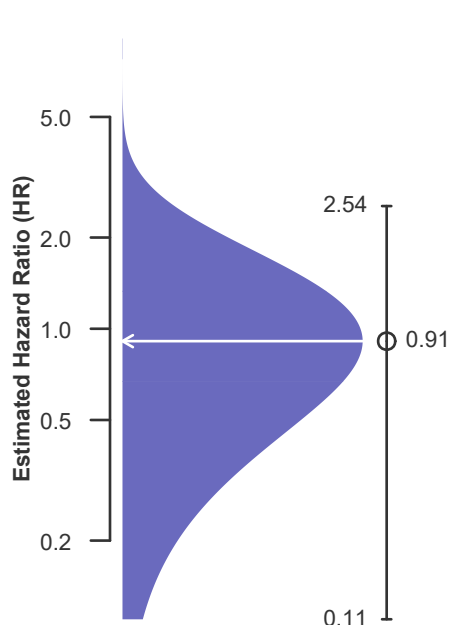
Retransplants excluded

	NCDU	U.S.
Number of transplants evaluated	24	984
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.88% [98.23%-99.54%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.18%	--
Number of observed deaths during the first month after transplant	0	11
Number of expected deaths during the first month after transplant	0.20	--
Estimated hazard ratio*	0.91	--
95% credible interval for the hazard ratio**	[0.11, 2.54]	--

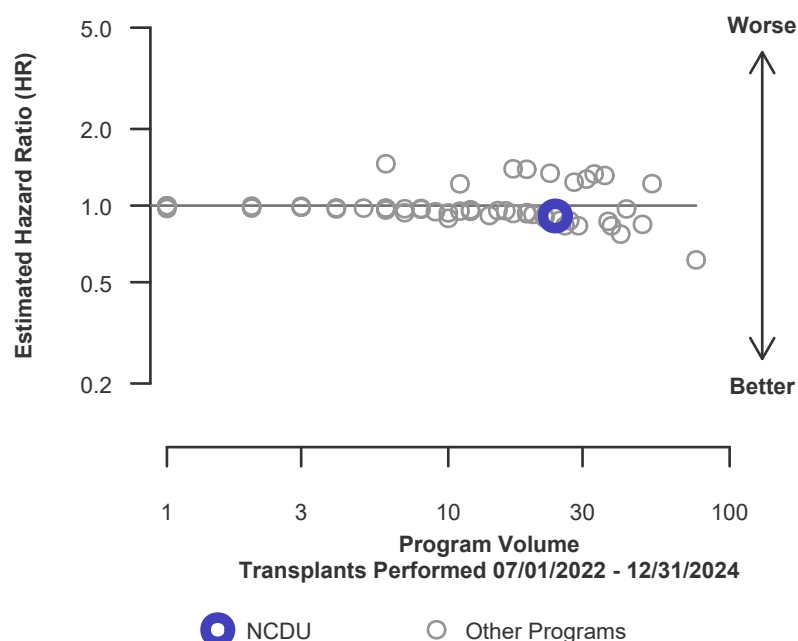
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.11, 2.54], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 9% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 89% reduced risk up to 154% 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 07/01/2022 and 12/31/2024

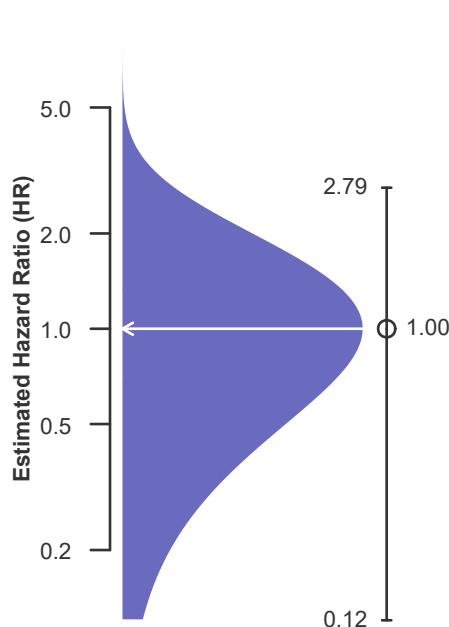
Retransplants excluded

	NCDU	U.S.
Number of transplants evaluated	7	234
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]	--

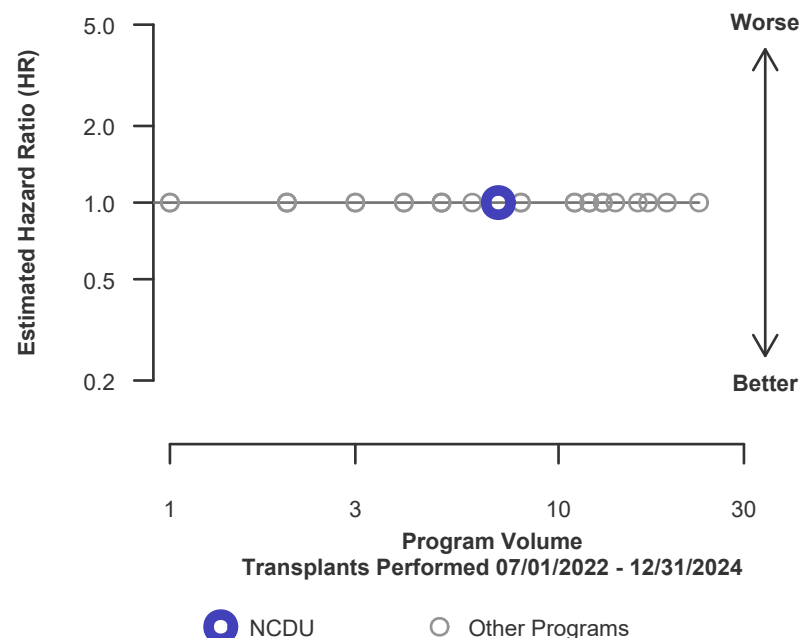
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU'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 NCDU's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but NCDU'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 07/01/2022 and 12/31/2024

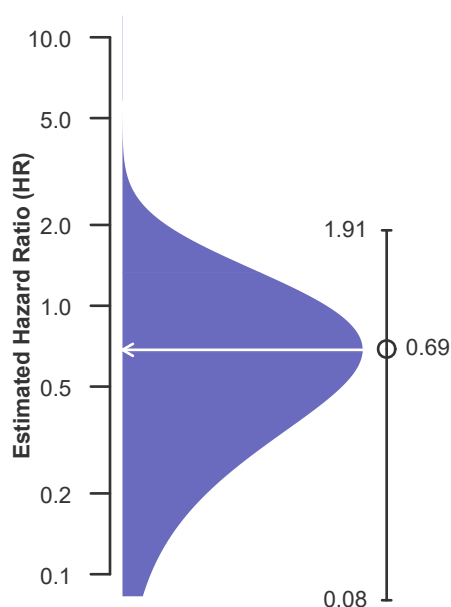
Retransplants excluded

	NCDU	U.S.
Number of transplants evaluated	31	1,218
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	96.22% [95.12%-97.33%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	96.89%	--
Number of observed deaths during the first year after transplant	0	44
Number of expected deaths during the first year after transplant	0.92	--
Estimated hazard ratio*	0.69	--
95% credible interval for the hazard ratio**	[0.08, 1.91]	--

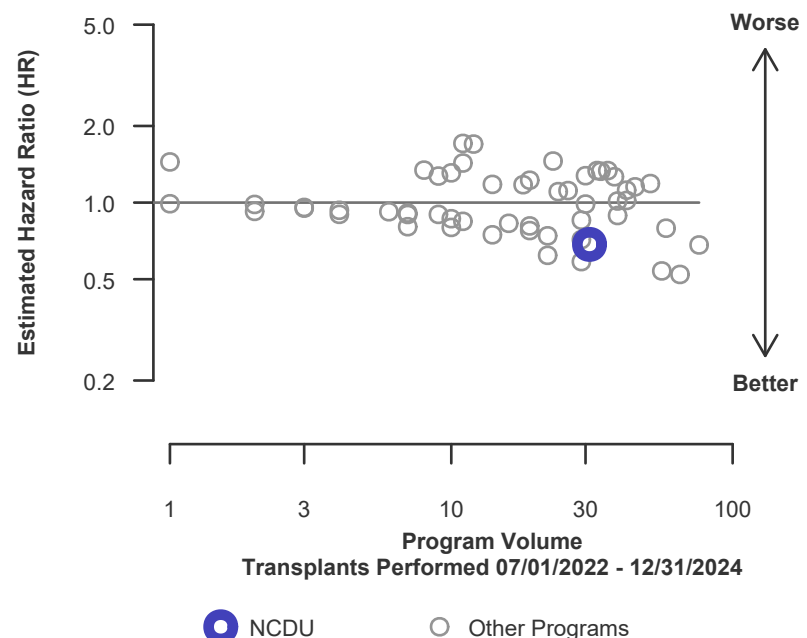
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.08, 1.91], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 31% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 92% reduced risk up to 91% 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 07/01/2022 and 12/31/2024

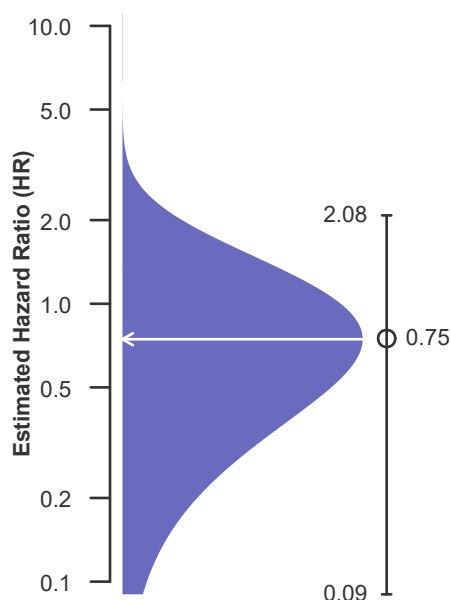
Retransplants excluded

	NCDU	U.S.
Number of transplants evaluated	24	984
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	96.18% [94.96%-97.42%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	97.03%	--
Number of observed deaths during the first year after transplant	0	36
Number of expected deaths during the first year after transplant	0.68	--
Estimated hazard ratio*	0.75	--
95% credible interval for the hazard ratio**	[0.09, 2.08]	--

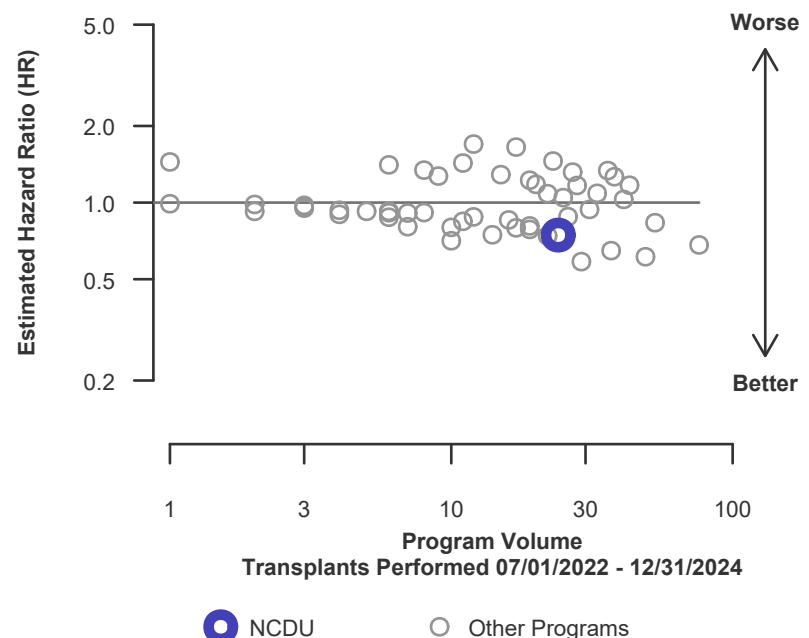
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.09, 2.08], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 25% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 91% reduced risk up to 108% 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 07/01/2022 and 12/31/2024

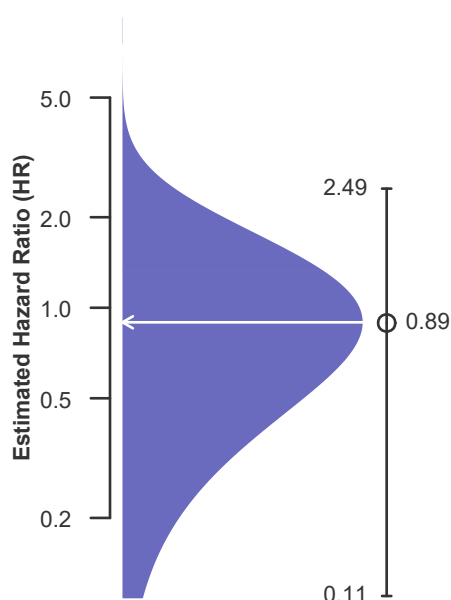
Retransplants excluded

	NCDU	U.S.
Number of transplants evaluated	7	234
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	96.38% [93.94%-98.89%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	96.39%	--
Number of observed deaths during the first year after transplant	0	8
Number of expected deaths during the first year after transplant	0.24	--
Estimated hazard ratio*	0.89	--
95% credible interval for the hazard ratio**	[0.11, 2.49]	--

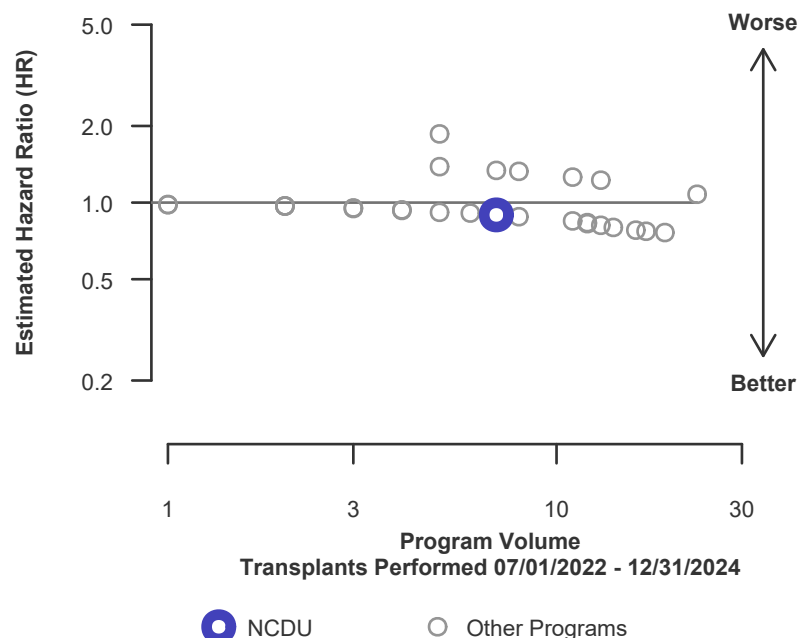
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.11, 2.49], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 11% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 89% reduced risk up to 149% 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 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Retransplants excluded

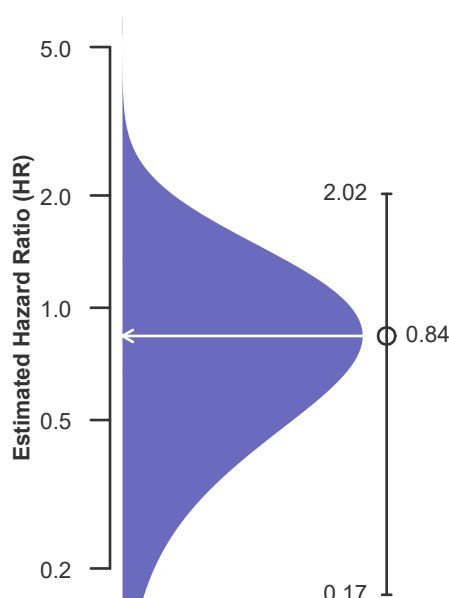
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NCDU	U.S.
Number of transplants evaluated	24	1,051
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	95.45% [87.14%-100.00%]	93.01% [91.43%-94.62%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.91%	--
Number of observed deaths during the first 3 years after transplant	1	69
Number of expected deaths during the first 3 years after transplant	1.57	--
Estimated hazard ratio*	0.84	--
95% credible interval for the hazard ratio**	[0.17, 2.02]	--

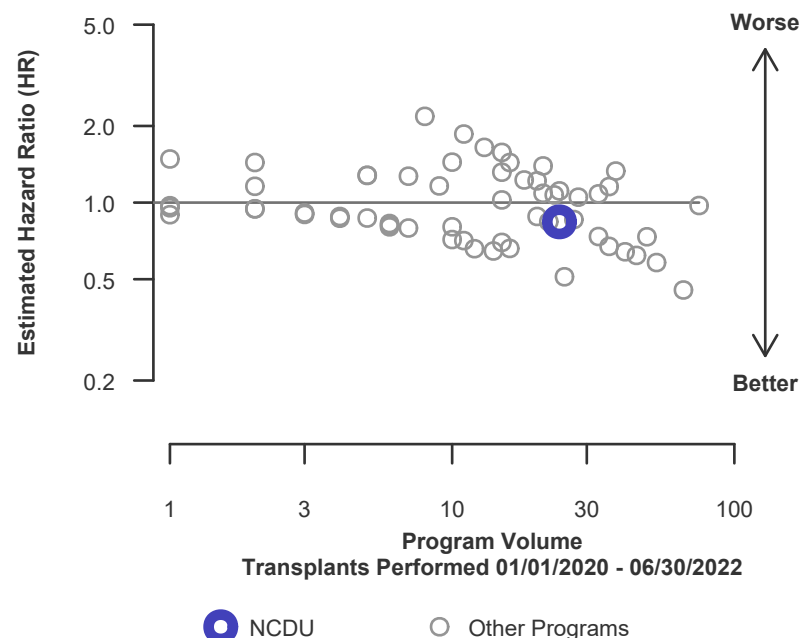
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.17, 2.02], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 16% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 83% reduced risk up to 102% 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 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Retransplants excluded

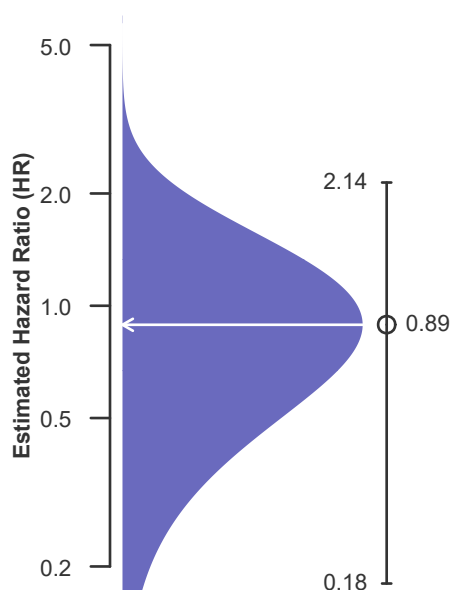
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NCDU	U.S.
Number of transplants evaluated	19	879
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	94.44% [84.43%-100.00%]	93.02% [91.30%-94.77%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	92.15%	--
Number of observed deaths during the first 3 years after transplant	1	58
Number of expected deaths during the first 3 years after transplant	1.37	--
Estimated hazard ratio*	0.89	--
95% credible interval for the hazard ratio**	[0.18, 2.14]	--

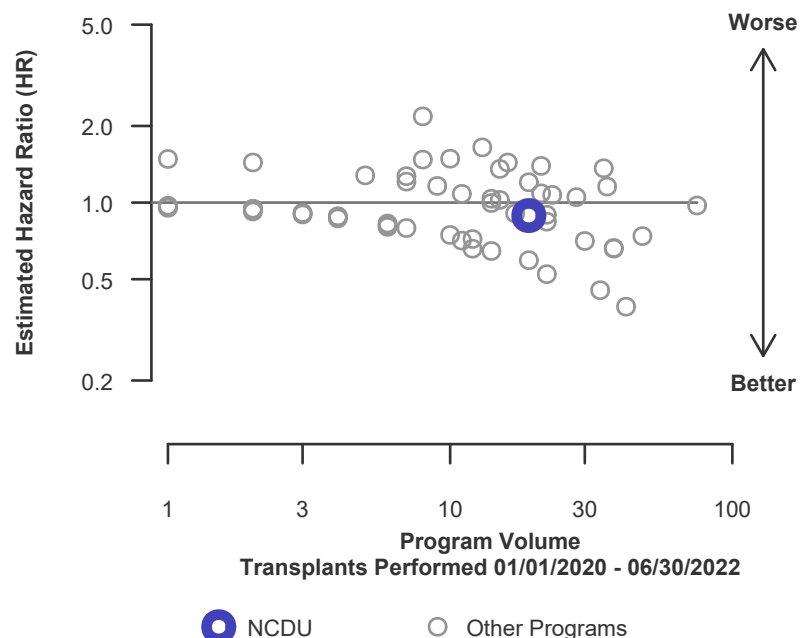
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.18, 2.14], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 11% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 82% reduced risk up to 114% 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 01/01/2020 and 03/12/2020, and 06/13/2020 and 06/30/2022

Retransplants excluded

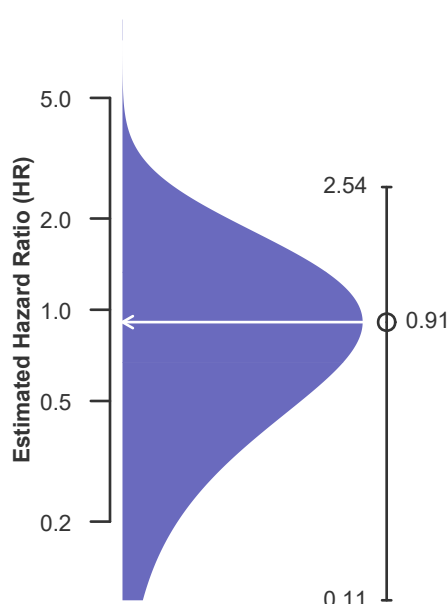
Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NCDU	U.S.
Number of transplants evaluated	5	172
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	92.99% [89.07%-97.08%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	95.80%	--
Number of observed deaths during the first 3 years after transplant	0	11
Number of expected deaths during the first 3 years after transplant	0.20	--
Estimated hazard ratio*	0.91	--
95% credible interval for the hazard ratio**	[0.11, 2.54]	--

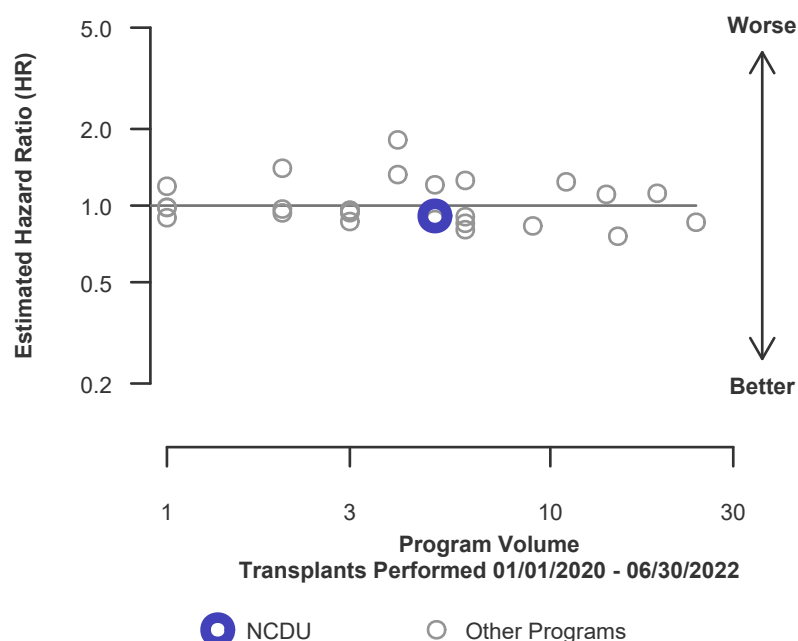
\* The hazard ratio provides an estimate of how Duke University Hospital's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher 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 NCDU's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.11, 2.54], indicates the location of NCDU's true hazard ratio with 95% probability. The best estimate is 9% lower risk of patient death compared to an average program, but NCDU's performance could plausibly range from 89% reduced risk up to 154% 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: 07/01/2022 - 12/31/2024

### Adult (18+) Transplants

Transplant Type	First-Year Outcomes					
	Transplants Performed		Liver Graft Failures		Estimated Liver Graft Survival	
	NCDU-TX1	USA	NCDU-TX1	USA	NCDU-TX1	USA
Kidney-Liver-Heart	1	17	1	4	0.0%	76.5%
Kidney-Liver	24	1,954	1	184	95.8%	90.6%
Liver-Heart	6	172	1	32	83.3%	81.4%
Pancreas-Liver-Intestine	3	41	0	14	100.0%	65.9%

### Pediatric (<18) Transplants

Transplant Type	First-Year Outcomes					
	Transplants Performed		Liver Graft Failures		Estimated Liver Graft Survival	
	NCDU-TX1	USA	NCDU-TX1	USA	NCDU-TX1	USA
Pancreas-Liver-Intestine	1	44	0	8	100.0%	81.8%

Table C22. Multi-organ transplant patient survival: 07/01/2022 - 12/31/2024

### Adult (18+) Transplants

Transplant Type	First-Year Outcomes					
	Transplants Performed		Patient Deaths		Estimated Patient Survival	
	NCDU-TX1	USA	NCDU-TX1	USA	NCDU-TX1	USA
Kidney-Liver-Heart	1	17	1	4	0.0%	76.5%
Kidney-Liver	24	1,954	0	175	100.0%	91.0%
Liver-Heart	6	172	1	31	83.3%	82.0%
Pancreas-Liver-Intestine	3	41	0	13	100.0%	68.3%

### Pediatric (<18) Transplants

Transplant Type	First-Year Outcomes					
	Transplants Performed		Patient Deaths		Estimated Patient Survival	
	NCDU-TX1	USA	NCDU-TX1	USA	NCDU-TX1	USA
Pancreas-Liver-Intestine	1	44	0	6	100.0%	86.4%



## D. Living Donor Information

Table D1. Living donor summary: 07/01/2022 - 06/30/2025

Living Donor Follow-Up	This Center			United States		
	07/2022- 06/2023	07/2023- 06/2024	07/2024- 12/2024	07/2022- 06/2023	07/2023- 06/2024	07/2024- 12/2024
<b>Number of Living Donors</b>	4	7	3	632	635	286
<b>6-Month Follow-Up</b>						
Donors due for follow-up	4	7	3	632	635	237
Timely clinical data	4 100.0%	7 100.0%	3 100.0%	530 83.9%	534 84.1%	208 87.8%
Timely lab data	4 100.0%	7 100.0%	3 100.0%	542 85.8%	542 85.4%	212 89.5%
<b>12-Month Follow-Up</b>						
Donors due for follow-up	4	7		632	588	
Timely clinical data	4 100.0%	7 100.0%		515 81.5%	474 80.6%	
Timely lab data	4 100.0%	7 100.0%		517 81.8%	480 81.6%	
<b>24-Month Follow-Up</b>						
Donors due for follow-up	3			574		
Timely clinical data	3 100.0%			390 67.9%		
Timely lab data	3 100.0%			406 70.7%		

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