

S C I E N T I F I C R E G I S T R Y 약 T R A N S P L A N T

Mount Sinai Medical Center Center Code: NYMS

Transplant Program (Organ): Intestine Release Date: July 9, 2024

**RECIPIENTS** Based on Data Available: April 30, 2024

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

#### COVID-19 Guide

Adjustments to Transplant Program and OPO Evaluation Metrics

The Scientific Registry of Transplant Recipients (SRTR), under contract from the Health Resources and Services Administration (HRSA), is charged with evaluating the performance of the nation's transplant system through publication of semi-annual transplant program-specific reports (PSRs) and organ procurement organization (OPO)-specific reports (OSRs). These reports contain performance metrics covering various time periods. For OPOs, these metrics include eligible death conversion rates and 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 and January 2024. These reports made adjustments to transplant program and OPO performance metrics so that data during the time around the declaration of a national public health emergency on March 13, 2020, were not included in the metrics.

Modifications for the July 2024 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 July 2024 reporting cycle. These changes will remain in force beyond the July 2024 reporting cycle, unless otherwise amended:

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

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

3-year Patient and Graft Survival Evaluations: Transplants 7/1/2018-3/12/2020, follow-up through 3/12/2020. Transplants 6/13/2020-12/31/2020; follow-up through 12/31/2023.

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

Days after listing (and before transplant) between 1/1/2022 and 12/31/2023.

The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA). See COVID-19 Guide for pandemic-related follow-up limits.



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

Candidates on the waitlist 1/1/2022-12/31/2023.

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

Evaluation period: 1/1/2022-12/31/2023.

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

Offers received 1/1/2023-12/31/2023.

These decisions will apply to the evaluations released in the SRTR's semi-annual program-specific reports scheduled for release on July 9, 2024. These changes have been communicated to the leadership of the Organ Procurement and Transplantation Network's (OPTN) Membership and Professional Standards Committee (MSPC). These decisions will then be re-evaluated as more information becomes available in preparation for the release scheduled for January 2025.

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



SCIENTIFIC REGISTRY 약 TRANSPLANT RECIPIENTS

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#### User Guide

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

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

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

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

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

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



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confidence interval includes (crosses) 1.0, then we cannot say that this program's observed transplant rate is different from what would be expected. The observed deceased donor transplant rate at this program was 58.4 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. 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 01/01/2018 and 06/30/2023. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this program was 1.6 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 12/31/2023 to calculate a particular percentile of transplant times.

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.

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S C I E N T I F I C R E G I S T R Y TRANSPLANT R E C I P I E N T S

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

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

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

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



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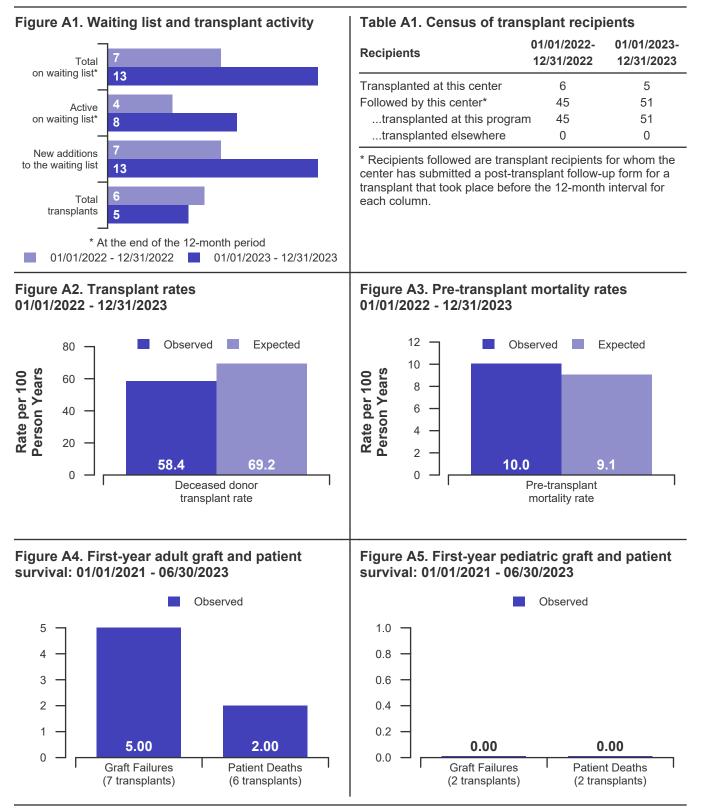


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#### A. Program Summary





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#### **B. Waiting List Information**

#### Table B1. Waiting list activity summary: 01/01/2022 - 12/31/2023

		ts for enter	Activity for 01/01/2023 to 12/31/2 as percent of registrants on waitin on 01/01/2023			
Waiting List Registrations	01/01/2022- 12/31/2022	01/01/2023- 12/31/2023	This Center (%)	OPTN Region (%)	U.S. (%)	
On waiting list at start Additions	8	7	100.0	100.0	100.0	
New listings at this center	7	13	185.7	237.5	63.1	
Removals						
Transferred to another center	0	0	0.0	0.0	0.5	
Received living donor transplant*	0	0	0.0	0.0	0.0	
Received deceased donor transplant*	6	5	71.4	100.0	44.4	
Died	2	0	0.0	12.5	3.7	
Transplanted at another center	0	0	0.0	0.0	0.9	
Deteriorated	0	1	14.3	12.5	4.7	
Recovered	0	0	0.0	0.0	4.2	
Other reasons	0	1	14.3	12.5	6.1	
On waiting list at end of period	7	13	185.7	200.0	98.6	

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



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#### **B. Waiting List Information**

#### Table B2. Demographic characteristics of waiting list candidates Candidates registered on the waiting list between 01/01/2023 and 12/31/2023

Demographic Characteristic		ting List Regis 023 to 12/31/20			ng List Regist 12/31/2023 (%	
	This Center (N=13)	OPTN Region (N=19)	U.S. (N=135)	This Center (N=13)	OPTN Region (N=16)	U.S. (N=211)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	53.8	42.1	60.7	53.8	43.8	57.8
African-American	7.7	5.3	14.8	15.4	18.8	16.6
Hispanic/Latino	15.4	36.8	17.0	15.4	25.0	19.9
Asian	23.1	15.8	5.9	15.4	12.5	4.3
Other	0.0	0.0	0.7	0.0	0.0	1.4
Unknown	0.0	0.0	0.7	0.0	0.0	0.0
Age (%)						
<2 years	0.0	0.0	6.7	0.0	0.0	11.8
2-11 years	7.7	10.5	22.2	7.7	12.5	27.5
12-17 years	0.0	5.3	5.2	0.0	0.0	4.3
18-34 years	15.4	21.1	24.4	38.5	37.5	22.7
35-49 years	46.2	31.6	17.8	38.5	31.2	20.4
50-64 years	30.8	31.6	23.0	15.4	18.8	12.8
65-69 years	0.0	0.0	0.7	0.0	0.0	0.5
70+ years	0.0	0.0	0.0	0.0	0.0	0.0
Gender (%)						
Male	61.5	47.4	51.1	53.8	50.0	53.6
Female	38.5	52.6	48.9	46.2	50.0	46.4

\* 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%.



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#### **B. Waiting List Information**

## Table B3. Medical characteristics of waiting list candidatesCandidates registered on the waiting list between 01/01/2023 and 12/31/2023

Medical Characteristic		ting List Regis 023 to 12/31/20			All Waiting List Registrations on 12/31/2023 (%)			
	This Center (N=13)	OPTN Region (N=19)	U.S. (N=135)	This Center (N=13)	OPTN Region (N=16)	U.S. (N=211)		
All (%)	100.0	100.0	100.0	100.0	100.0	100.0		
Blood Type (%)								
0	38.5	36.8	44.4	23.1	25.0	45.5		
A	23.1	31.6	34.1	23.1	25.0	35.1		
В	38.5	31.6	15.6	46.2	43.8	14.7		
AB	0.0	0.0	5.9	7.7	6.2	4.7		
Unknown	0.0	0.0	0.0	0.0	0.0	0.0		
Previous Transplant (%)								
Yes	30.8	26.3	15.6	30.8	25.0	17.5		
No	69.2	73.7	84.4	69.2	75.0	82.5		
Unknown	0.0	0.0	0.0	0.0	0.0	0.0		
Primary Disease (%)*								
Short Gut Syndrome	69.2	68.4	56.3	61.5	68.8	55.0		
Functional Bowel Problem	0.0	0.0	8.1	0.0	0.0	11.8		
Other	30.8	31.6	34.8	38.5	31.2	32.2		
Missing*	0.0	0.0	0.7	0.0	0.0	0.9		

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



**Mount Sinai Medical Center** 

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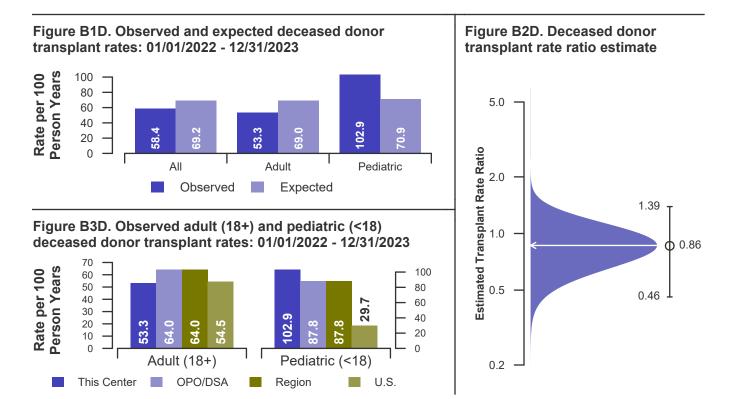
#### **B. Waiting List Information**

#### Table B4D. Deceased donor transplant rates: 01/01/2022 - 12/31/2023

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	8	10	10	201
Person Years**	18.8	22.2	22.2	415.2
Removals for Transplant	11	15	15	177
Adult (18+) Candidates				
Count on waiting list at start*	8	9	9	101
Person Years**	16.9	18.8	18.8	216.7
Removals for transpant	9	12	12	118
Pediatric (<18) Candidates				
Count on waiting list at start*	0	1	1	100
Person Years**	1.9	3.4	3.4	198.5
Removals for transplant	2	3	3	59

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

\*\* Person years are calculated as days (converted to fractional years). The number of days from January 1 or from the date of first wait listing until death, transplant, removal from the waiting list or December 31.





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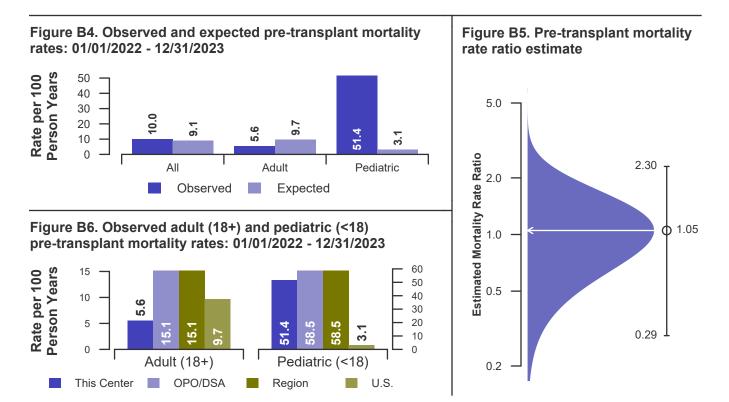
#### **B. Waiting List Information**

#### Table B5. Pre-transplant mortality rates: 01/01/2022 - 12/31/2023

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	8	10	10	201
Person Years**	19.9	23.3	23.3	459.3
Number of deaths	2	5	5	30
Adult (18+) Candidates				
Count on waiting list at start*	8	9	9	101
Person Years**	18.0	19.8	19.8	236.9
Number of deaths	1	3	3	23
Pediatric (<18) Candidates				
Count on waiting list at start*	0	1	1	100
Person Years**	1.9	3.4	3.4	222.5
Number of deaths	1	2	2	7

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

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





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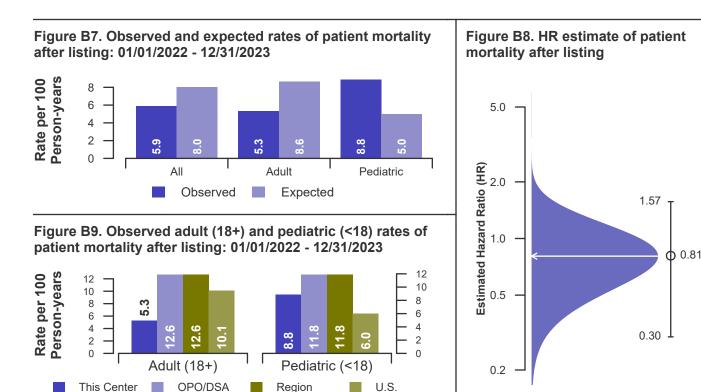
#### **B. Waiting List Information**

#### Table B6. Rates of patient mortality after listing: 01/01/2022 - 12/31/2023

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Patients				
Count at risk during the evaluation period	54	74	74	759
Person-years*	67.9	88.6	88.6	977.3
Number of Deaths	4	11	11	83
Adult (18+) Patients				
Count at risk during the evaluation period	46	54	54	474
Person-years*	56.6	63.3	63.3	593.0
Number of Deaths	3	8	8	60
Pediatric (<18) Patients				
Count at risk during the evaluation period	8	20	20	285
Person-years*	11.3	25.3	25.3	384.3
Number of Deaths	1	3	3	23

\* Person-years are calculated as days (converted to fractional years). The number of days from 01/01/2022, or from the date of first wait listing until death, reaching 5 years after listing or December 31, 2023.

\*\* 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.



U.S.

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Region

This Center



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#### **B. Waiting List Information**

## Table B7. Waiting list candidate status after listingCandidates registered on waiting list between 07/01/2021 and 06/30/2022

Waiting list status (survival status)		s Center (I ns Since L	,	U.S. (N=148) Months Since Listing			
	6	12	18	6	12	18	
Alive on waiting list (%)	62.5	37.5	12.5	48.0	37.8	23.6	
Died on the waiting list without transplant (%)	12.5	25.0	25.0	7.4	8.8	10.1	
Removed without transplant (%):							
Condition worsened (status unknown)	0.0	0.0	12.5	2.0	2.0	4.1	
Condition improved (status unknown)	0.0	0.0	0.0	0.0	0.7	0.7	
Refused transplant (status unknown)	0.0	0.0	0.0	0.0	0.7	0.7	
Other	0.0	0.0	0.0	0.7	1.4	3.4	
Transplant (living or deceased donor) (%):							
Functioning (alive)	25.0	37.5	25.0	39.2	40.5	31.1	
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0	
Failed-alive not retransplanted	0.0	0.0	0.0	0.0	0.0	0.0	
Died	0.0	0.0	0.0	2.0	5.4	8.8	
Status Yet Unknown*	0.0	0.0	25.0	0.7	2.7	16.9	
Lost or Transferred (status unknown) (%)	0.0	0.0	0.0	0.0	0.0	0.7	
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0	
Total % known died on waiting list or after transplant	12.5	25.0	25.0	9.5	14.2	18.9	
Total % known died or removed as unstable	12.5	25.0	37.5	11.5	16.2	23.0	
Total % removed for transplant	25.0	37.5	50.0	41.9	48.6	56.8	
Total % with known functioning transplant (alive)	25.0	37.5	25.0	39.2	40.5	31.1	

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



TRANSPLANT RECIPIENTS Based on Data Available: April 30, 2024 SRTR Program-Specific Report Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org

#### **B. Waiting List Information**

Table B8. Percent of candidates with deceased donor transplants: demographic characteristics Candidates registered on the waiting list between 01/01/2018 and 12/31/2020

Characteristic			ercent t his Cent	-	nted at ti	me pe		nce listi ited Sta	-	
	Ν				3 years	Ν				3 years
All	33	3.0	57.6	60.6	63.6	387	14.2	54.0	61.2	65.6
Ethnicity/Race*										
White	20	0.0	50.0	55.0	60.0	243	13.2	53.5	61.3	67.1
African-American	6	0.0	83.3	83.3	83.3	74	17.6	60.8	66.2	67.6
Hispanic/Latino	6	16.7	66.7	66.7	66.7	53	15.1	50.9	60.4	62.3
Asian	1	0.0	0.0	0.0	0.0	14	7.1	35.7	35.7	42.9
Other	0					3	33.3	66.7	66.7	66.7
Unknown	0					0				
Age										
<2 years	1	0.0	0.0	100.0	100.0	43	7.0	53.5	55.8	65.1
2-11 years	4	25.0	75.0	75.0	75.0	92	8.7	54.3	66.3	70.7
12-17 years	1	0.0	100.0	100.0	100.0	21	4.8	38.1	47.6	57.1
18-34 years	12	0.0	58.3	58.3	66.7	80	15.0	53.8	58.8	63.8
35-49 years	6	0.0	50.0	50.0	50.0	85	22.4	54.1	61.2	64.7
50-64 years	6	0.0	66.7	66.7	66.7	56	17.9	58.9	64.3	64.3
65-69 years	3	0.0	33.3	33.3	33.3	10	20.0	60.0	70.0	70.0
70+ years	0					0				
Gender										
Male	23	4.3	60.9	60.9	60.9	212	14.6	55.2	62.7	67.5
Female	10	0.0	50.0	60.0	70.0	175	13.7	52.6	59.4	63.4

\* 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%.



TRANSPLANTTransplant Program (Organ): Intestine<br/>Release Date: July 9, 2024RECIPIENTSBased on Data Available: April 30, 2024

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#### **B. Waiting List Information**

 Table B9. Percent of candidates with deceased donor transplants: medical characteristics

 Candidates registered on the waiting list between 01/01/2018 and 12/31/2020

Characteristic			ercent tr nis Cent	-	nted at ti	ed at time periods since listing United States				
	Ν	30 day	1 year	2 years	3 years	Ν	30 day	1 year	2 years	3 years
All	33	3.0	57.6	60.6	63.6	387	14.2	54.0	61.2	65.6
Blood Type										
0	16	0.0	50.0	56.2	56.2	180	12.8	52.8	60.0	65.0
A	9	0.0	55.6	55.6	66.7	139	17.3	55.4	61.9	66.2
В	6	16.7	66.7	66.7	66.7	54	9.3	55.6	63.0	66.7
AB	2	0.0	100.0	100.0	100.0	14	21.4	50.0	64.3	64.3
Previous Transplant										
Yes	7	0.0	42.9	42.9	57.1	68	13.2	48.5	51.5	55.9
No	26	3.8	61.5	65.4	65.4	319	14.4	55.2	63.3	67.7
Primary Disease*										
Short Gut Syndrome	13	7.7	61.5	69.2	69.2	210	13.3	56.2	63.8	68.6
Functional Bowel Problem	5	0.0	80.0	80.0	80.0	47	8.5	51.1	57.4	63.8
Other	15	0.0	46.7	46.7	53.3	127	17.3	51.2	58.3	61.4
Missing*	0					3	33.3	66.7	66.7	66.7

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



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#### **B. Waiting List Information**

## Table B10. Time to transplant for waiting list candidates\*Candidates registered on the waiting list between 01/01/2018 and 06/30/2023

	Months to Transplant**						
Percentile	Center	OPO/DSA	Region	U.S.			
5th	1.6	0.6	0.6	0.3			
10th	2.3	1.8	1.8	0.8			
25th	6.7	4.0	4.0	2.7			
50th (median time to transplant)	11.9	9.3	9.3	10.2			
75th	Not Observed	Not Observed	Not Observed	Not Observed			

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

\*\* Censored on 12/31/2023. Calculated as the months after listing, during which the corresponding percent of all patients initially listed had received a transplant.



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#### **C. Transplant Information**

## Table C1D. Deceased donor transplant recipient demographic characteristicsPatients transplanted between 01/01/2023 and 12/31/2023

	Percei	ntage in each ca	itegory
Characteristic	Center (N=5)	Region (N=8)	U.S. (N=95)
Ethnicity/Race (%)*			
White	20.0	25.0	58.9
African-American	0.0	0.0	17.9
Hispanic/Latino	40.0	50.0	14.7
Asian	40.0	25.0	7.4
Other	0.0	0.0	1.1
Unknown	0.0	0.0	0.0
Age (%)			
<2 years	0.0	0.0	2.1
2-11 years	20.0	12.5	29.5
12-17	0.0	12.5	3.2
18-34	0.0	12.5	25.3
35-49 years	60.0	37.5	13.7
50-64 years	20.0	25.0	25.3
65-69 years	0.0	0.0	0.0
70+ years	0.0	0.0	1.1
Gender (%)			
Male	80.0	62.5	51.6
Female	20.0	37.5	48.4

\* 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%.



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#### **C. Transplant Information**

## Table C2D. Deceased donor transplant recipient medical characteristicsPatients transplanted between 01/01/2023 and 12/31/2023

	Percer	Percentage in each category		
Characteristic	Center (N=5)	Region (N=8)	U.S. (N=95)	
Blood Type (%)				
0	40.0	50.0	43.2	
A	40.0	37.5	38.9	
В	20.0	12.5	14.7	
AB	0.0	0.0	3.2	
Previous Transplant (%)				
Yes	20.0	12.5	9.5	
No	80.0	87.5	90.5	
Body Mass Index (%)				
0-20	80.0	50.0	44.2	
21-25	0.0	25.0	36.8	
26-30	20.0	25.0	16.8	
31-35	0.0	0.0	2.1	
36-40	0.0	0.0	0.0	
41+	0.0	0.0	0.0	
Unknown	0.0	0.0	0.0	
Primary Disease (%)*				
Short Gut Syndrome	80.0	75.0	61.1	
Functional Bowel Problem	20.0	12.5	14.7	
Other	0.0	12.5	24.2	
Missing*	0.0	0.0	0.0	
Recipient Medical Condition at Transplant (%)				
Not Hospitalized	80.0	62.5	82.1	
Hospitalized	20.0	25.0	10.5	
ICU	0.0	12.5	7.4	
Unknown	0.0	0.0	0.0	

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



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#### C. Transplant Information

## Table C3D. Deceased donor characteristicsTransplants performed between 01/01/2023 and 12/31/2023

	Percei	Percentage in each category		
Donor Characteristic	Center (N=5)	Region (N=8)	U.S. (N=95)	
Cause of Death (%)				
Deceased: Stroke	20.0	12.5	12.6	
Deceased: MVA	20.0	37.5	18.9	
Deceased: Other	60.0	50.0	68.4	
Ethnicity/Race (%)*				
White	60.0	62.5	55.8	
African-American	20.0	25.0	28.4	
Hispanic/Latino	20.0	12.5	13.7	
Asian	0.0	0.0	1.1	
Other	0.0	0.0	1.1	
Not Reported	0.0	0.0	0.0	
Age (%)				
<2 years	20.0	12.5	14.7	
2-11 years	60.0	37.5	23.2	
12-17	0.0	0.0	18.9	
18-34	20.0	25.0	33.7	
35-49 years	0.0	25.0	9.5	
50-64 years	0.0	0.0	0.0	
65-69 years	0.0	0.0	0.0	
70+ years	0.0	0.0	0.0	
Gender (%)				
Male	80.0	87.5	74.7	
Female	20.0	12.5	25.3	
Blood Type (%)				
0	80.0	75.0	62.1	
A	0.0	12.5	30.5	
В	20.0	12.5	6.3	
AB	0.0	0.0	1.1	
Unknown	0.0	0.0	0.0	

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



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#### **C. Transplant Information**

## Table C4D. Deceased donor transplant characteristicsTransplants performed between 01/01/2023 and 12/31/2023

	Percei	Percentage in each category		
Transplant Characteristic	Center (N=5)	Region (N=8)	U.S. (N=95)	
Total Ischemic Time (Hours): Local (%)				
Deceased: 0-5 hr			54.5	
Deceased: 6-10 hr			36.4	
Deceased: 11-15 hr			0.0	
Deceased: 16-20 hr			0.0	
Deceased: 21+ hr			0.0	
Not Reported			9.1	
Total Ischemic Time (Hours): Shared (%)				
Deceased: 0-5 hr	20.0	25.0	20.2	
Deceased: 6-10 hr	80.0	75.0	75.0	
Deceased: 11-15 hr	0.0	0.0	1.2	
Deceased: 16-20 hr	0.0	0.0	0.0	
Deceased: 21+ hr	0.0	0.0	0.0	
Not Reported	0.0	0.0	3.6	
Procedure Type (%)				
Single organ	60.0	50.0	52.6	
Multi organ	40.0	50.0	47.4	
Donor Location (%)				
Local Donation Service Area (DSA)	0.0	0.0	11.6	
Another Donation Service Area (DSA)	100.0	100.0	88.4	
Median Time in Hospital After Transplant	42.0 Days	44.5 Days	40.0 Days	



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#### C. Transplant Information

#### Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only) Transplants performed between 01/01/2021 and 06/30/2023 Deaths and retransplants are considered graft failures

	NYMS	U.S.
Number of transplants evaluated	7	144
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	57.14% [30.08%-100.00%]	90.97% [86.41%-95.78%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	91.57%	
Number of observed graft failures (including deaths) during the first month after transplant	3	13
Number of expected graft failures (including deaths) during the first month after transplant	0.41	
Estimated hazard ratio*	2.07	
95% credible interval for the hazard ratio**	[0.67, 4.24]	

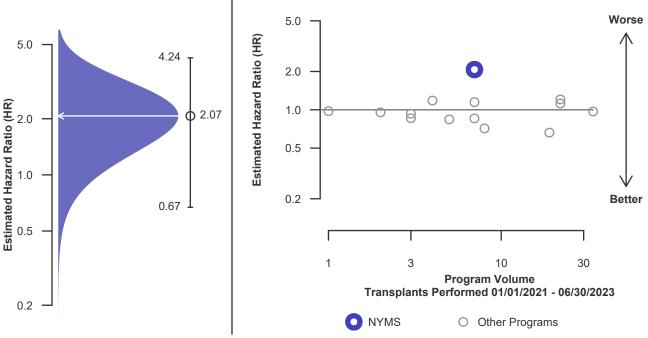
\* The hazard ratio provides an estimate of how Mount Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.67, 4.24], indicates the location of NYMS's true hazard ratio with 95% probability. The best estimate is 107% higher risk of graft failure compared to an average program, but NYMS's performance could plausibly range from 33% reduced risk up to 324% increased

**HR** program comparison

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

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





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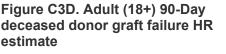
#### C. Transplant Information

#### Table C6D. Adult (18+) 90-Day survival with a functioning deceased donor graft Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only) Transplants performed between 01/01/2021 and 06/30/2023 Deaths and retransplants are considered graft failures

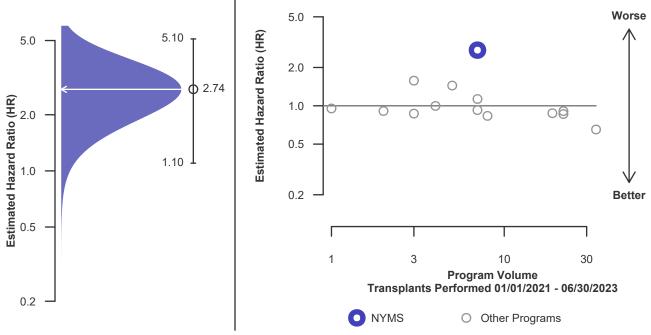
	NYMS	U.S.
Number of transplants evaluated	7	144
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	28.57% [8.86%-92.18%]	82.64% [76.68%-89.06%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	83.80%	
Number of observed graft failures (including deaths) during the first 90 days after transplant	5	25
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.56	
Estimated hazard ratio*	2.74	
95% credible interval for the hazard ratio**	[1.10, 5.10]	

\* The hazard ratio provides an estimate of how Mount Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [1.10, 5.10], indicates the location of NYMS's true hazard ratio with 95% probability. The best estimate is 174% higher risk of graft failure compared to an average program, but NYMS's performance could plausibly range from 10% increased risk up to 410% increased



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





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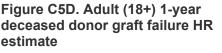
#### C. Transplant Information

#### Table C7D. Adult (18+) 1-year survival with a functioning deceased donor graft Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only) Transplants performed between 01/01/2021 and 06/30/2023 Deaths and retransplants are considered graft failures

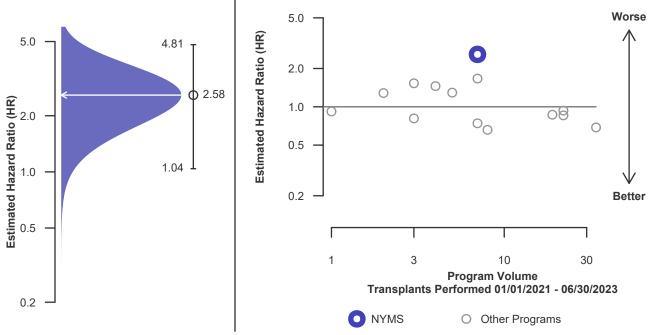
	NYMS	U.S.
Number of transplants evaluated	7	144
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	28.57% [8.86%-92.18%]	72.65% [65.54%-80.54%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	73.88%	
Number of observed graft failures (including deaths) during the first year after transplant	5	38
Number of expected graft failures (including deaths) during the first year after transplant	0.71	
Estimated hazard ratio*	2.58	
95% credible interval for the hazard ratio**	[1.04, 4.81]	

\* The hazard ratio provides an estimate of how Mount Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [1.04, 4.81], indicates the location of NYMS's true hazard ratio with 95% probability. The best estimate is 158% higher risk of graft failure compared to an average program, but NYMS's performance could plausibly range from 4% increased risk up to 381% increased



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





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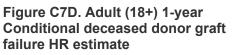
### C. Transplant Information

#### Table C8D. Adult (18+) 1-year Conditional survival with a functioning deceased donor graft Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only) Transplants performed between 01/01/2021 and 06/30/2023 Deaths and retransplants are considered graft failures

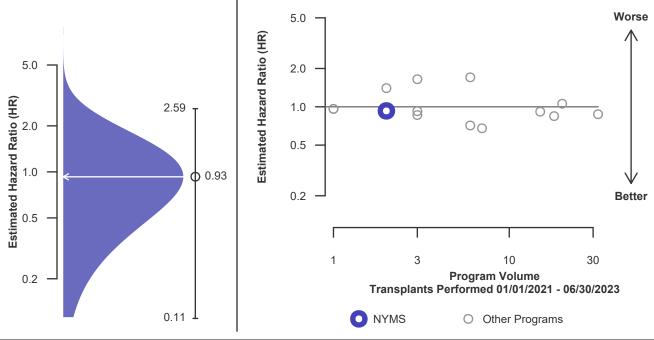
	NYMS	U.S.
Number of transplants evaluated	2	119
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] [10] (unadjusted for patient and donor characteristics)	s 100.00% 00.00%-100.00%]	87.92% [85.47%-90.43%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	88.16%	
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	13
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.15	
Estimated hazard ratio*	0.93	
95% credible interval for the hazard ratio**	[0.11, 2.59]	

\* The hazard ratio provides an estimate of how Mount Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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



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





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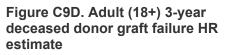
### **C. Transplant Information**

#### Table C9D. Adult (18+) 3-year survival with a functioning deceased donor graft Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only) Transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020 Deaths and retransplants are considered graft failures Follow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

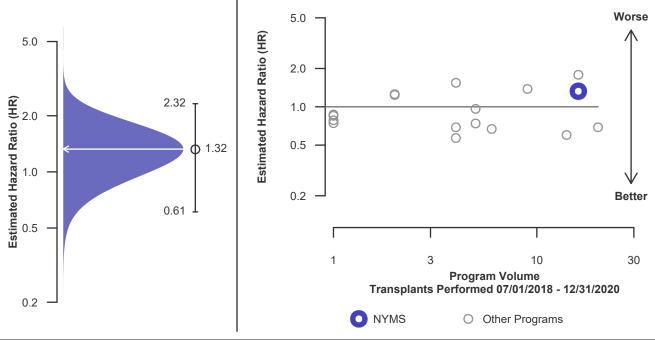
	NYMS	U.S.
Number of transplants evaluated	16	111
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	56.25% [36.51%-86.66%]	64.60% [54.70%-76.29%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	57.32%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	7	32
Number of expected graft failures (including deaths) during the first 3 years after transplant	4.79	
Estimated hazard ratio*	1.32	
95% credible interval for the hazard ratio**	[0.61, 2.32]	

\* The hazard ratio provides an estimate of how Mount Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.61, 2.32], indicates the location of NYMS's true hazard ratio with 95% probability. The best estimate is 32% higher risk of graft failure compared to an average program, but NYMS's performance could plausibly range from 39% reduced risk up to 132% increased risk.



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





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### C. Transplant Information

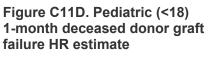
## Table C10D. Pediatric (<18) 1-month survival with a functioning deceased donor graft</td> Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only) Transplants performed between 01/01/2021 and 06/30/2023

Deaths and retransplants are considered graft failures

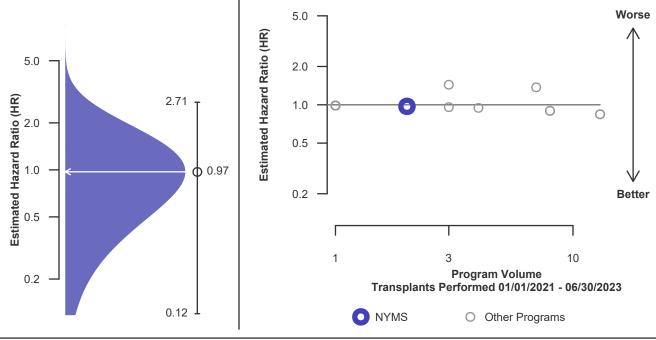
	NYMS	U.S.
Number of transplants evaluated	2	70
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	97.14% [93.32%-100.00%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.16%	
Number of observed graft failures (including deaths) during the first month after transplant	0	2
Number of expected graft failures (including deaths) during the first month after transplant	0.06	
Estimated hazard ratio*	0.97	
95% credible interval for the hazard ratio**	[0.12, 2.71]	

\* The hazard ratio provides an estimate of how Mount Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

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



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





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#### C. Transplant Information

### Table C11D. Pediatric (<18) 90-Day survival with a functioning deceased donor graft</th> Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)

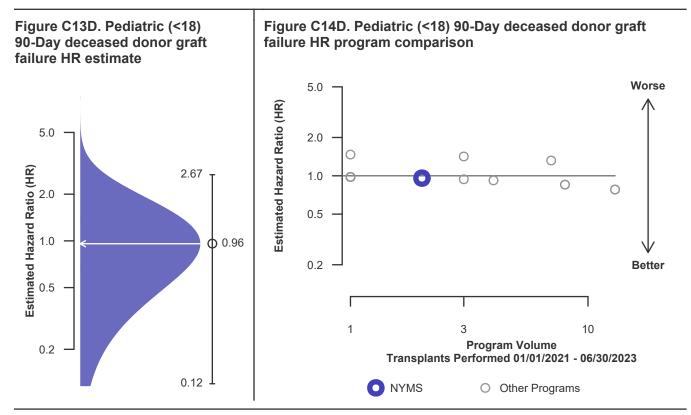
Transplants performed between 01/01/2021 and 06/30/2023

Deaths and retransplants are considered graft failures

	NYMS	U.S.
Number of transplants evaluated	2	70
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%]	95.71% [91.09%-100.00%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	95.74%	
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	3
Number of expected graft failures (including deaths) during the first 90 days 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 Mount Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMS'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 NYMS's true hazard ratio with 95% probability. The best estimate is 4% lower risk of graft failure compared to an average program, but NYMS's performance could plausibly range from 88% reduced risk up to 167% increased risk.





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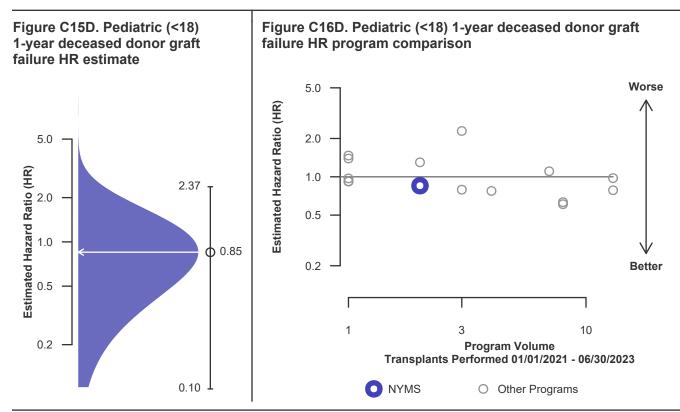
#### C. Transplant Information

## Table C12D. Pediatric (<18) 1-year survival with a functioning deceased donor graft</th>Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)Transplants performed between 01/01/2021 and 06/30/2023Deaths and retransplants are considered graft failures

	NYMS	U.S.
Number of transplants evaluated	2	70
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%]	83.81% [75.04%-93.60%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	83.94%	
Number of observed graft failures (including deaths) during the first year after transplant	0	10
Number of expected graft failures (including deaths) during the first year after transplant	0.35	
Estimated hazard ratio*	0.85	
95% credible interval for the hazard ratio**	[0.10, 2.37]	

\* The hazard ratio provides an estimate of how Mount Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.10, 2.37], indicates the location of NYMS's true hazard ratio with 95% probability. The best estimate is 15% lower risk of graft failure compared to an average program, but NYMS's performance could plausibly range from 90% reduced risk up to 137% increased risk.





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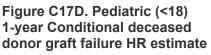
### C. Transplant Information

## Table C13D. Pediatric (<18) 1-year Conditional survival with a functioning deceased donor graft</th>Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)Transplants performed between 01/01/2021 and 06/30/2023Deaths and retransplants are considered graft failures

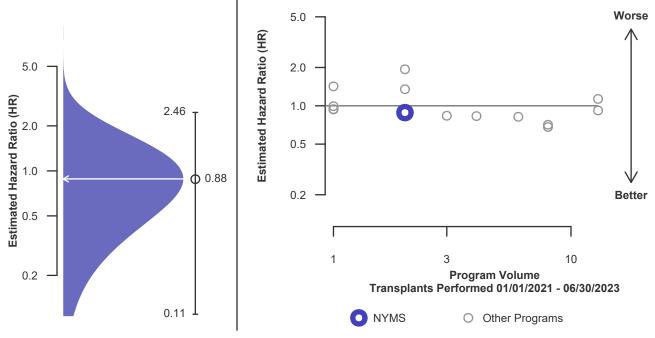
	NYMS	U.S.
Number of transplants evaluated	2	67
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] [10 (unadjusted for patient and donor characteristics)	5 100.00% 00.00%-100.00%]	87.56% [82.38%-93.60%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	87.67%	
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	7
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.26	
Estimated hazard ratio*	0.88	
95% credible interval for the hazard ratio**	[0.11, 2.46]	

\* The hazard ratio provides an estimate of how Mount Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.11, 2.46], indicates the location of NYMS's true hazard ratio with 95% probability. The best estimate is 12% lower risk of graft failure compared to an average program, but NYMS's performance could plausibly range from 89% reduced risk up to 146% increased risk.



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





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### **C. Transplant Information**

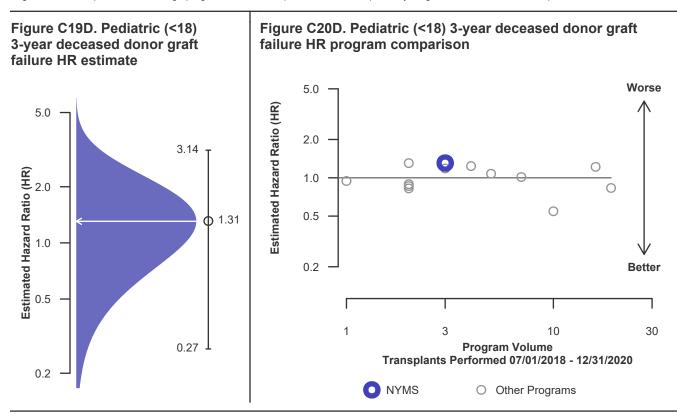
## Table C14D. Pediatric (<18) 3-year survival with a functioning deceased donor graft</th>Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)Transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020Deaths and retransplants are considered graft failures

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

	NYMS	U.S.
Number of transplants evaluated	3	76
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	50.00% [12.50%-100.00%]	80.69% [69.86%-93.19%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	80.92%	
Number of observed graft failures (including deaths) during the first 3 years after transplant	1	11
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.30	
Estimated hazard ratio*	1.31	
95% credible interval for the hazard ratio**	[0.27, 3.14]	

\* The hazard ratio provides an estimate of how Mount Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected graft failure rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected graft failure rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMS's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.27, 3.14], indicates the location of NYMS's true hazard ratio with 95% probability. The best estimate is 31% higher risk of graft failure compared to an average program, but NYMS's performance could plausibly range from 73% reduced risk up to 214% increased risk.





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#### C. Transplant Information

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

Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)

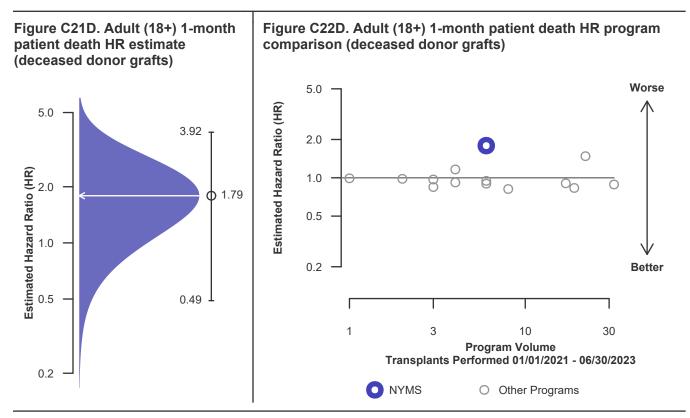
Transplants performed between 01/01/2021 and 06/30/2023

**Retransplants excluded** 

	NYMS	U.S.
Number of transplants evaluated	6	133
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	66.67% [37.86%-100.00%]	93.98% [90.03%-98.11%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	94.20%	
Number of observed deaths during the first month after transplant	2	8
Number of expected deaths during the first month after transplant	0.24	
Estimated hazard ratio*	1.79	
95% credible interval for the hazard ratio**	[0.49, 3.92]	

\* The hazard ratio provides an estimate of how Mount Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0. \*\* The 95% credible interval, [0.49, 3.92], indicates the location of NYMS's true hazard ratio with 95% probability. The best estimate is 79% higher risk

of patient death compared to an average program, but NYMS's performance could plausibly range from 51% reduced risk up to 292% increased risk.





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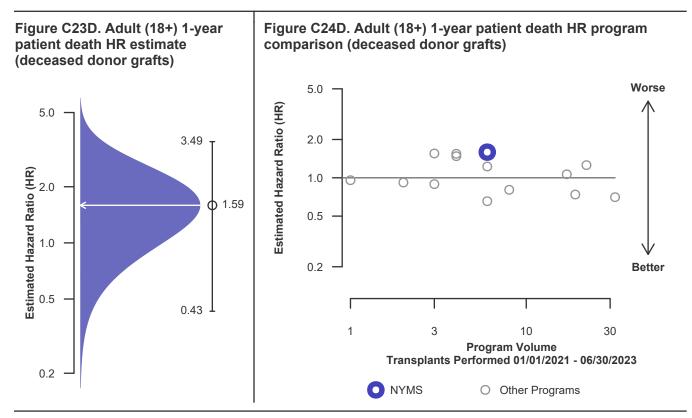
#### C. Transplant Information

#### Table C16D. Adult (18+) 1-year patient survival (deceased donor graft recipients) Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only) Transplants performed between 01/01/2021 and 06/30/2023 Retransplants excluded

	NYMS	U.S.
Number of transplants evaluated	6	133
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	66.67% [37.86%-100.00%]	78.86% [72.03%-86.34%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	77.99%	
Number of observed deaths during the first year after transplant	2	27
Number of expected deaths during the first year after transplant	0.52	
Estimated hazard ratio*	1.59	
95% credible interval for the hazard ratio**	[0.43, 3.49]	

\* The hazard ratio provides an estimate of how Mount Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0. \*\* The 95% credible interval, [0.43, 3.49], indicates the location of NYMS's true hazard ratio with 95% probability. The best estimate is 59% higher risk

of patient death compared to an average program, but NYMS's performance could plausibly range from 57% reduced risk up to 249% increased risk.





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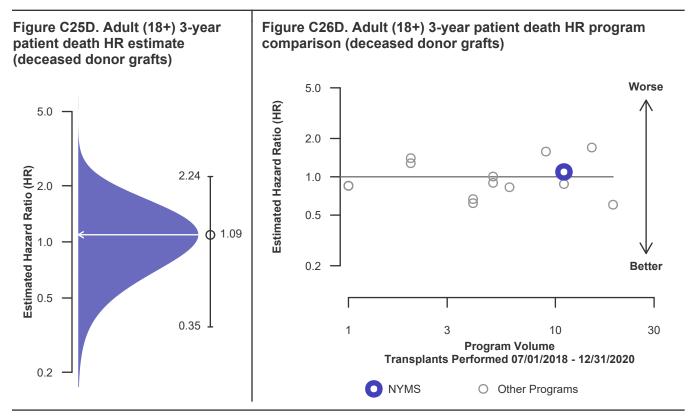
#### **C. Transplant Information**

# Table C17D. Adult (18+) 3-year patient survival (deceased donor graft recipients)Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)Transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020Retransplants excludedFollow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NYMS	U.S.
Number of transplants evaluated	11	96
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	72.73% [50.64%-100.00%]	70.01% [59.54%-82.33%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	70.29%	
Number of observed deaths during the first 3 years after transplant	3	22
Number of expected deaths during the first 3 years after transplant	2.58	
Estimated hazard ratio*	1.09	
95% credible interval for the hazard ratio**	[0.35, 2.24]	

\* The hazard ratio provides an estimate of how Mount Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.35, 2.24], indicates the location of NYMS's true hazard ratio with 95% probability. The best estimate is 9% higher risk of patient death compared to an average program, but NYMS's performance could plausibly range from 65% reduced risk up to 124% increased risk.





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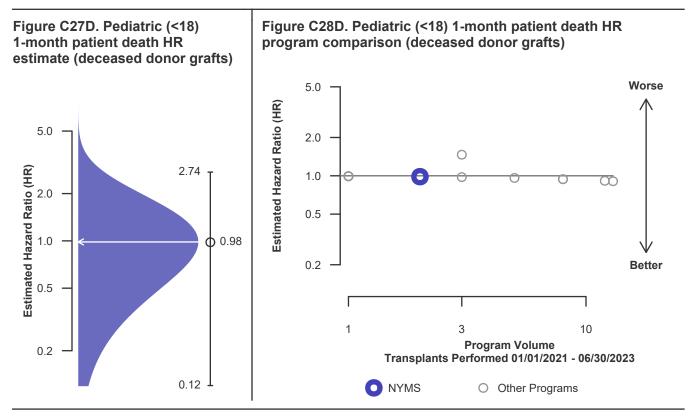
#### C. Transplant Information

#### Table C18D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients) Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only) Transplants performed between 01/01/2021 and 06/30/2023 **Retransplants excluded**

	NYMS	U.S.
Number of transplants evaluated	2	63
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.41% [95.37%-100.00%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	98.43%	
Number of observed deaths during the first month after transplant	0	1
Number of expected deaths during the first month after transplant	0.03	
Estimated hazard ratio*	0.98	
95% credible interval for the hazard ratio**	[0.12, 2.74]	

\* The hazard ratio provides an estimate of how Mount Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0. \*\* The 95% credible interval, [0.12, 2.74], indicates the location of NYMS's true hazard ratio with 95% probability. The best estimate is 2% lower risk

of patient death compared to an average program, but NYMS's performance could plausibly range from 88% reduced risk up to 174% increased risk.





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#### C. Transplant Information

#### Table C19D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients) Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)

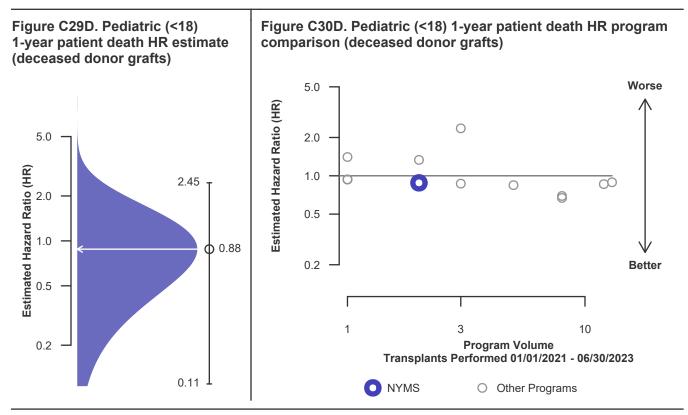
Transplants performed between 01/01/2021 and 06/30/2023

**Retransplants excluded** 

	NYMS	U.S.
Number of transplants evaluated	2	63
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	87.14% [78.64%-96.56%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	87.26%	
Number of observed deaths during the first year after transplant	0	7
Number of expected deaths during the first year 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 Mount Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMS's patient death 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 NYMS's true hazard ratio with 95% probability. The best estimate is 12% lower risk

of patient death compared to an average program, but NYMS's performance could plausibly range from 89% reduced risk up to 145% increased risk.





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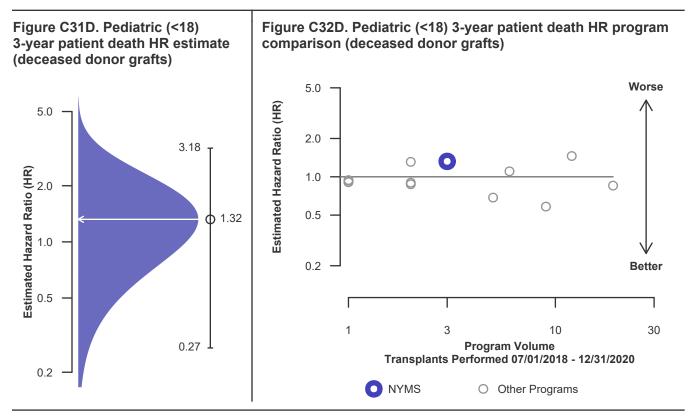
### **C. Transplant Information**

# Table C20D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients)</th>Intestine (Single-Organ and Intestine with Liver and/or Pancreas Transplants Only)Transplants performed between 07/01/2018 and 03/12/2020, and 06/13/2020 and 12/31/2020Retransplants excludedFollow-up ends on 3/12/2020 for recipients transplanted prior to 3/13/2020

	NYMS	U.S.
Number of transplants evaluated	3	66
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	50.00% [12.50%-100.00%]	80.94% [68.75%-95.30%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	81.24%	
Number of observed deaths during the first 3 years after transplant	1	9
Number of expected deaths during the first 3 years after transplant	0.27	
Estimated hazard ratio*	1.32	
95% credible interval for the hazard ratio**	[0.27, 3.18]	

\* The hazard ratio provides an estimate of how Mount Sinai Medical Center's results compare with what was expected based on modeling the transplant outcomes from all U.S. programs. A ratio above 1 indicates higher than expected patient death rates (e.g., a hazard ratio of 1.5 would indicate 50% higher risk), and a ratio below 1 indicates lower than expected patient death rates (e.g., a hazard ratio of 0.75 would indicate 25% lower risk). If NYMS's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.

\*\* The 95% credible interval, [0.27, 3.18], indicates the location of NYMS's true hazard ratio with 95% probability. The best estimate is 32% higher risk of patient death compared to an average program, but NYMS's performance could plausibly range from 73% reduced risk up to 218% increased risk.





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#### **C. Transplant Information**

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#### Table C21. Multi-organ transplant graft survival: 01/01/2021 - 06/30/2023

Adult (18+) Transplants	First-Year Outcomes					
Transplant Type	Perfor	Transplants Performed NYMS-TX1 USA		Graft Failures Gra		Intestine urvival USA
Kidney-Intestine Pancreas-Liver-Intestine	2 2	5 40	0 2	0 21	100.0% 0.0%	100.0% 46.5%

#### Pediatric (<18) Transplants

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

#### Table C22. Multi-organ transplant patient survival: 01/01/2021 - 06/30/2023

Adult (18+) Transplants	First-Year Outcomes					
Transplant Type	Transp Perfor NYMS-TX1	med	Patient D NYMS-TX1	eaths USA	Estima Patient S NYMS-TX1	Survival
Kidney-Intestine Pancreas-Liver-Intestine	2 2	5 40	0 2	0 21	100.0% 0.0%	100.0% 47.5%

#### Pediatric (<18) Transplants

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