User Guide

This report contains a wide range of useful information about the kidney transplant program at New York-Presbyterian Hospital/Weill Cornell Medical Center. The report has three main sections:

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

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

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

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

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

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confidence interval includes (crosses) 1.0, then we cannot say that this program's observed transplant rate is different from what would be expected. The observed transplant rate at this program was 39.5 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 01/01/2020 and 06/30/2025. The time it took for 5% (the 5th percentile) of patients to receive a transplant at this program was 0.2 months. If "Not Observed" is displayed in the table, then too few candidates received transplants before 12/31/2025 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 - B14 similarly show offer acceptance rates for subsets

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of offers.

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

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

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

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

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

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

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A. Program Summary

Figure A1. Waiting list and transplant activity

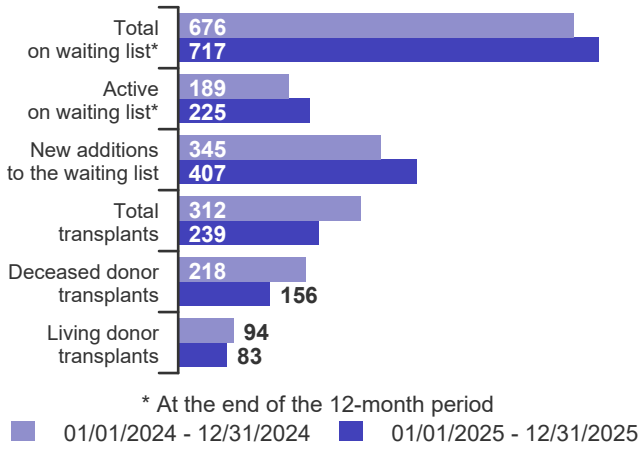


Table A1. Census of transplant recipients

Recipients	01/01/2024-12/31/2024	01/01/2025-12/31/2025
Transplanted at this center	312	239
Followed by this center*	2,148	2,293
...transplanted at this program	2,137	2,284
...transplanted elsewhere	11	9

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

Figure A2. Transplant rates 01/01/2024 - 12/31/2025

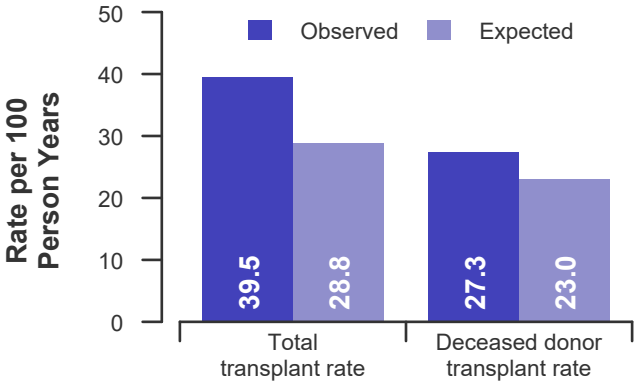


Figure A3. Pre-transplant mortality rates 01/01/2024 - 12/31/2025

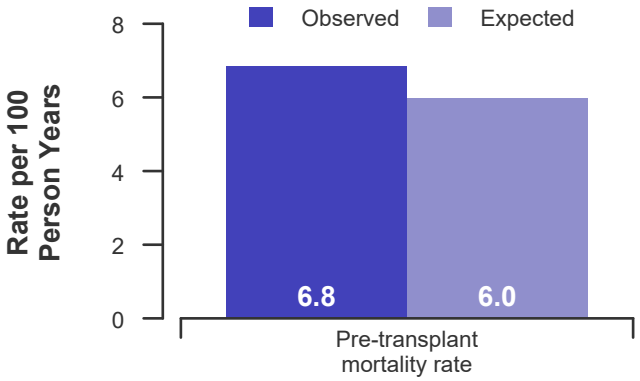


Figure A4. First-year adult graft and patient survival: 01/01/2023 - 06/30/2025

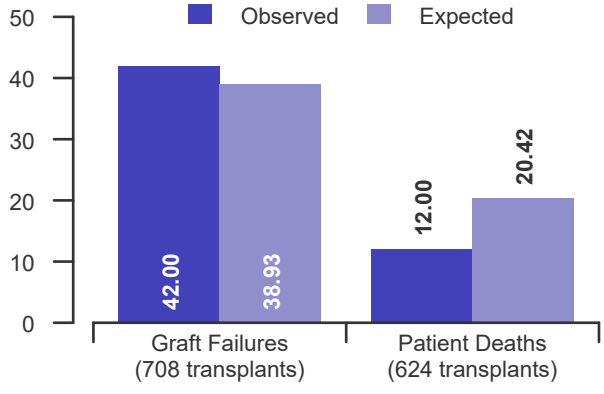
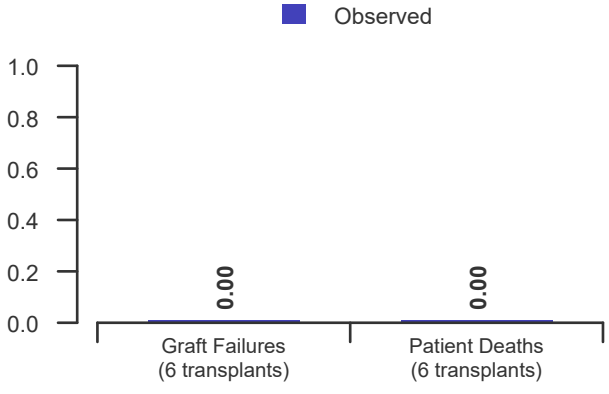


Figure A5. First-year pediatric graft and patient survival: 01/01/2023 - 06/30/2025



B. Waiting List Information

Table B1. Waiting list activity summary: 01/01/2024 - 12/31/2025

Waiting List Registrations	Counts for this center		Activity for 01/01/2025 to 12/31/2025 as percent of registrants on waiting list on 01/01/2025		
	01/01/2024-12/31/2024	01/01/2025-12/31/2025	This Center (%)	OPTN Region (%)	U.S. (%)
On waiting list at start	750	676	100.0	100.0	100.0
Additions					
New listings at this center	345	407	60.2	47.5	54.6
Removals					
Transferred to another center	12	9	1.3	2.8	0.9
Received living donor transplant*	92	83	12.3	7.3	6.7
Received deceased donor transplant*	223	160	23.7	21.9	21.9
Died	40	37	5.5	3.5	3.5
Transplanted at another center	22	11	1.6	2.1	4.8
Deteriorated	8	23	3.4	4.1	5.0
Recovered	0	0	0.0	0.3	0.4
Other reasons	22	43	6.4	5.9	5.9
On waiting list at end of period	676	717	106.1	99.7	105.4

* 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 01/01/2025 and 12/31/2025

Demographic Characteristic	New Waiting List Registrations 01/01/2025 to 12/31/2025 (%)			All Waiting List Registrations on 12/31/2025 (%)		
	This Center (N=407)	OPTN Region (N=3,310)	U.S. (N=52,403)	This Center (N=717)	OPTN Region (N=6,947)	U.S. (N=101,181)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	32.2	33.8	37.1	29.7	30.4	34.7
African-American	31.0	30.6	30.7	34.0	34.3	30.0
Hispanic/Latino	15.7	20.0	20.5	15.3	20.4	22.9
Asian	14.7	11.2	8.2	16.3	12.2	9.6
Other	0.7	1.1	2.0	1.0	1.1	2.1
Unknown	5.7	3.2	1.4	3.6	1.7	0.8
Age (%)						
<2 years	0.0	0.2	0.1	0.0	0.1	0.1
2-11 years	0.7	0.8	0.8	0.7	0.8	0.7
12-17 years	1.5	1.9	1.4	1.8	2.4	1.3
18-34 years	5.4	8.0	9.6	5.3	8.8	9.3
35-49 years	17.9	21.2	24.2	22.3	23.9	26.1
50-64 years	40.5	40.7	40.6	43.9	41.9	43.2
65-69 years	12.5	14.0	13.4	11.0	12.8	12.5
70+ years	21.4	13.2	9.9	14.9	9.2	6.9
Gender (%)						
Male	59.7	62.9	61.7	58.7	61.8	62.6
Female	40.3	37.1	38.3	41.3	38.2	37.4

* 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 01/01/2025 and 12/31/2025

Medical Characteristic	New Waiting List Registrations 01/01/2025 to 12/31/2025 (%)			All Waiting List Registrations on 12/31/2025 (%)		
	This Center (N=407)	OPTN Region (N=3,310)	U.S. (N=52,403)	This Center (N=717)	OPTN Region (N=6,947)	U.S. (N=101,181)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Blood Type (%)						
O	45.0	46.9	49.8	48.5	51.6	55.1
A	32.9	30.5	31.2	28.3	26.5	26.7
B	18.7	18.4	15.2	19.9	18.9	15.9
AB	3.4	4.2	3.8	3.2	3.0	2.4
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Previous Transplant (%)						
Yes	17.0	14.7	12.8	23.8	16.5	13.1
No	83.0	85.3	87.2	76.2	83.5	86.9
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Initial CPRA (%)*						
0-9%	7.6	4.2	7.0	24.4	27.5	24.7
10-79%	21.6	12.0	18.5	18.5	10.3	16.7
80+%	8.4	5.5	8.3	9.3	5.0	6.9
Unknown*	62.4	78.3	66.1	47.7	57.2	51.7
Primary Disease (%)**						
Glomerular Diseases	17.0	16.8	17.6	18.8	17.7	17.4
Tubular and Interstitial Diseases	2.0	3.8	3.5	2.9	4.1	3.7
Polycystic Kidneys	8.6	6.0	6.7	8.2	6.1	6.7
Congenital, Familial, Metabolic	1.7	1.6	1.8	1.5	2.1	1.9
Diabetes	36.1	36.8	36.0	33.8	36.3	37.7
Renovascular & Vascular Diseases	0.2	0.1	0.1	0.1	0.1	0.1
Neoplasms	1.0	0.2	0.5	0.6	0.2	0.4
Hypertensive Nephrosclerosis	22.1	22.1	20.3	23.2	22.0	20.0
Other	10.6	12.5	13.3	9.6	10.9	11.9
Missing**	0.7	0.2	0.3	1.3	0.3	0.3

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

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

B. Waiting List Information

Table B4. Transplant rates: 01/01/2024 - 12/31/2025

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	767	5,814	6,310	96,320
Person Years**	1,429.5	11,535.5	12,508.6	197,404.9
Removals for Transplant	565	3,495	3,844	56,701
Adult (18+) Candidates				
Count on waiting list at start*	757	5,646	6,131	94,445
Person Years**	1,403.7	11,151.4	12,099.4	193,469.5
Removals for transpant	560	3,392	3,740	54,852
Pediatric (<18) Candidates				
Count on waiting list at start*	10	168	179	1,875
Person Years**	25.8	384.2	409.2	3,935.5
Removals for transplant	5	103	104	1,849

* Counts in this table may differ from similar counts in other waiting list tables, such as Table B1. Kidney-pancreas candidates are included in the calculations for this table. 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.

Figure B1. Observed and expected transplant rates: 01/01/2024 - 12/31/2025

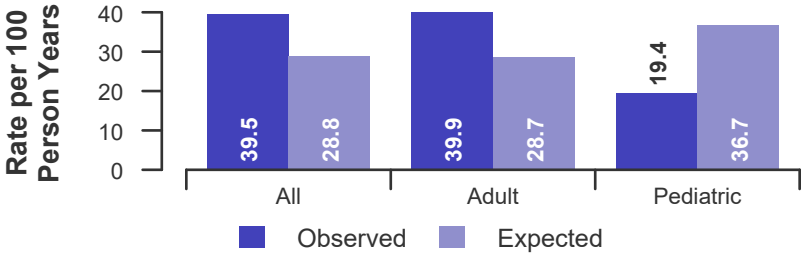


Figure B2. Transplant rate ratio estimate

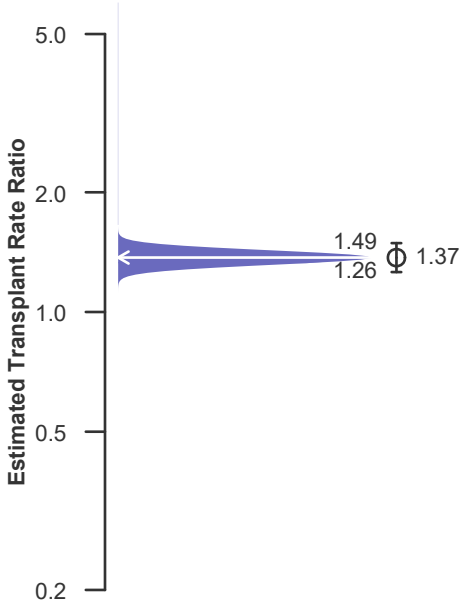
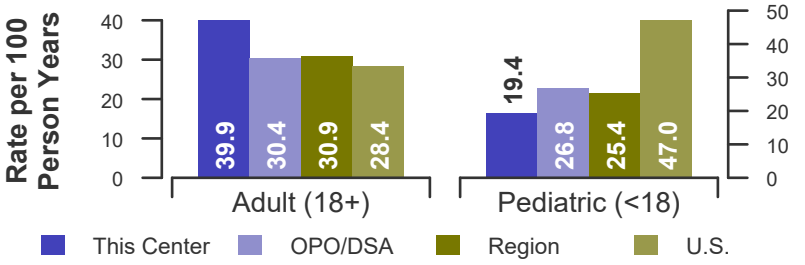


Figure B3. Observed adult (18+) and pediatric (<18) transplant rates: 01/01/2024 - 12/31/2025



B. Waiting List Information

Table B4D. Deceased donor transplant rates: 01/01/2024 - 12/31/2025

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	767	5,814	6,310	96,320
Person Years**	1,429.5	11,535.5	12,508.6	197,404.9
Removals for Transplant	390	2,608	2,917	43,919
Adult (18+) Candidates				
Count on waiting list at start*	757	5,646	6,131	94,445
Person Years**	1,403.7	11,151.4	12,099.4	193,469.5
Removals for transpant	389	2,539	2,847	42,582
Pediatric (<18) Candidates				
Count on waiting list at start*	10	168	179	1,875
Person Years**	25.8	384.2	409.2	3,935.5
Removals for transplant	1	69	70	1,337

* Counts in this table may differ from similar counts in other waiting list tables, such as Table B1. Kidney-pancreas candidates are included in the calculations for this table. 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.

Figure B1D. Observed and expected deceased donor transplant rates: 01/01/2024 - 12/31/2025

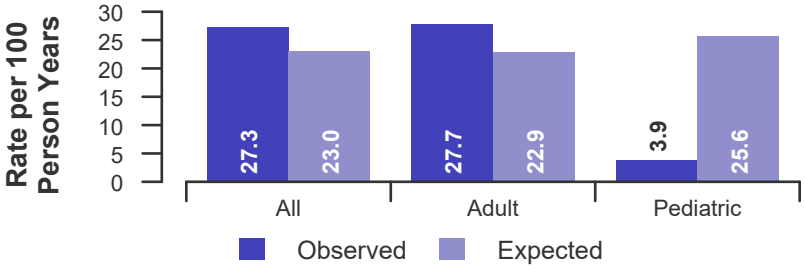


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 01/01/2024 - 12/31/2025

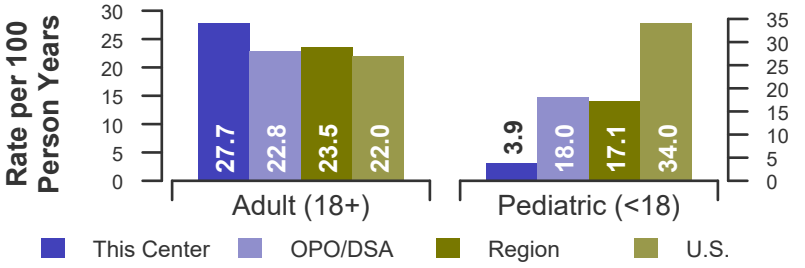
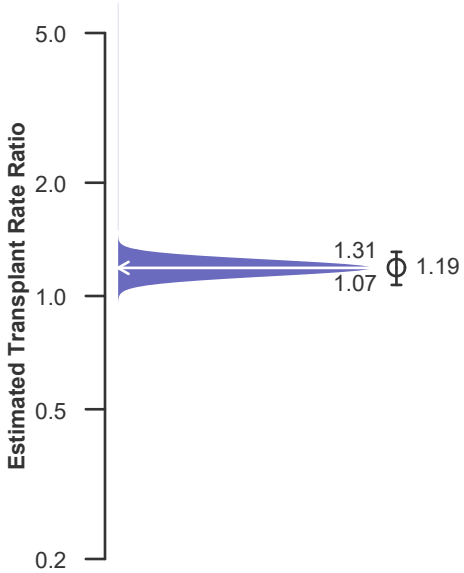


Figure B2D. Deceased donor transplant rate ratio estimate



B. Waiting List Information

Table B5. Pre-transplant mortality rates: 01/01/2024 - 12/31/2025

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Candidates				
Count on waiting list at start*	767	5,814	6,310	96,320
Person Years**	1,490.9	12,358.2	13,423.5	215,073.2
Number of deaths	102	614	675	10,562
Adult (18+) Candidates				
Count on waiting list at start*	757	5,646	6,131	94,445
Person Years**	1,465.1	11,959.4	12,999.7	211,048.4
Number of deaths	102	609	670	10,514
Pediatric (<18) Candidates				
Count on waiting list at start*	10	168	179	1,875
Person Years**	25.8	398.7	423.8	4,024.8
Number of deaths	0	5	5	48

* Counts in this table may differ from similar counts in other waiting list tables, such as Table B1. Kidney-pancreas candidates are included in the calculations for this table. 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.

Figure B4. Observed and expected pre-transplant mortality rates: 01/01/2024 - 12/31/2025

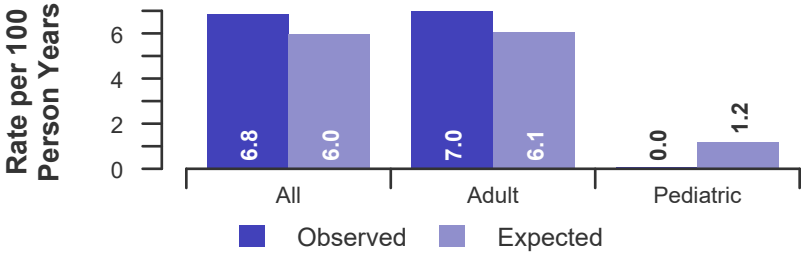


Figure B5. Pre-transplant mortality rate ratio estimate

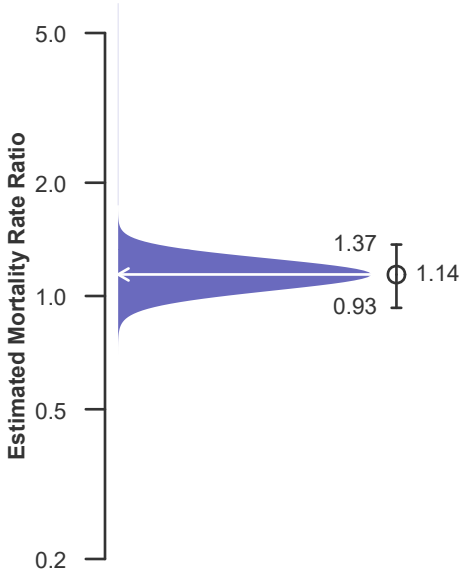
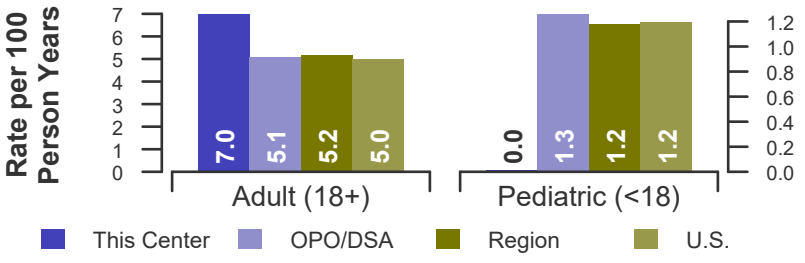


Figure B6. Observed adult (18+) and pediatric (<18) pre-transplant mortality rates: 01/01/2024 - 12/31/2025



B. Waiting List Information

Table B6. Rates of patient mortality after listing: 01/01/2024 - 12/31/2025

Waiting List Registrations	This Center	OPO/DSA	Region	U.S.
All Patients				
Count at risk during the evaluation period	2,671	19,376	23,984	344,437
Person-years*	3,965.8	29,368.5	36,228.7	515,312.6
Number of Deaths	141	1,068	1,413	20,431
Adult (18+) Patients				
Count at risk during the evaluation period	2,632	18,797	23,314	334,867
Person-years*	3,905.1	28,498.0	35,221.6	500,615.5
Number of Deaths	141	1,063	1,408	20,330
Pediatric (<18) Patients				
Count at risk during the evaluation period	39	579	670	9,570
Person-years*	60.7	870.5	1,007.1	14,697.1
Number of Deaths	0	5	5	101

* Person-years are calculated as days (converted to fractional years). The number of days from 01/01/2024, or from the date of first wait listing until death, reaching 7 years after listing or December 31, 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: 01/01/2024 - 12/31/2025

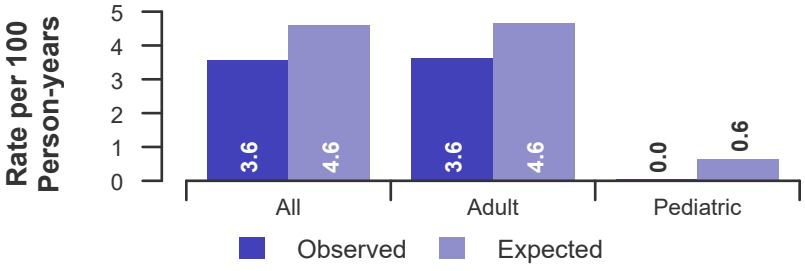


Figure B8. HR estimate of patient mortality after listing

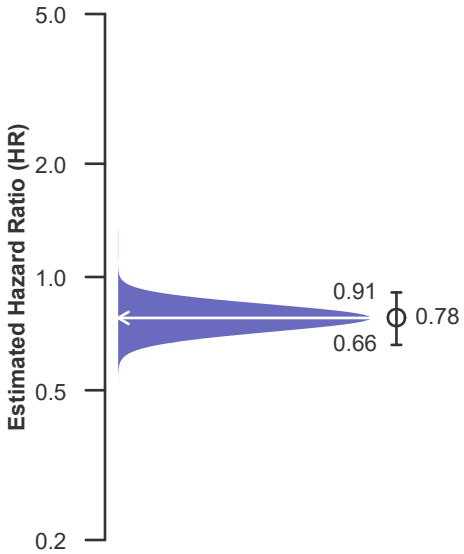
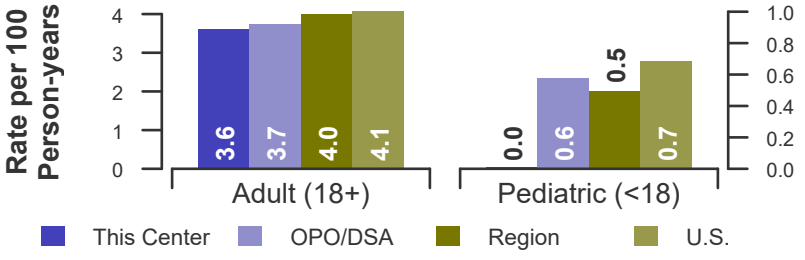


Figure B9. Observed adult (18+) and pediatric (<18) rates of patient mortality after listing: 01/01/2024 - 12/31/2025



B. Waiting List Information

Table B7. Waiting list candidate status after listing
Candidates registered on waiting list between 07/01/2023 and 06/30/2024

Waiting list status (survival status)	This Center (N=369) Months Since Listing			U.S. (N=47,542) Months Since Listing		
	6	12	18	6	12	18
Alive on waiting list (%)	58.0	43.6	35.5	71.1	56.6	46.3
Died on the waiting list without transplant (%)	0.5	3.0	3.3	1.0	1.9	2.7
Removed without transplant (%):						
Condition worsened (status unknown)	0.0	0.0	0.0	0.7	1.7	2.9
Condition improved (status unknown)	0.0	0.0	0.0	0.1	0.2	0.3
Refused transplant (status unknown)	0.0	0.0	0.3	0.0	0.1	0.2
Other	0.8	1.1	1.1	1.0	2.3	3.8
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	16.3	19.0	12.5	5.2	8.1	6.9
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.3	0.3	0.0	0.0	0.0	0.0
Died	0.0	0.0	0.0	0.0	0.1	0.1
Status Yet Unknown**	0.0	0.8	10.6	0.1	0.2	3.3
Transplant (deceased donor) (%):						
Functioning (alive)	22.0	27.9	16.3	17.7	22.6	17.3
Failed-Retransplanted (alive)	0.0	0.0	0.0	0.0	0.0	0.0
Failed-alive not retransplanted	0.0	0.0	0.3	0.1	0.1	0.1
Died	0.3	1.1	1.4	0.4	0.7	1.0
Status Yet Unknown*	1.6	2.7	17.9	2.4	4.9	14.7
Lost or Transferred (status unknown) (%)	0.3	0.5	1.1	0.2	0.4	0.6
TOTAL (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total % known died on waiting list or after transplant	0.8	4.1	4.6	1.4	2.7	3.7
Total % known died or removed as unstable	0.8	4.1	4.6	2.1	4.4	6.6
Total % removed for transplant	40.4	51.8	58.8	25.9	36.7	43.3
Total % with known functioning transplant (alive)	38.2	46.9	28.7	22.9	30.7	24.2

* 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 01/01/2020 and 12/31/2022

Characteristic	Percent transplanted at time periods since listing									
	This Center					United States				
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	517	3.9	18.0	30.2	37.9	106,894	7.1	25.3	33.4	39.0
Ethnicity/Race*										
White	141	3.5	13.5	19.9	23.4	40,706	7.3	26.2	33.7	38.6
African-American	183	6.0	21.9	36.1	44.8	34,336	6.9	25.3	34.2	41.0
Hispanic/Latino	84	2.4	14.3	29.8	44.0	20,909	7.7	25.3	33.4	38.8
Asian	101	2.0	20.8	35.6	42.6	9,049	4.9	20.1	28.2	33.8
Other	7	0.0	14.3	14.3	14.3	1,891	8.9	28.0	35.9	41.3
Unknown	1	0.0	0.0	0.0	0.0	3	0.0	0.0	0.0	0.0
Age										
<2 years	0	--	--	--	--	128	3.1	43.8	59.4	71.9
2-11 years	4	0.0	0.0	25.0	25.0	853	9.4	52.8	66.5	73.2
12-17 years	2	0.0	50.0	100.0	100.0	1,587	9.5	48.9	59.7	64.7
18-34 years	36	5.6	13.9	22.2	30.6	10,129	7.5	28.1	38.3	44.8
35-49 years	105	5.7	15.2	22.9	31.4	25,770	7.1	25.5	33.8	39.5
50-64 years	192	3.6	16.7	29.2	35.9	44,840	6.9	23.3	30.9	36.4
65-69 years	83	3.6	24.1	39.8	49.4	14,605	7.1	23.9	31.6	37.2
70+ years	95	2.1	20.0	33.7	41.1	8,982	7.0	26.4	34.1	39.1
Gender										
Male	300	4.7	20.3	31.3	38.7	66,326	7.3	24.7	32.4	37.9
Female	217	2.8	14.7	28.6	36.9	40,568	6.7	26.2	35.1	40.8

* 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 01/01/2020 and 12/31/2022

Characteristic	Percent transplanted at time periods since listing									
	This Center					United States				
	N	30 day	1 year	2 years	3 years	N	30 day	1 year	2 years	3 years
All	517	3.9	18.0	30.2	37.9	106,894	7.1	25.3	33.4	39.0
Blood Type										
O	241	3.3	15.4	26.1	35.7	53,509	6.2	21.6	28.8	34.1
A	157	5.7	21.0	36.3	44.6	33,269	8.9	30.4	39.8	45.9
B	92	3.3	14.1	25.0	26.1	16,171	4.9	22.2	30.4	36.0
AB	27	0.0	37.0	48.1	59.3	3,945	12.7	44.1	54.7	60.3
Previous Transplant										
Yes	97	3.1	16.5	23.7	27.8	13,879	4.7	24.1	32.9	38.6
No	420	4.0	18.3	31.7	40.2	93,015	7.4	25.4	33.5	39.1
Peak PRA/CPRA*										
0-9%	405	4.4	17.5	28.6	37.8	83,319	7.5	24.6	32.3	38.0
10-79%	75	1.3	20.0	36.0	40.0	14,788	6.1	24.3	33.1	38.7
80+%	37	2.7	18.9	35.1	35.1	8,696	4.9	33.6	44.3	49.9
Unknown*	0	--	--	--	--	3	100.0	100.0	100.0	100.0
Primary Disease**										
Glomerular Diseases	96	4.2	14.6	26.0	34.4	18,505	6.0	26.1	35.5	42.2
Tubular & Interstitial Diseases	12	0.0	16.7	41.7	50.0	3,858	7.9	27.2	35.7	40.9
Polycystic Kidneys	37	2.7	21.6	27.0	27.0	6,662	5.1	23.8	33.0	39.5
Congenital, Familial, Metabolic	7	0.0	0.0	14.3	14.3	2,071	6.7	35.4	46.1	52.2
Diabetes	171	1.8	17.0	32.2	39.8	39,218	5.3	20.3	27.3	32.4
Renovascular & Vascular Diseases	0	--	--	--	--	97	1.0	24.7	29.9	33.0
Neoplasms	7	0.0	0.0	28.6	28.6	426	7.5	35.0	43.0	47.4
Hypertensive Nephrosclerosis	136	5.9	20.6	31.6	41.9	22,054	7.3	26.4	35.1	41.5
Other	49	8.2	24.5	30.6	38.8	13,708	14.3	35.1	42.6	47.0
Missing**	2	0.0	0.0	0.0	0.0	295	2.4	20.0	28.5	32.2

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

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

B. Waiting List Information

Table B10. Time to transplant for waiting list candidates*
Candidates registered on the waiting list between 01/01/2020 and 06/30/2025

	Months to Transplant**			
Percentile	**Center**	**OPO/DSA**	**Region**	**U.S.**
5th	0.2	0.3	0.3	0.6
10th	0.4	0.8	1	1.4
25th	3.3	5.2	5.4	6.3
50th (median time to transplant)	15.4	26.3	26.7	27.0
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 12/31/2025. 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: 01/01/2025 - 12/31/2025

Offers Acceptance Characteristics	This Center	OPO/DSA	Region	U.S.
Overall				
Number of Offers	9,228	102,142	119,555	1,868,080
Number of Acceptances	154	1,132	1,391	19,541
Expected Acceptances	105.2	905.0	1,197.5	19,545.2
Offer Acceptance Ratio*	1.45	1.25	1.16	1.00
95% Credible Interval**	[1.24, 1.69]	--	--	--
Low-KDRI Donors (KDRI < 1.05)				
Number of Offers	211	4,651	5,594	98,399
Number of Acceptances	11	151	198	4,065
Expected Acceptances	6.6	128.0	186.4	4,049.9
Offer Acceptance Ratio*	1.51	1.18	1.06	1.00
95% Credible Interval**	[0.80, 2.43]	--	--	--
Medium-KDRI Donors (1.05 < KDRI < 1.75)				
Number of Offers	4,451	53,315	61,034	1,128,322
Number of Acceptances	101	664	840	11,749
Expected Acceptances	62.9	541.1	705.4	11,759.4
Offer Acceptance Ratio*	1.59	1.23	1.19	1.00
95% Credible Interval**	[1.30, 1.91]	--	--	--
High-KDRI Donors (KDRI > 1.75)				
Number of Offers	4,566	44,176	52,927	641,359
Number of Acceptances	42	317	353	3,727
Expected Acceptances	35.7	235.9	305.7	3,735.8
Offer Acceptance Ratio*	1.17	1.34	1.15	1.00
95% Credible Interval**	[0.85, 1.53]	--	--	--
Hard-to-Place Kidneys (Over 100 Offers)				
Number of Offers	7,755	85,197	98,771	1,536,530
Number of Acceptances	36	320	381	2,545
Expected Acceptances	25.0	175.9	230.3	3,047.2
Offer Acceptance Ratio*	1.41	1.81	1.65	0.84
95% Credible Interval**	[1.00, 1.89]	--	--	--
Donor KDPI >= 60				
Number of Offers	6,712	68,917	82,132	1,148,657
Number of Acceptances	76	559	653	7,333
Expected Acceptances	56.8	414.8	542.7	7,289.9
Offer Acceptance Ratio*	1.33	1.35	1.20	1.01
95% Credible Interval**	[1.05, 1.64]	--	--	--

* The offer acceptance ratio estimates the relative offer acceptance practice of New York-Presbyterian Hospital/Weill Cornell Medical Center compared to the national offer acceptance practice. A ratio above one indicates the program accepts more offers compared to national offer acceptance practices (e.g., an offer acceptance ratio of 1.25 indicates a center accepts 25% more offers than is expected based on national offer acceptance practices), while a ratio below one indicates the program accepts fewer offers compared to national offer acceptance practices (e.g., an offer acceptance ratio of 0.75 indicates a center accepts 25% fewer offers than is expected based on national offer acceptance practices).
** As an example, the 95% Credible Interval for the overall offer acceptance ratio, [1.24, 1.69], indicates the location of NYNY's true offer acceptance ratio with 95% probability. The best estimate is 45% more likely to accept an offer compared to national acceptance behavior, but NYNY's performance could plausibly range from 24% higher acceptance up to 69% higher acceptance.

B. Waiting List Information

Figure B10. Offer acceptance: Overall

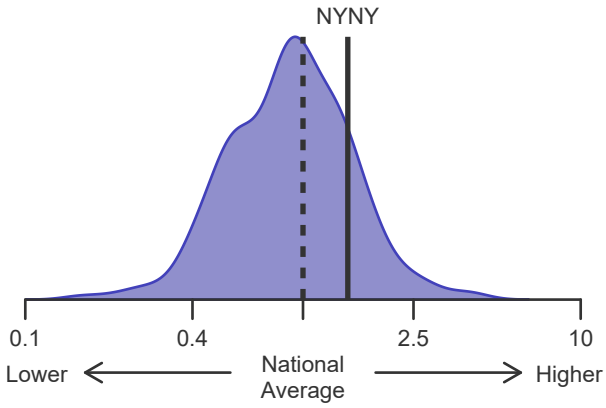


Figure B11. Offer acceptance: Low-KDRI

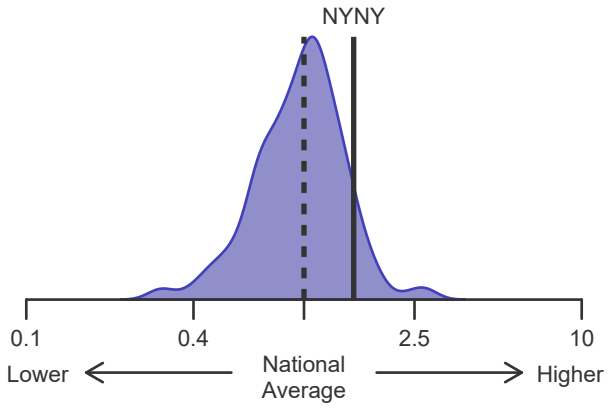


Figure B12. Offer acceptance: Medium-KDRI

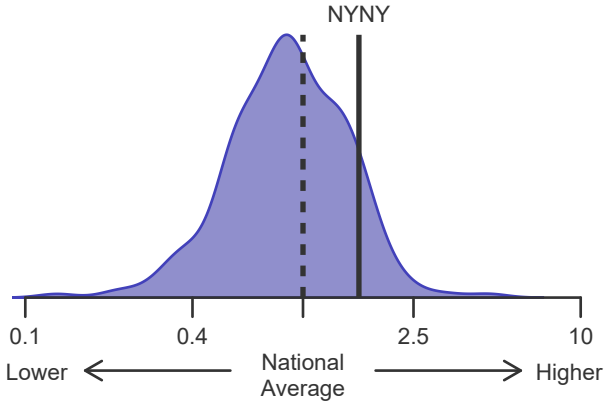


Figure B13. Offer acceptance: High-KDRI

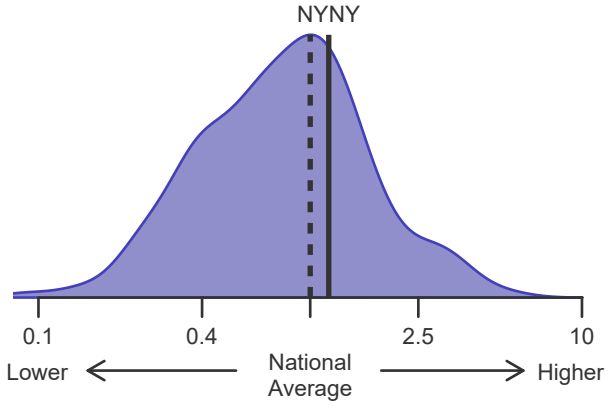


Figure B14. Offer acceptance: Offer number > 100

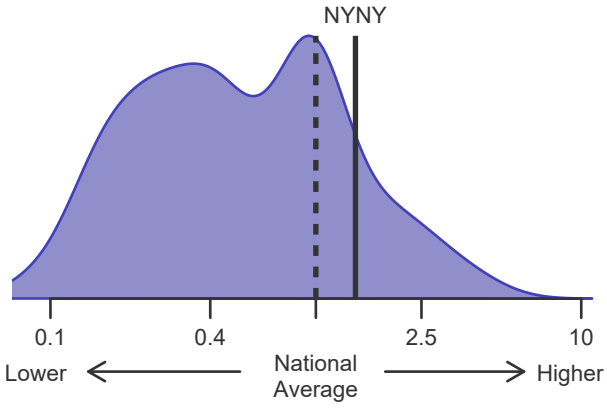
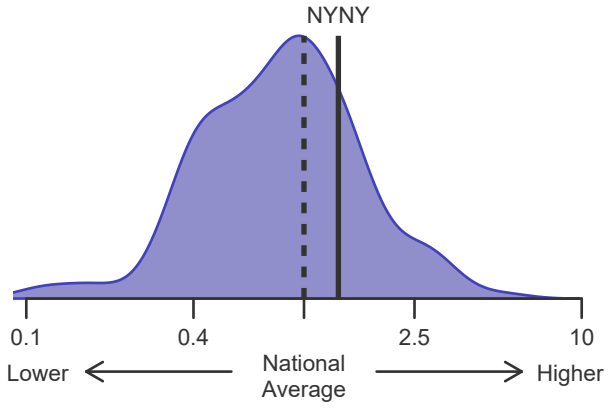


Figure B15. Offer acceptance: Donor KDPI >= 60



C. Transplant Information

Table C1D. Deceased donor transplant recipient demographic characteristics
Patients transplanted between 01/01/2025 and 12/31/2025

Characteristic	Percentage in each category		
	Center (N=156)	Region (N=1,421)	U.S. (N=19,828)
Ethnicity/Race (%)*			
White	16.0	25.3	31.3
African-American	41.7	37.4	36.8
Hispanic/Latino	17.9	20.8	20.8
Asian	19.2	13.9	8.5
Other	1.9	1.1	1.9
Unknown	3.2	1.5	0.8
Age (%)			
<2 years	0.0	0.0	0.0
2-11 years	0.0	1.0	1.0
12-17	0.0	1.5	1.6
18-34	5.8	5.8	8.7
35-49 years	18.6	17.9	21.4
50-64 years	37.2	39.4	38.9
65-69 years	14.1	16.0	14.7
70+ years	24.4	18.4	13.7
Gender (%)			
Male	51.9	60.7	59.2
Female	48.1	39.3	40.8

* 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 C1L. Living donor transplant recipient demographic characteristics
Patients transplanted between 01/01/2025 and 12/31/2025

Characteristic	Percentage in each category		
	Center (N=83)	Region (N=514)	U.S. (N=6,522)
Ethnicity/Race (%)*			
White	62.7	59.9	60.8
African-American	14.5	11.9	11.7
Hispanic/Latino	12.0	18.1	17.8
Asian	6.0	5.8	6.8
Other	0.0	0.4	1.7
Unknown	4.8	3.9	1.2
Age (%)			
<2 years	0.0	0.0	0.1
2-11 years	0.0	1.6	1.8
12-17	0.0	1.2	1.5
18-34	12.0	14.0	14.7
35-49 years	15.7	20.2	26.2
50-64 years	37.3	35.8	34.5
65-69 years	8.4	10.3	11.0
70+ years	26.5	16.9	10.2
Gender (%)			
Male	67.5	67.3	63.6
Female	32.5	32.7	36.4

* 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%.

C. Transplant Information

Table C2D. Deceased donor transplant recipient medical characteristics
Patients transplanted between 01/01/2025 and 12/31/2025

Characteristic	Percentage in each category		
	Center (N=156)	Region (N=1,421)	U.S. (N=19,828)
Blood Type (%)			
O	50.6	47.0	46.4
A	26.9	30.6	33.5
B	16.7	16.7	15.1
AB	5.8	5.7	5.0
Previous Transplant (%)			
Yes	16.7	12.0	14.1
No	83.3	88.0	85.9
Peak PRA/CPRA Prior to Transplant (%)*			
0-9%	21.2	22.2	18.9
10-79%	30.1	24.0	28.5
80+ %	14.7	14.6	20.6
Unknown*	34.0	39.2	32.0
Body Mass Index (%)			
0-20	7.1	11.5	9.0
21-25	32.7	30.5	26.6
26-30	37.2	30.0	31.4
31-35	13.5	16.1	21.5
36-40	7.7	7.5	8.0
41+	1.9	2.2	1.6
Unknown	0.0	2.1	1.9
Primary Disease (%)**			
Glomerular Diseases	15.4	16.6	19.3
Tubular and Interstitial Disease	2.6	3.9	3.7
Polycystic Kidneys	7.1	6.8	6.1
Congenital, Familial, Metabolic	1.3	2.0	2.5
Diabetes	31.4	35.2	33.5
Renovascular & Vascular Diseases	0.0	0.0	0.1
Neoplasms	0.6	0.3	0.5
Hypertensive Nephrosclerosis	30.8	26.3	23.7
Other Kidney	10.9	8.9	10.5
Missing**	0.0	0.1	0.2

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

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

C. Transplant Information

Table C2L. Living donor transplant recipient medical characteristics
Patients transplanted between 01/01/2025 and 12/31/2025

Characteristic	Percentage in each category		
	Center (N=83)	Region (N=514)	U.S. (N=6,522)
Blood Type (%)			
O	41.0	44.2	44.4
A	34.9	33.5	37.4
B	20.5	18.1	13.9
AB	3.6	4.3	4.3
Previous Transplant (%)			
Yes	13.3	10.7	11.2
No	86.7	89.3	88.8
Peak PRA/CPRA Prior to Transplant (%)*			
0-9%	15.7	17.9	16.7
10-79%	21.7	19.8	28.7
80+ %	8.4	5.8	6.6
Unknown*	54.2	56.4	48.0
Body Mass Index (%)			
0-20	6.0	11.3	11.6
21-25	30.1	32.3	29.9
26-30	43.4	33.7	31.1
31-35	14.5	14.8	19.3
36-40	3.6	5.6	6.7
41+	2.4	1.9	1.0
Unknown	0.0	0.4	0.4
Primary Disease (%)**			
Glomerular Diseases	22.9	26.3	26.8
Tubular and Interstitial Disease	1.2	6.2	4.7
Polycystic Kidneys	20.5	9.9	12.0
Congenital, Familial, Metabolic	2.4	2.7	3.8
Diabetes	22.9	24.1	24.0
Renovascular & Vascular Diseases	0.0	0.0	0.0
Neoplasms	0.0	0.0	0.9
Hypertensive Nephrosclerosis	19.3	18.3	16.2
Other Kidney	10.8	12.3	11.3
Missing**	0.0	0.2	0.2

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

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

C. Transplant Information

Table C3D. Deceased donor characteristics
Transplants performed between 01/01/2025 and 12/31/2025

Donor Characteristic	Percentage in each category		
	Center (N=156)	Region (N=1,421)	U.S. (N=19,828)
Cause of Death (%)			
Deceased: Stroke	23.7	26.9	25.8
Deceased: MVA	5.8	8.2	10.8
Deceased: Other	70.5	64.9	63.4
Ethnicity/Race (%)*			
White	59.6	64.5	66.3
African-American	14.7	15.0	13.3
Hispanic/Latino	16.0	14.8	14.6
Asian	5.1	2.5	3.2
Other	0.6	0.7	1.4
Not Reported	3.8	2.5	1.1
Age (%)			
<2 years	1.3	0.6	0.6
2-11 years	5.1	1.4	1.9
12-17	1.9	1.5	2.4
18-34	12.8	15.3	19.8
35-49 years	27.6	31.2	34.1
50-64 years	40.4	38.8	32.5
65-69 years	9.0	8.9	6.7
70+ years	1.9	2.3	2.0
Gender (%)			
Male	59.6	60.7	62.2
Female	40.4	39.3	37.8
Blood Type (%)			
O	50.6	48.0	47.9
A	31.4	35.0	36.7
B	14.1	12.9	11.9
AB	3.8	4.1	3.5
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 01/01/2025 and 12/31/2025

Donor Characteristic	Percentage in each category		
	Center (N=83)	Region (N=514)	U.S. (N=6,522)
Ethnicity/Race (%)*			
White	75.9	69.1	68.6
African-American	13.3	9.5	7.4
Hispanic/Latino	7.2	14.8	16.4
Asian	2.4	4.1	4.6
Other	1.2	1.6	1.7
Not Reported	0.0	1.0	1.2
Age (%)			
0-11 years	0.0	0.0	0.0
12-17	0.0	0.0	0.0
18-34	18.1	22.2	21.2
35-49 years	37.3	41.8	40.4
50-64 years	37.3	28.2	30.2
65-69 years	2.4	4.7	5.5
70+ years	4.8	3.1	2.7
Gender (%)			
Male	38.6	43.8	35.4
Female	61.4	56.2	64.6
Blood Type (%)			
O	54.2	59.7	59.1
A	28.9	26.5	29.5
B	16.9	12.6	9.4
AB	0.0	1.2	1.9
Unknown	0.0	0.0	0.0

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

C. Transplant Information

Table C4D. Deceased donor transplant characteristics
Transplants performed between 01/01/2025 and 12/31/2025

Transplant Characteristic	Percentage in each category		
	Center (N=156)	Region (N=1,421)	U.S. (N=19,828)
Cold Ischemic Time (Hours): Local (%)			
Deceased: 0-11 hr	5.6	9.1	13.7
Deceased: 12-21 hr	63.9	64.8	59.1
Deceased: 22-31 hr	30.6	23.5	23.8
Deceased: 32-41 hr	0.0	1.5	2.4
Deceased: 42+ hr	0.0	0.0	0.3
Not Reported	0.0	1.1	0.7
Cold Ischemic Time (Hours): Shared (%)			
Deceased: 0-11 hr	1.7	3.3	4.0
Deceased: 12-21 hr	52.5	44.3	52.8
Deceased: 22-31 hr	42.5	36.6	34.2
Deceased: 32-41 hr	1.7	12.4	6.7
Deceased: 42+ hr	1.7	2.6	1.5
Not Reported	0.0	0.9	0.7
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	7.7	10.0	12.7
1	47.4	38.9	38.3
2	44.9	51.0	49.0
Not Reported	0.0	0.1	0.0
B Locus Mismatches (%)			
0	2.6	5.3	8.1
1	23.1	24.6	24.7
2	74.4	70.0	67.2
Not Reported	0.0	0.1	0.0
DR Locus Mismatches (%)			
0	12.2	13.4	17.0
1	44.9	45.2	46.1
2	42.9	41.3	37.0
Not Reported	0.0	0.1	0.0
Total Mismatches (%)			
0	1.3	3.4	5.5
1	0.0	1.0	1.3
2	4.5	4.0	4.3
3	12.8	11.9	13.8
4	32.1	27.7	27.2
5	32.1	33.9	32.1
6	17.3	18.1	15.8
Not Reported	0.0	0.1	0.0
Procedure Type (%)			
Single organ	100.0	99.5	99.9
Multi organ	0.0	0.5	0.1
Dialysis in First Week After Transplant (%)			
Yes	46.8	43.4	35.2
No	53.2	56.5	64.7
Not Reported	0.0	0.1	0.1
Donor Location (%)			
Local Donation Service Area (DSA)	23.1	18.6	36.9
Another Donation Service Area (DSA)	76.9	81.4	63.1
Median Time in Hospital After Transplant	5.0 Days	6.0 Days	4.0 Days

C. Transplant Information

Table C4L. Living donor transplant characteristics
Transplants performed between 01/01/2025 and 12/31/2025

Transplant Characteristic	Percentage in each category		
	Center (N=83)	Region (N=514)	U.S. (N=6,522)
Relation with Donor (%)			
Related	28.9	37.7	36.2
Unrelated	71.1	62.1	63.1
Not Reported	0.0	0.2	0.6
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	15.7	15.2	15.9
1	49.4	42.2	48.8
2	33.7	30.2	32.2
Not Reported	1.2	12.5	3.1
B Locus Mismatches (%)			
0	13.3	11.1	9.7
1	38.6	36.8	40.6
2	47.0	39.7	46.6
Not Reported	1.2	12.5	3.1
DR Locus Mismatches (%)			
0	27.7	22.8	17.2
1	45.8	39.1	46.5
2	25.3	25.7	33.2
Not Reported	1.2	12.5	3.1
Total Mismatches (%)			
0	10.8	7.2	4.6
1	1.2	2.9	4.0
2	8.4	12.5	12.0
3	28.9	20.2	21.8
4	18.1	14.4	18.5
5	19.3	19.1	23.8
6	12.0	11.3	12.3
Not Reported	1.2	12.5	3.1
Procedure Type (%)			
Single organ	100.0	100.0	100.0
Multi organ	0.0	0.0	0.0
Dialysis in First Week After Transplant (%)			
Yes	3.6	2.5	3.1
No	96.4	97.5	96.9
Not Reported	0.0	0.0	0.1
Median Time in Hospital After Transplant	4.0 Days	4.0 Days	3.0 Days

C. Transplant Information

Table C5. Adult (18+) 1-month survival with a functioning graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	708	63,737
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	99.58% [99.10%-100.00%]	98.39% [98.29%-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	3	1,025
Number of expected graft failures (including deaths) during the first month after transplant	13.04	--
Estimated hazard ratio*	0.33	--
95% credible interval for the hazard ratio**	[0.11, 0.68]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 0.68], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 67% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 89% reduced risk up to 32% reduced risk.

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

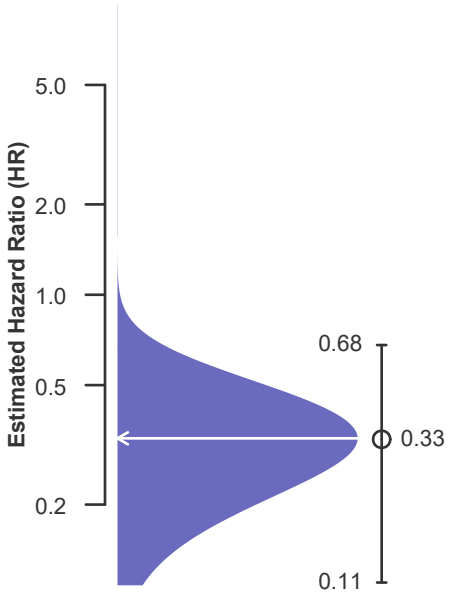
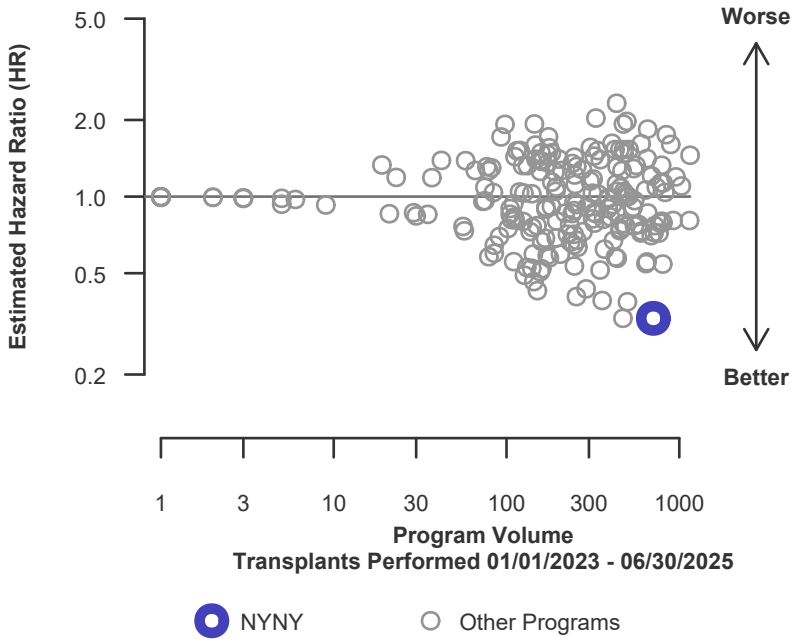


Figure C2. Adult (18+) 1-month graft failure HR program comparison



C. Transplant Information

Table C5D. Adult (18+) 1-month survival with a functioning deceased donor graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	477	48,569
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	99.58% [99.00%-100.00%]	98.09% [97.97%-98.21%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.64%	--
Number of observed graft failures (including deaths) during the first month after transplant	2	928
Number of expected graft failures (including deaths) during the first month after transplant	11.41	--
Estimated hazard ratio*	0.30	--
95% credible interval for the hazard ratio**	[0.08, 0.65]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.08, 0.65], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 70% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 92% reduced risk up to 35% reduced risk.

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

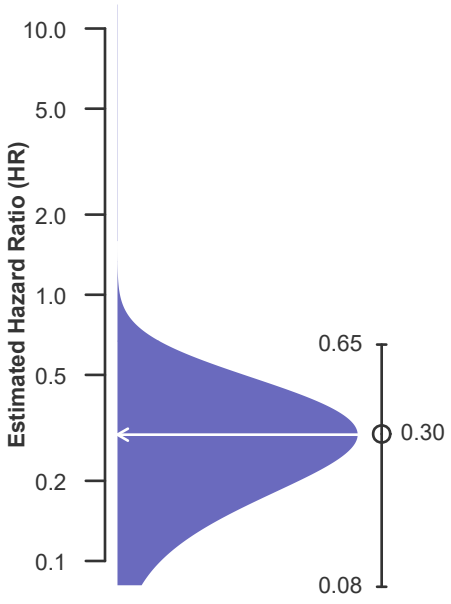
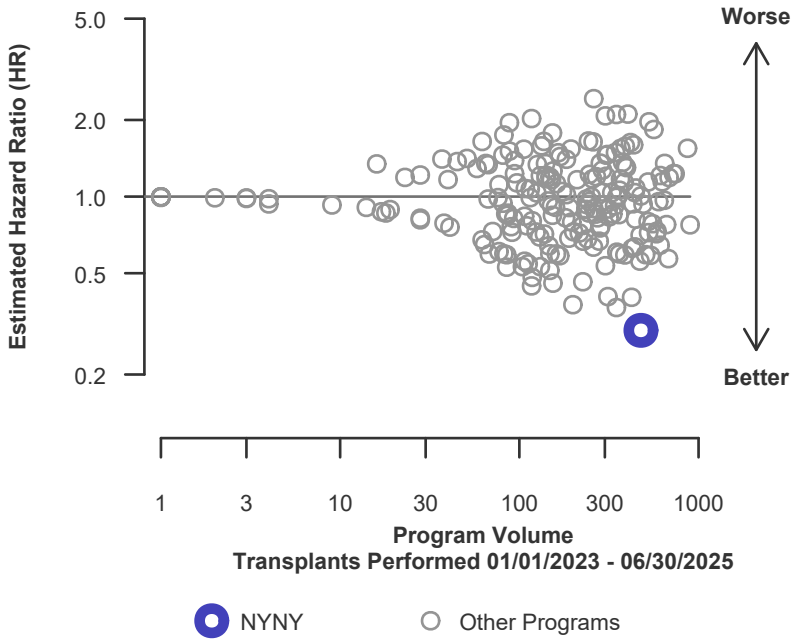


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison



C. Transplant Information

Table C5L. Adult (18+) 1-month survival with a functioning living donor graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	231	15,168
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	99.57% [98.72%-100.00%]	99.36% [99.23%-99.49%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.30%	--
Number of observed graft failures (including deaths) during the first month after transplant	1	97
Number of expected graft failures (including deaths) during the first month after transplant	1.63	--
Estimated hazard ratio*	0.83	--
95% credible interval for the hazard ratio**	[0.17, 1.99]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.17, 1.99], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 17% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 83% reduced risk up to 99% increased risk.

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

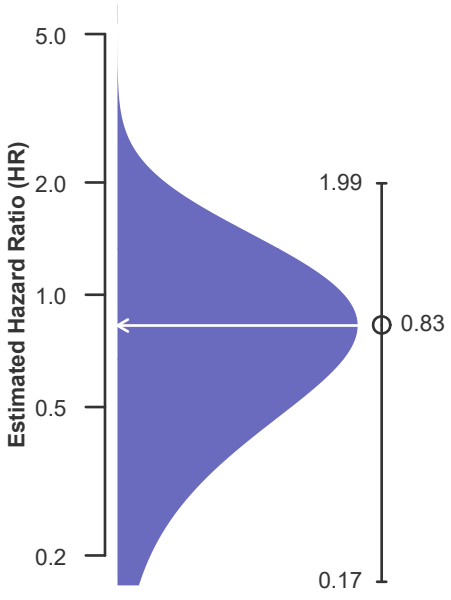
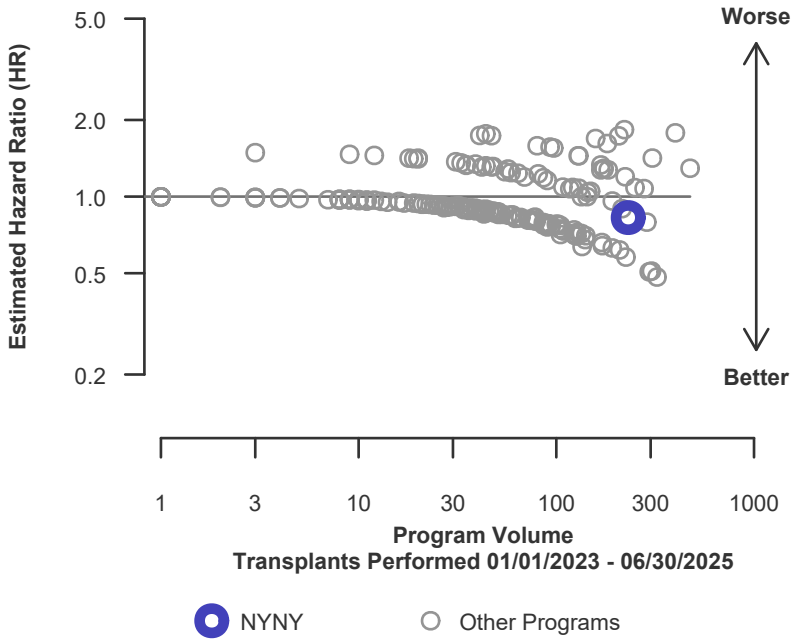


Figure C2L. Adult (18+) 1-month living donor graft failure HR program comparison



C. Transplant Information

Table C6. Adult (18+) 90-Day survival with a functioning graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	708	63,737
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	96.33% [94.95%-97.72%]	97.11% [96.98%-97.24%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	96.74%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	26	1,843
Number of expected graft failures (including deaths) during the first 90 days after transplant	23.32	--
Estimated hazard ratio*	1.11	--
95% credible interval for the hazard ratio**	[0.73, 1.55]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.73, 1.55], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 11% higher risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 27% reduced risk up to 55% increased risk.

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

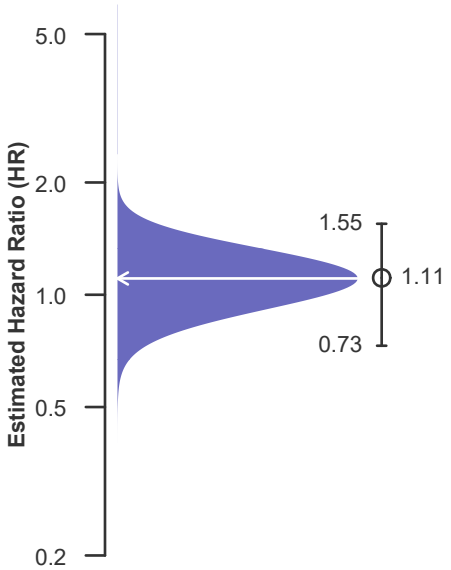
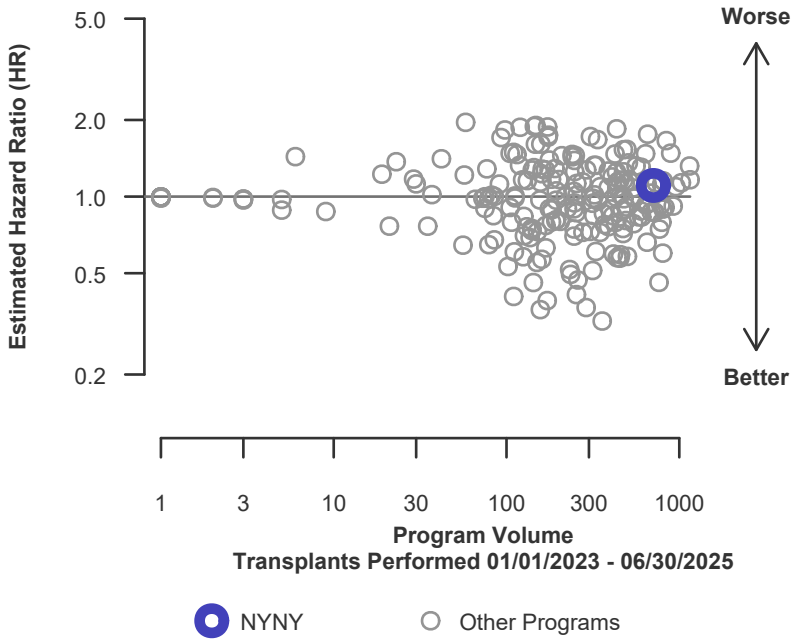


Figure C4. Adult (18+) 90-Day graft failure HR program comparison



C. Transplant Information

Table C6D. Adult (18+) 90-Day survival with a functioning deceased donor graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	477	48,569
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	95.18% [93.28%-97.12%]	96.53% [96.37%-96.70%]
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	23	1,683
Number of expected graft failures (including deaths) during the first 90 days after transplant	20.63	--
Estimated hazard ratio*	1.10	--
95% credible interval for the hazard ratio**	[0.71, 1.58]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.71, 1.58], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 10% higher risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 29% reduced risk up to 58% increased risk.

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

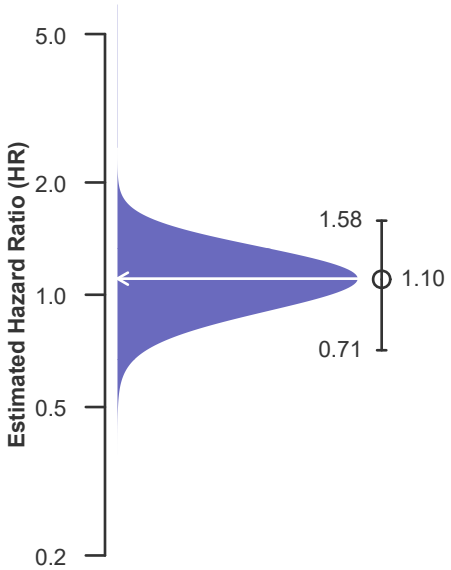
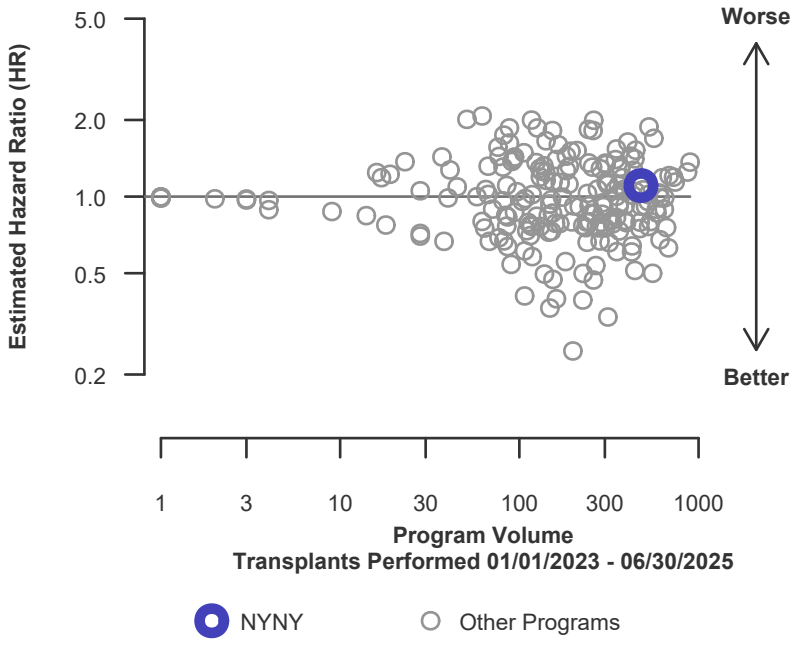


Figure C4D. Adult (18+) 90-Day deceased donor graft failure HR program comparison



C. Transplant Information

Table C6L. Adult (18+) 90-Day survival with a functioning living donor graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	231	15,168
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	98.70% [97.25%-100.00%]	98.95% [98.78%-99.11%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	98.84%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	3	160
Number of expected graft failures (including deaths) during the first 90 days after transplant	2.68	--
Estimated hazard ratio*	1.07	--
95% credible interval for the hazard ratio**	[0.35, 2.19]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.35, 2.19], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 7% higher risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 65% reduced risk up to 119% increased risk.

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

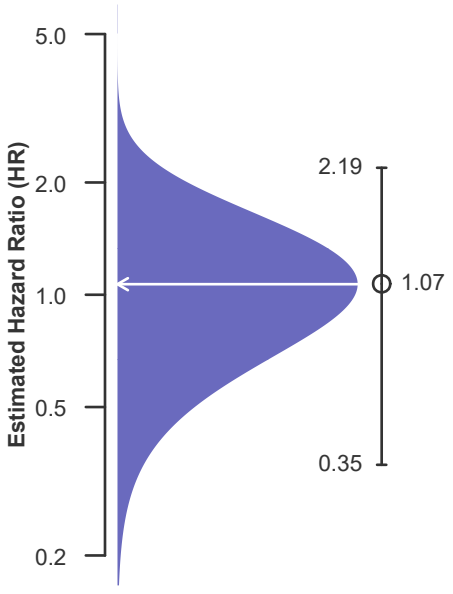
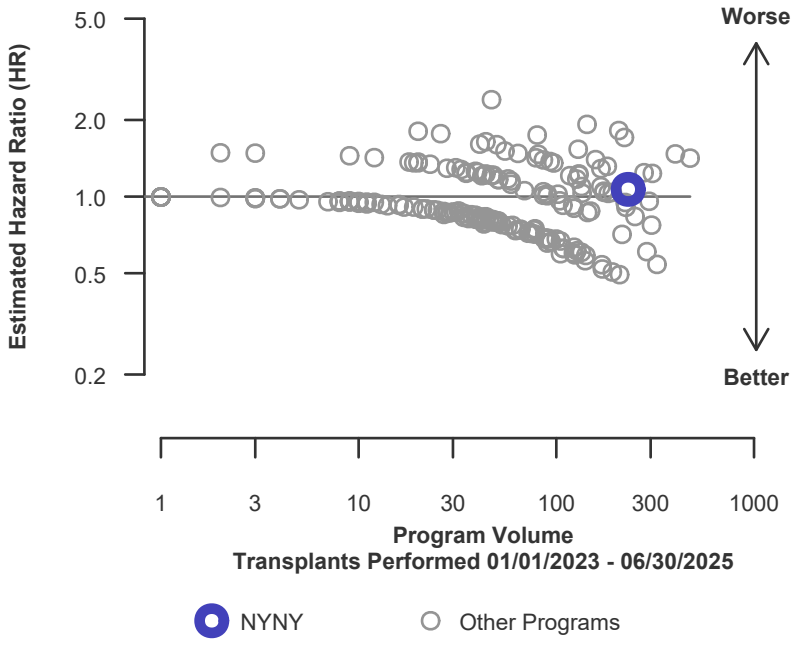


Figure C4L. Adult (18+) 90-Day living donor graft failure HR program comparison



C. Transplant Information

Table C7. Adult (18+) 1-year survival with a functioning graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	708	63,737
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	93.79% [91.98%-95.63%]	94.92% [94.74%-95.10%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	94.24%	--
Number of observed graft failures (including deaths) during the first year after transplant	42	3,070
Number of expected graft failures (including deaths) during the first year after transplant	38.93	--
Estimated hazard ratio*	1.07	--
95% credible interval for the hazard ratio**	[0.78, 1.42]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.78, 1.42], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 7% higher risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 22% reduced risk up to 42% increased risk.

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

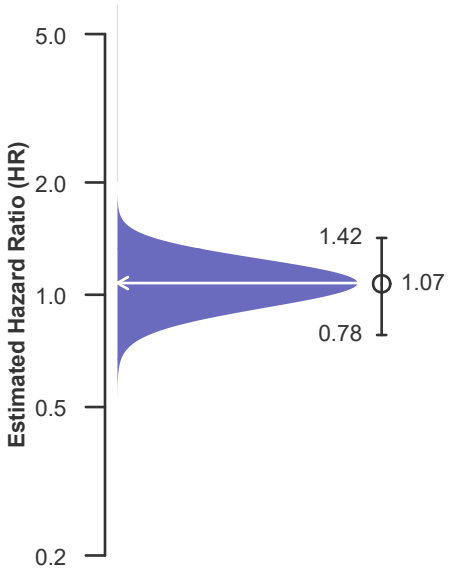
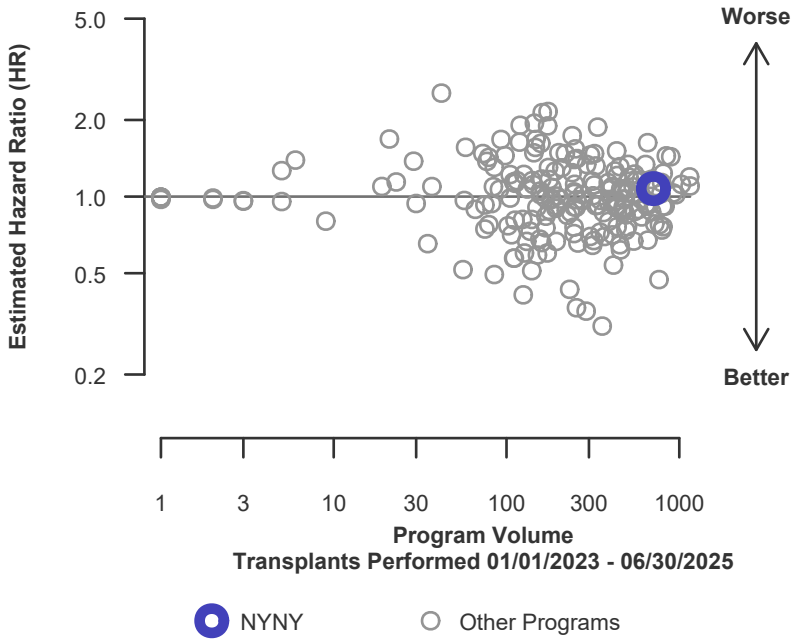


Figure C6. Adult (18+) 1-year graft failure HR program comparison



C. Transplant Information

Table C7D. Adult (18+) 1-year survival with a functioning deceased donor graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	477	48,569
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	92.32% [89.89%-94.81%]	93.95% [93.73%-94.17%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	92.50%	--
Number of observed graft failures (including deaths) during the first year after transplant	35	2,789
Number of expected graft failures (including deaths) during the first year after transplant	34.18	--
Estimated hazard ratio*	1.02	--
95% credible interval for the hazard ratio**	[0.72, 1.38]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.72, 1.38], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 2% higher risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 28% reduced risk up to 38% increased risk.

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

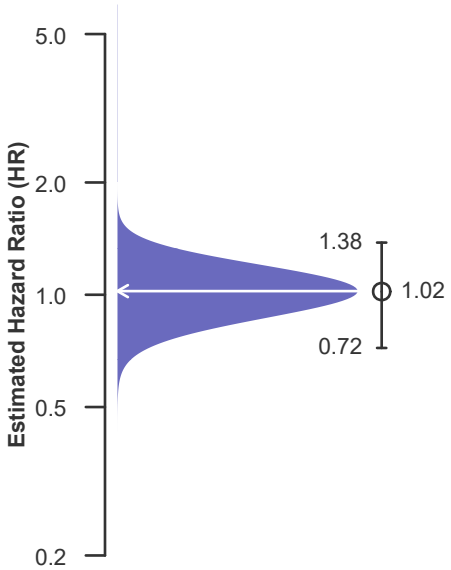
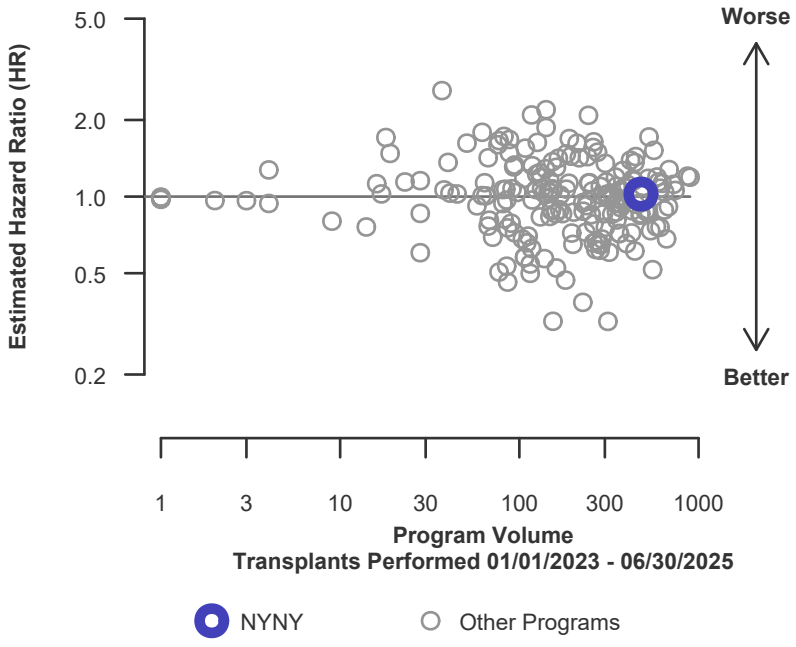


Figure C6D. Adult (18+) 1-year deceased donor graft failure HR program comparison



C. Transplant Information

Table C7L. Adult (18+) 1-year survival with a functioning living donor graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	231	15,168
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	96.80% [94.49%-99.17%]	98.02% [97.79%-98.25%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.83%	--
Number of observed graft failures (including deaths) during the first year after transplant	7	281
Number of expected graft failures (including deaths) during the first year after transplant	4.76	--
Estimated hazard ratio*	1.33	--
95% credible interval for the hazard ratio**	[0.61, 2.33]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.61, 2.33], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 33% higher risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 39% reduced risk up to 133% increased risk.

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

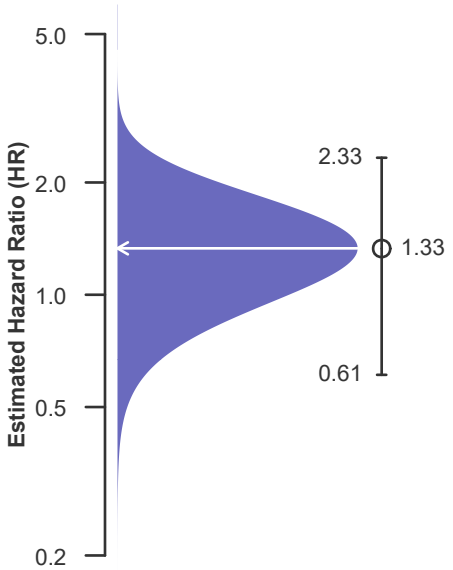
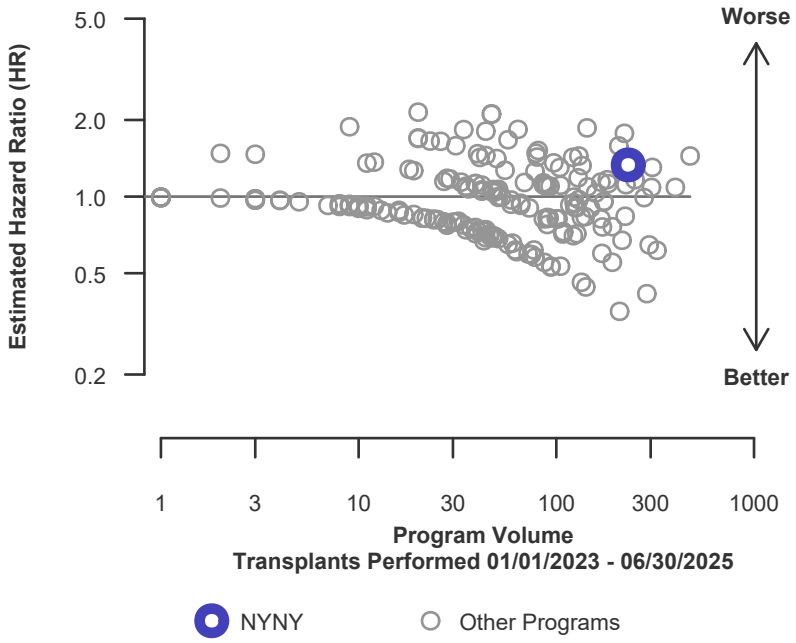


Figure C6L. Adult (18+) 1-year living donor graft failure HR program comparison



C. Transplant Information

Table C8. Adult (18+) 1-year Conditional survival with a functioning graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	682	61,894
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)	97.36% [96.87%-97.86%]	97.75% [97.70%-97.80%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	97.41%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	16	1,227
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	15.62	--
Estimated hazard ratio*	1.02	--
95% credible interval for the hazard ratio**	[0.61, 1.55]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.61, 1.55], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 2% higher risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 39% reduced risk up to 55% increased risk.

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

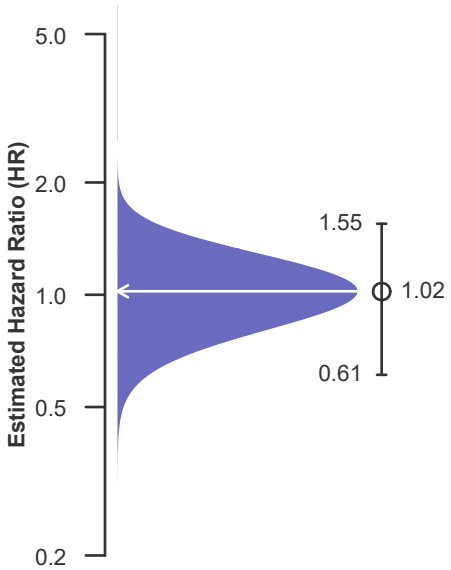
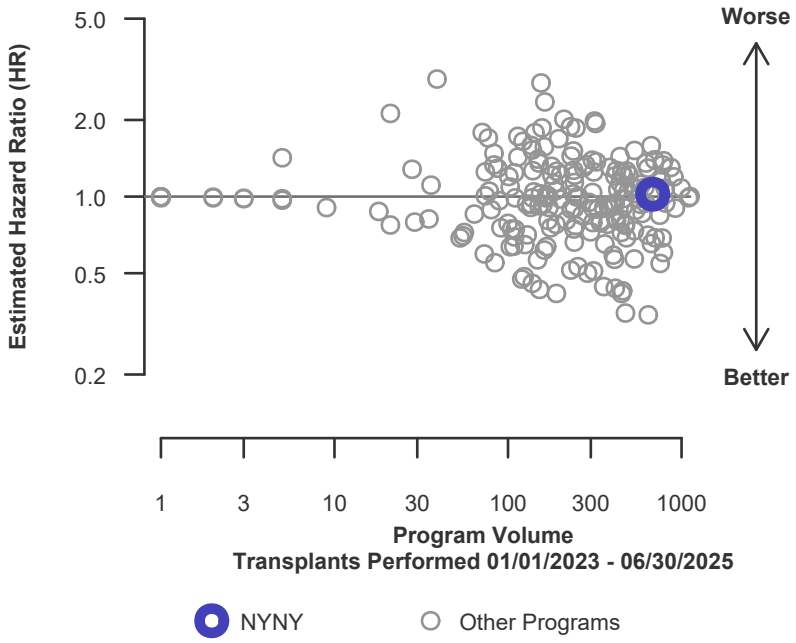


Figure C8. Adult (18+) 1-year Conditional graft failure HR program comparison



C. Transplant Information

Table C8D. Adult (18+) 1-year Conditional survival with a functioning deceased donor graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	454	46,886
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)	97.00% [96.37%-97.62%]	97.32% [97.26%-97.38%]
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)	96.63%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	12	1,106
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	13.54	--
Estimated hazard ratio*	0.90	--
95% credible interval for the hazard ratio**	[0.49, 1.43]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.49, 1.43], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 10% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 51% reduced risk up to 43% increased risk.

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

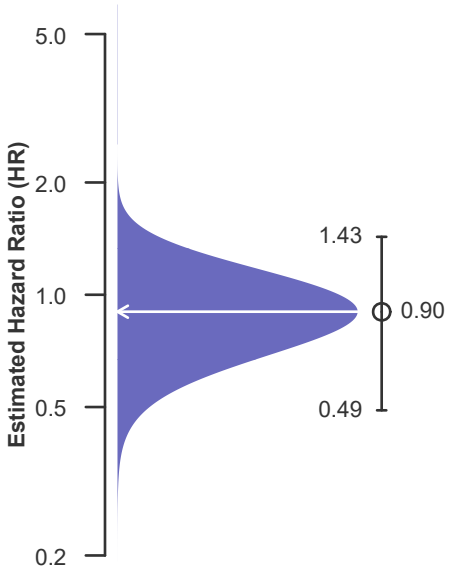
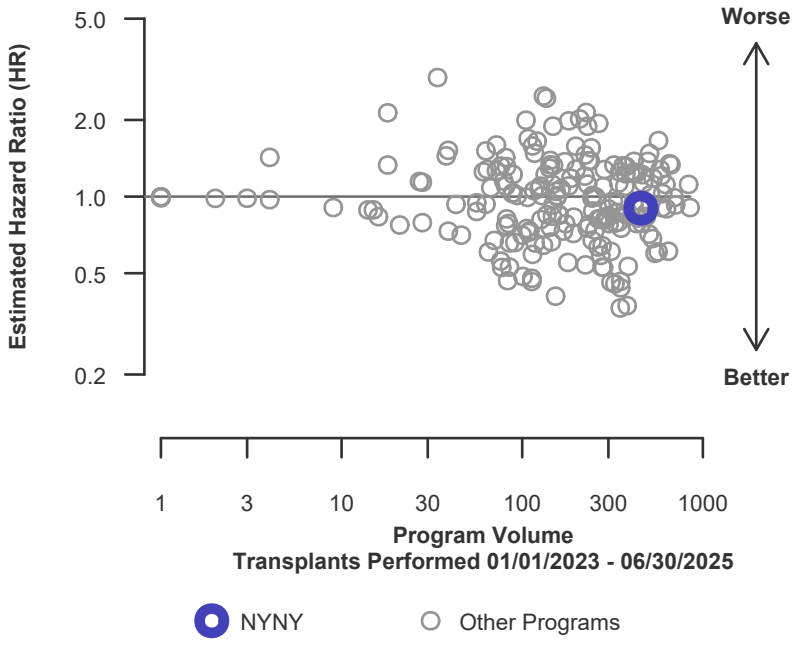


Figure C8D. Adult (18+) 1-year Conditional deceased donor graft failure HR program comparison



C. Transplant Information

Table C8L. Adult (18+) 1-year Conditional survival with a functioning living donor graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	228	15,008
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] (unadjusted for patient and donor characteristics)	98.07% [97.16%-99.17%]	99.07% [99.00%-99.14%]
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)	98.97%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	4	121
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	2.07	--
Estimated hazard ratio*	1.47	--
95% credible interval for the hazard ratio**	[0.54, 2.86]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.54, 2.86], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 47% higher risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 46% reduced risk up to 186% increased risk.

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

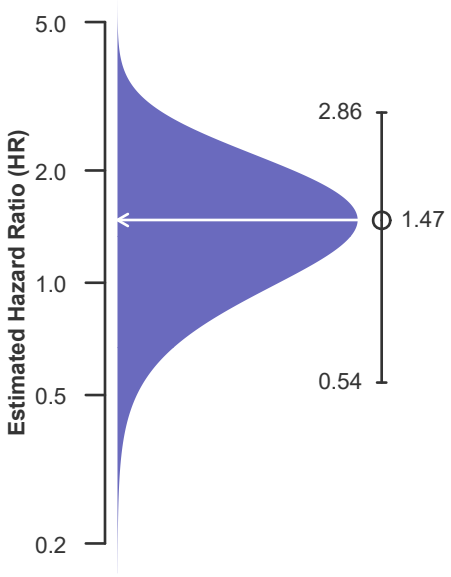
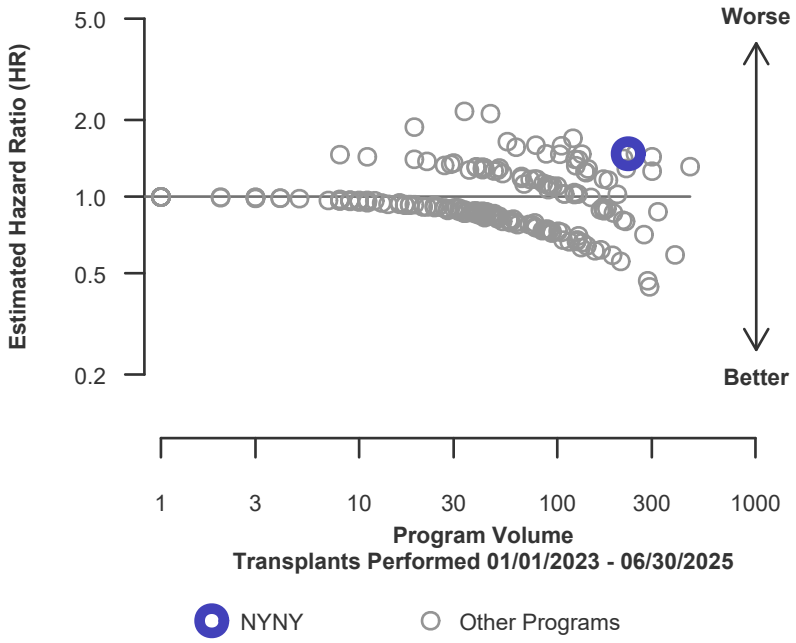


Figure C8L. Adult (18+) 1-year Conditional living donor graft failure HR program comparison



C. Transplant Information

Table C9. Adult (18+) 3-year survival with a functioning graft
Single organ transplants performed between 07/01/2020 and 12/31/2022
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	606	57,238
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	89.27% [86.84%-91.77%]	87.96% [87.70%-88.23%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	88.30%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	65	6,890
Number of expected graft failures (including deaths) during the first 3 years after transplant	71.03	--
Estimated hazard ratio*	0.92	--
95% credible interval for the hazard ratio**	[0.71, 1.15]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.71, 1.15], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 8% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 29% reduced risk up to 15% increased risk.

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

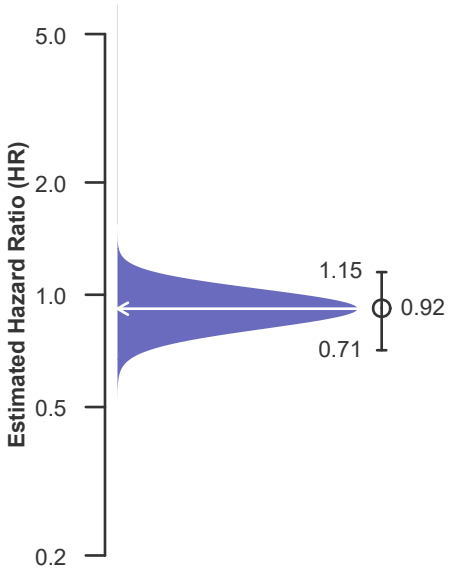
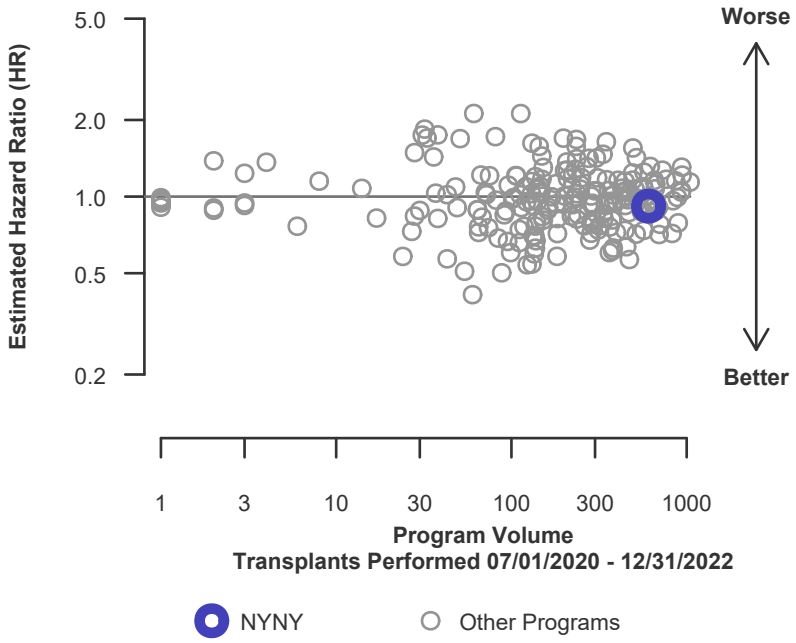


Figure C10. Adult (18+) 3-year graft failure HR program comparison



C. Transplant Information

Table C9D. Adult (18+) 3-year survival with a functioning deceased donor graft
Single organ transplants performed between 07/01/2020 and 12/31/2022
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	332	43,108
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	85.54% [81.84%-89.41%]	85.98% [85.65%-86.31%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	84.27%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	48	6,043
Number of expected graft failures (including deaths) during the first 3 years after transplant	52.38	--
Estimated hazard ratio*	0.92	--
95% credible interval for the hazard ratio**	[0.68, 1.19]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.68, 1.19], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 8% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 32% reduced risk up to 19% increased risk.

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

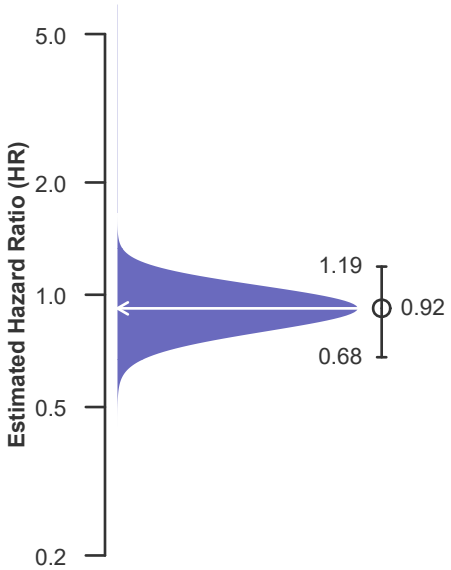
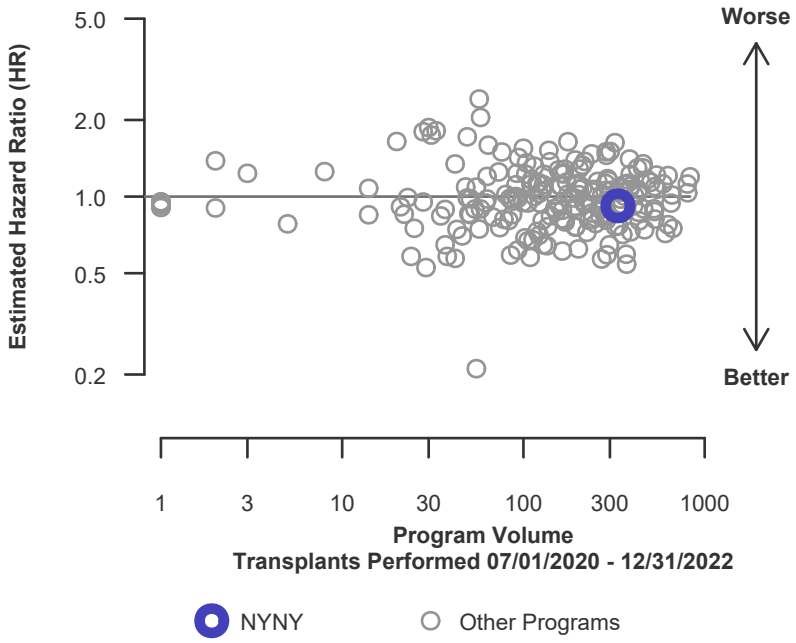


Figure C10D. Adult (18+) 3-year deceased donor graft failure HR program comparison



C. Transplant Information

Table C9L. Adult (18+) 3-year survival with a functioning living donor graft
Single organ transplants performed between 07/01/2020 and 12/31/2022
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	274	14,130
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	93.80% [90.98%-96.70%]	94.01% [93.62%-94.40%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	93.19%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	17	847
Number of expected graft failures (including deaths) during the first 3 years after transplant	18.65	--
Estimated hazard ratio*	0.92	--
95% credible interval for the hazard ratio**	[0.55, 1.38]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.55, 1.38], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 8% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 45% reduced risk up to 38% increased risk.

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

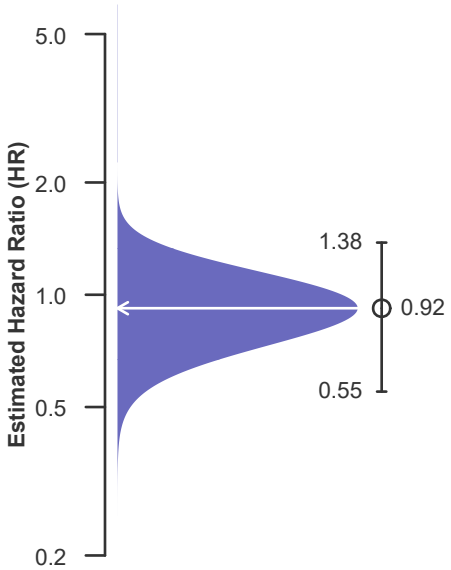
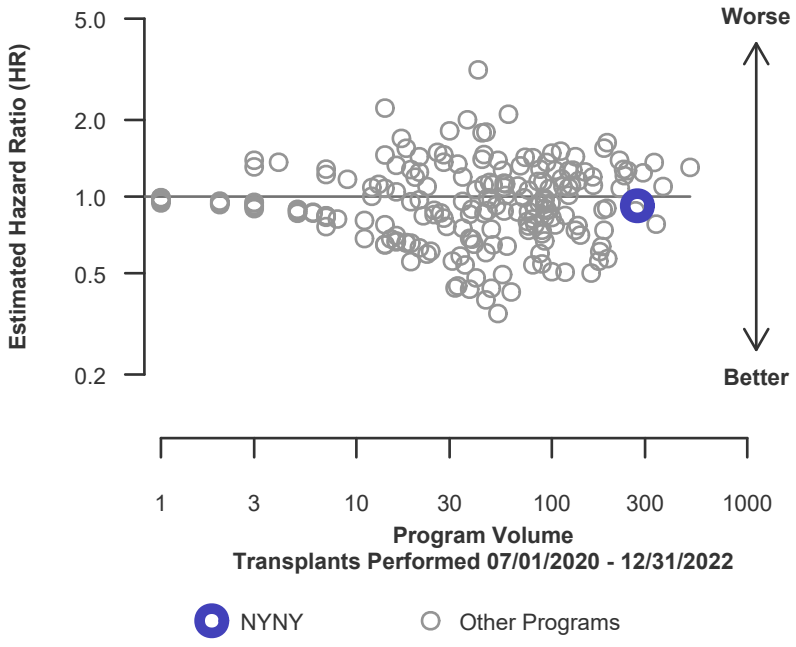


Figure C10L. Adult (18+) 3-year living donor graft failure HR program comparison



C. Transplant Information

Table C10. Pediatric (<18) 1-month survival with a functioning graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	6	2,234
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%]	98.88% [98.45%-99.32%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.26%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	25
Number of expected graft failures (including deaths) during the first month after transplant	0.04	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.73]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.73], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 2% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 173% increased risk.

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

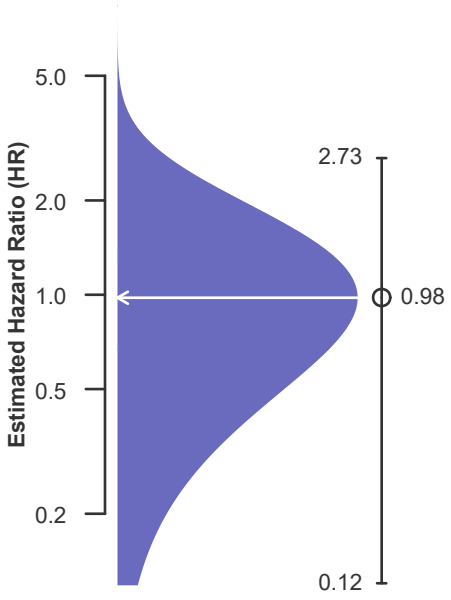
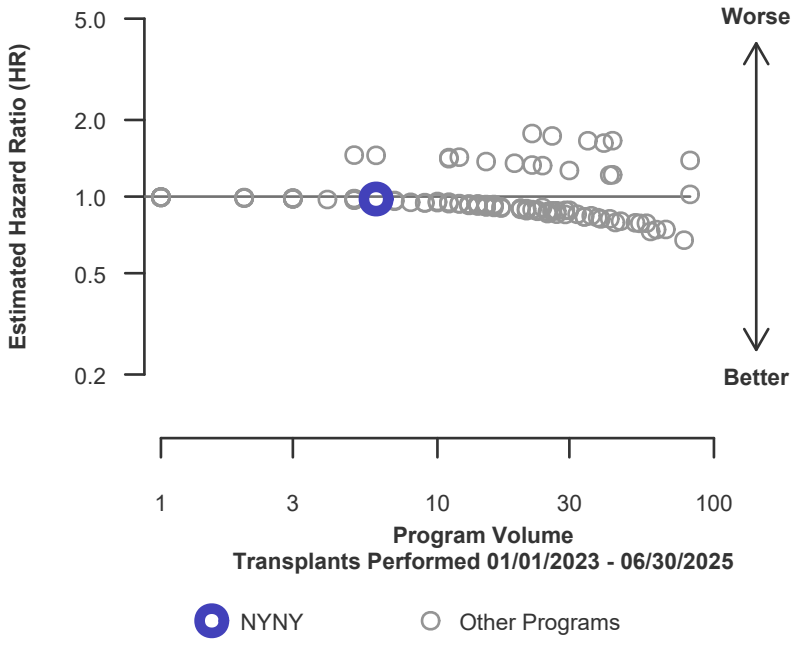


Figure C12. Pediatric (<18) 1-month graft failure HR program comparison



C. Transplant Information

Table C10D. Pediatric (<18) 1-month survival with a functioning deceased donor graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	1	1,588
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%]	98.68% [98.12%-99.24%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.68%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	21
Number of expected graft failures (including deaths) during the first month after transplant	0.01	--
Estimated hazard ratio*	0.99	--
95% credible interval for the hazard ratio**	[0.12, 2.77]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.77], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 1% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 177% increased risk.

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

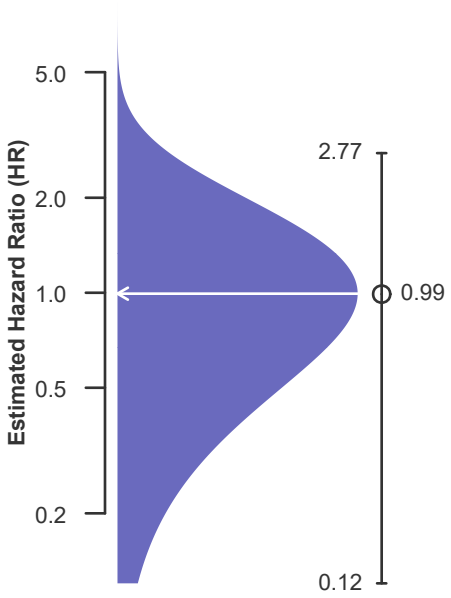
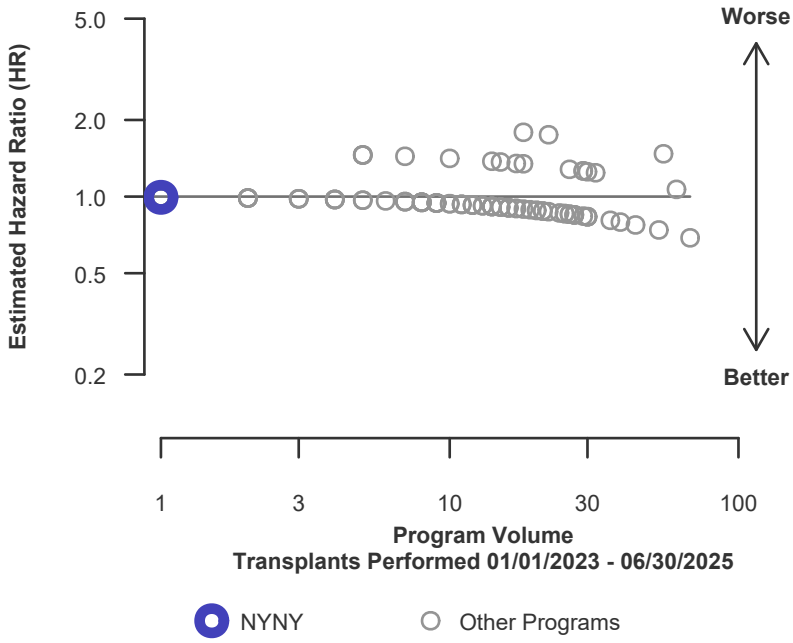


Figure C12D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison



C. Transplant Information

Table C10L. Pediatric (<18) 1-month survival with a functioning living donor graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	5	646
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%]	99.38% [98.78%-99.99%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.38%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	4
Number of expected graft failures (including deaths) during the first month after transplant	0.03	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.74]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.74], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 2% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 174% increased risk.

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

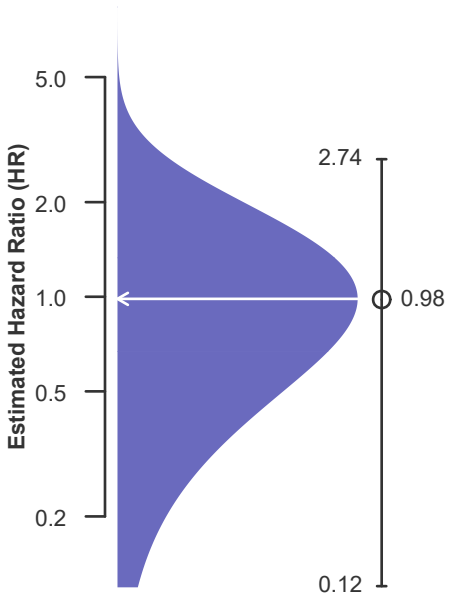
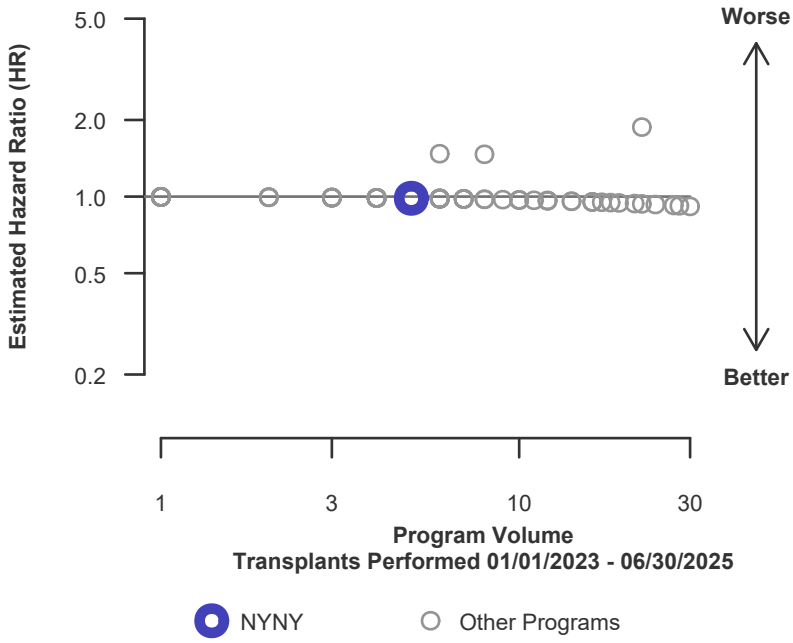


Figure C12L. Pediatric (<18) 1-month living donor graft failure HR program comparison



C. Transplant Information

Table C11. Pediatric (<18) 90-Day survival with a functioning graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	6	2,234
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.39% [97.87%-98.91%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	98.79%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	36
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.07	--
Estimated hazard ratio*	0.96	--
95% credible interval for the hazard ratio**	[0.12, 2.69]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.69], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 4% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 169% increased risk.

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

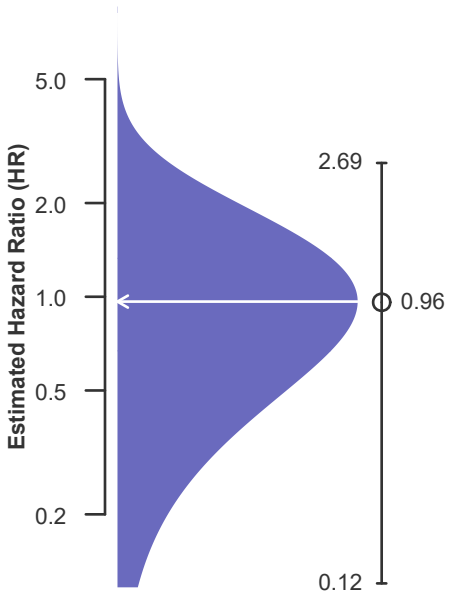
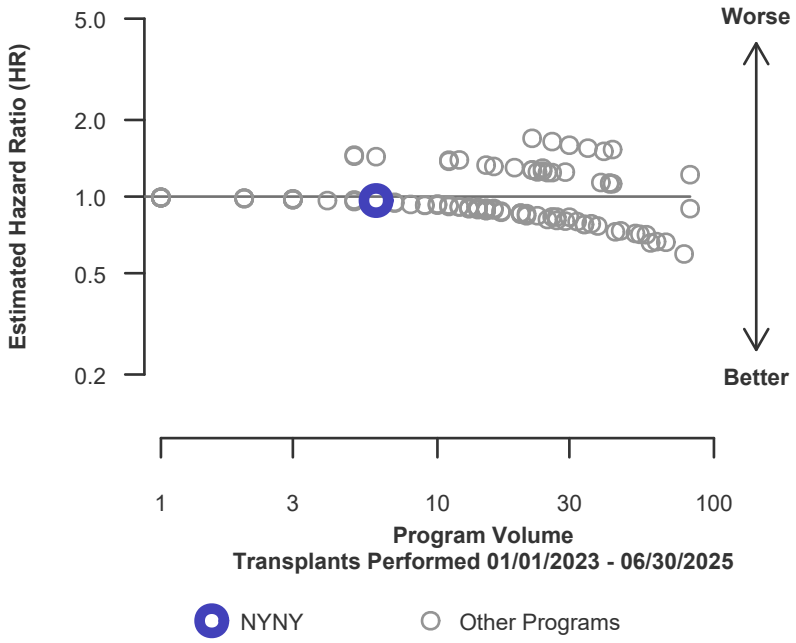


Figure C14. Pediatric (<18) 90-Day graft failure HR program comparison



C. Transplant Information

Table C11D. Pediatric (<18) 90-Day survival with a functioning deceased donor graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	1	1,588
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.17% [97.52%-98.83%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	98.18%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	29
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.02	--
Estimated hazard ratio*	0.99	--
95% credible interval for the hazard ratio**	[0.12, 2.76]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.76], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 1% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 176% increased risk.

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

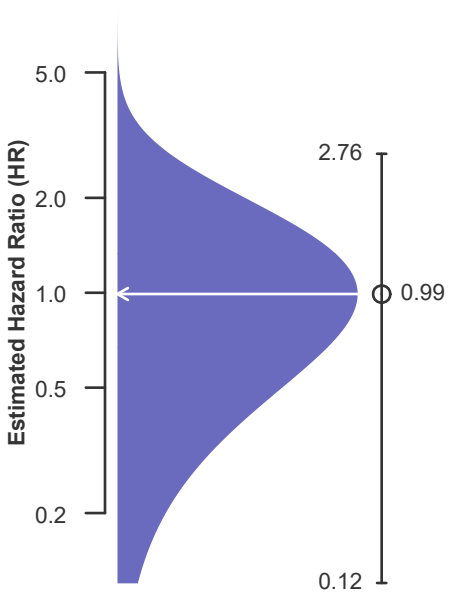
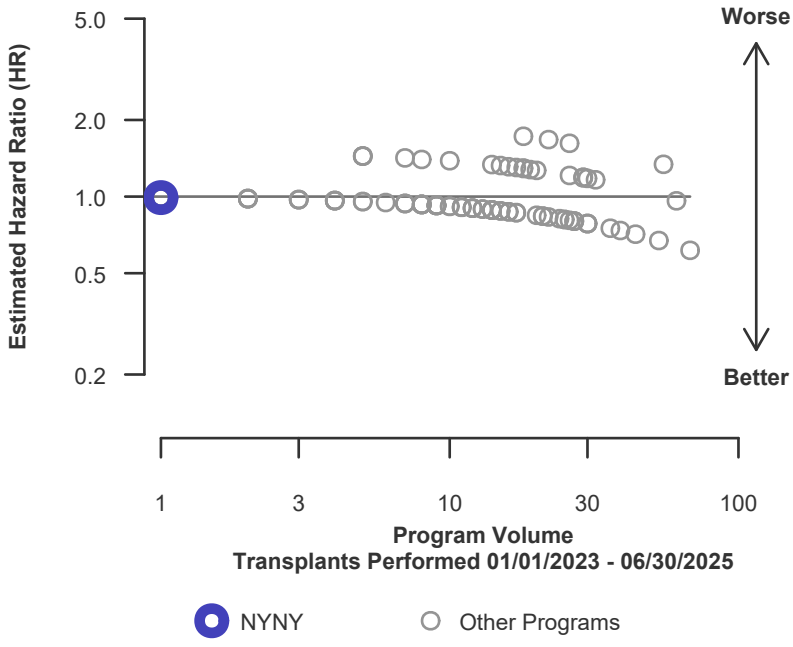


Figure C14D. Pediatric (<18) 90-Day deceased donor graft failure HR program comparison



C. Transplant Information

Table C11L. Pediatric (<18) 90-Day survival with a functioning living donor graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	5	646
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.92% [98.12%-99.72%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	98.92%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	7
Number of expected graft failures (including deaths) during the first 90 days after transplant	0.05	--
Estimated hazard ratio*	0.97	--
95% credible interval for the hazard ratio**	[0.12, 2.71]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY'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 NYNY's true hazard ratio with 95% probability. The best estimate is 3% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 171% increased risk.

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

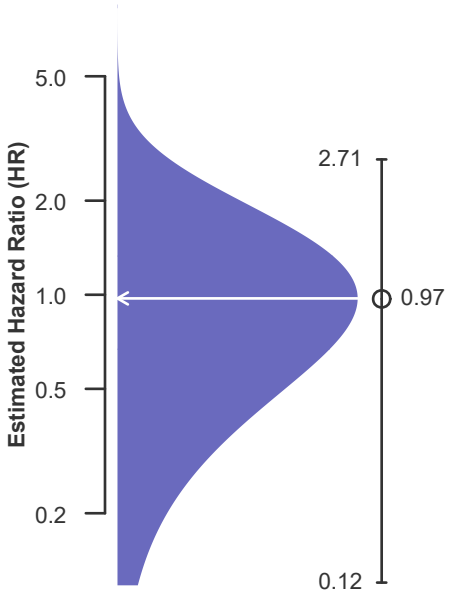
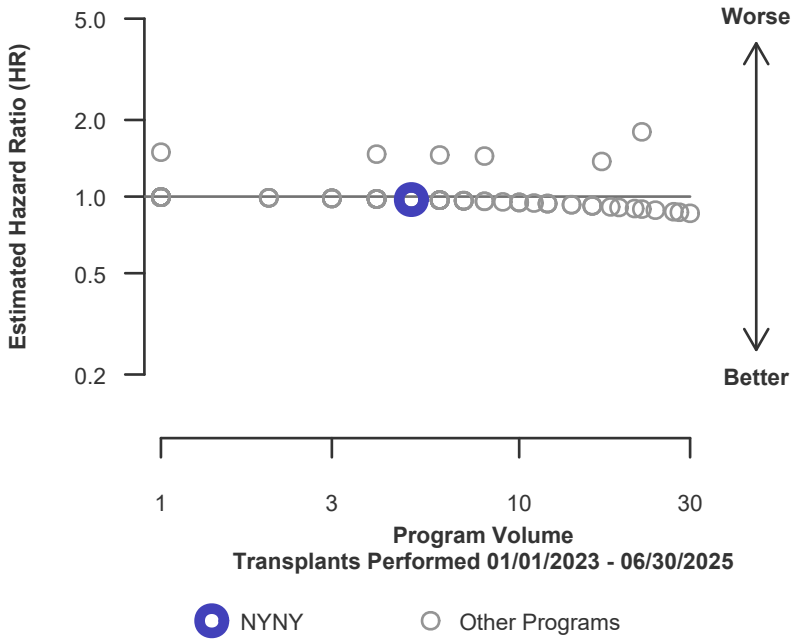


Figure C14L. Pediatric (<18) 90-Day living donor graft failure HR program comparison



C. Transplant Information

Table C12. Pediatric (<18) 1-year survival with a functioning graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	6	2,234
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	97.28% [96.59%-97.98%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	97.98%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	57
Number of expected graft failures (including deaths) during the first year after transplant	0.12	--
Estimated hazard ratio*	0.94	--
95% credible interval for the hazard ratio**	[0.11, 2.62]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.62], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 6% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 89% reduced risk up to 162% increased risk.

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

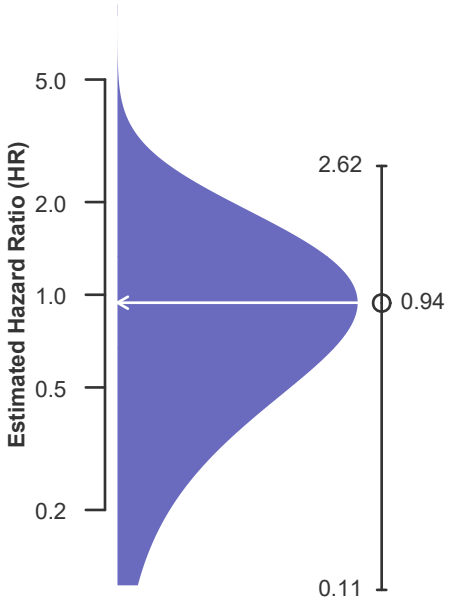
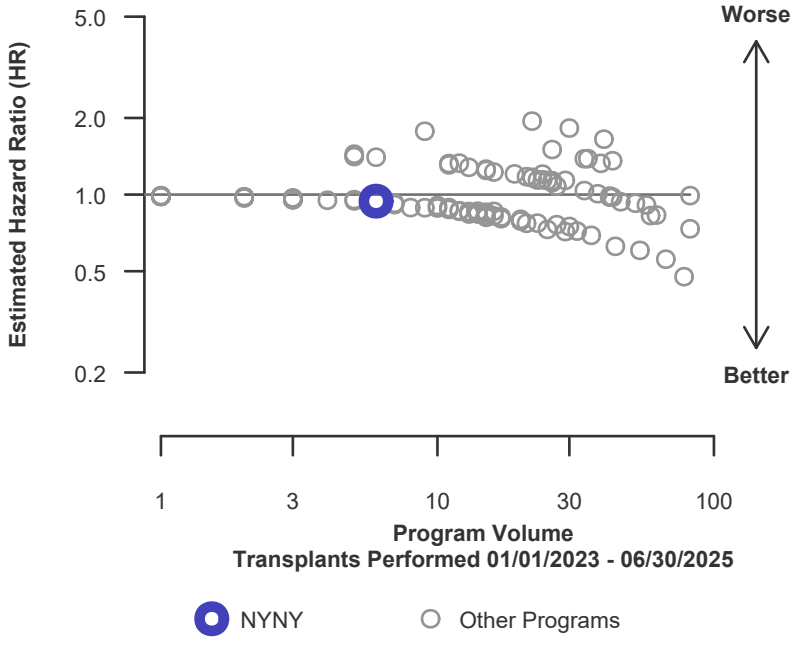


Figure C16. Pediatric (<18) 1-year graft failure HR program comparison



C. Transplant Information

Table C12D. Pediatric (<18) 1-year survival with a functioning deceased donor graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	1	1,588
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%]	96.92% [96.04%-97.80%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	96.92%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	46
Number of expected graft failures (including deaths) during the first year after transplant	0.03	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.74]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.74], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 2% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 174% increased risk.

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

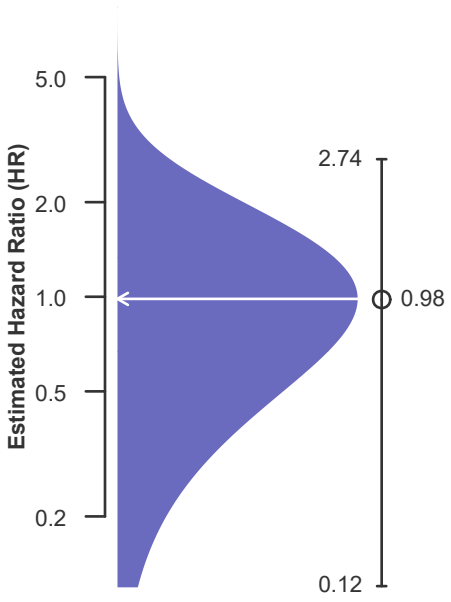
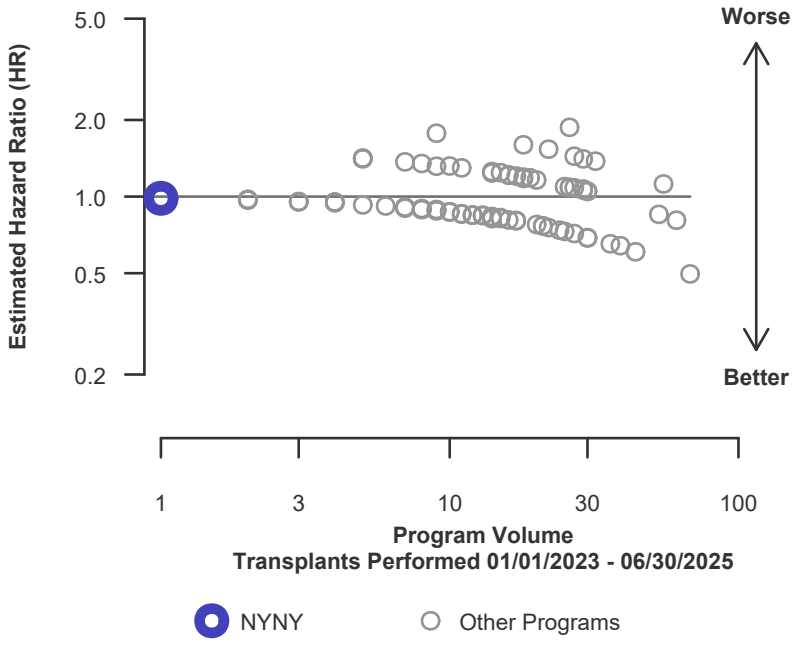


Figure C16D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison



C. Transplant Information

Table C12L. Pediatric (<18) 1-year survival with a functioning living donor graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	5	646
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%]	98.19% [97.13%-99.26%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	98.19%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	11
Number of expected graft failures (including deaths) during the first year after transplant	0.09	--
Estimated hazard ratio*	0.96	--
95% credible interval for the hazard ratio**	[0.12, 2.66]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.66], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 4% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 166% increased risk.

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

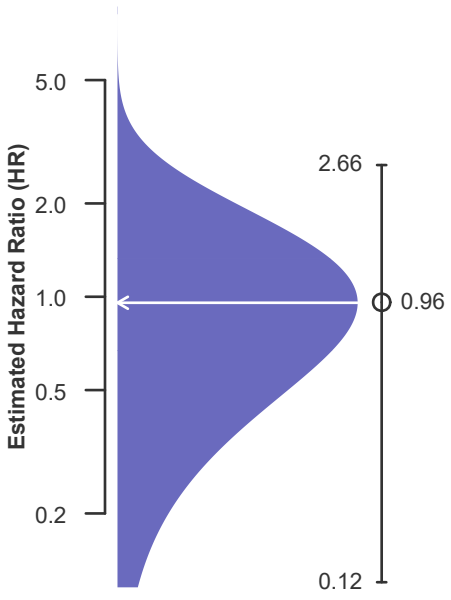
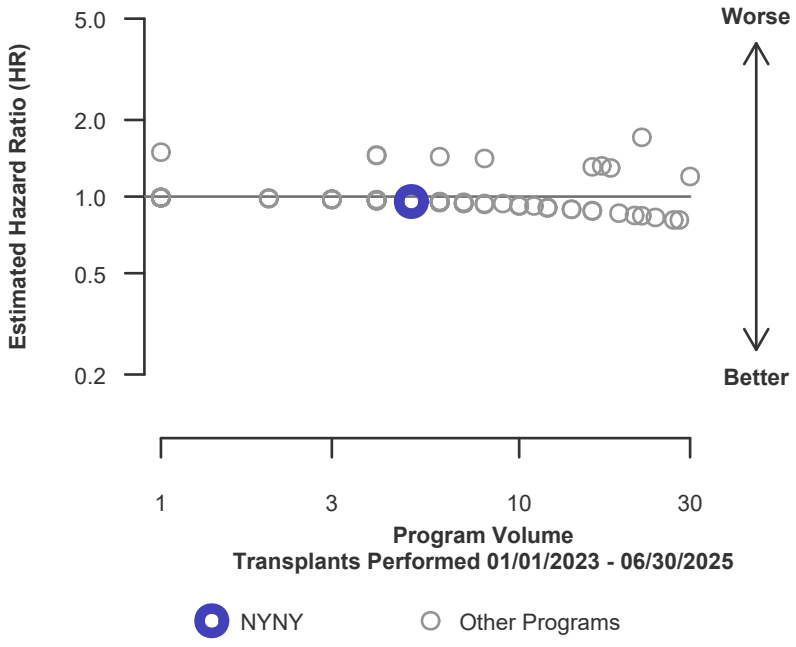


Figure C16L. Pediatric (<18) 1-year living donor graft failure HR program comparison



C. Transplant Information

Table C13. Pediatric (<18) 1-year Conditional survival with a functioning graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	6	2,198
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%]	98.88% [98.69%-99.06%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	99.17%	--
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	0.05	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.72]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.72], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 2% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 172% increased risk.

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

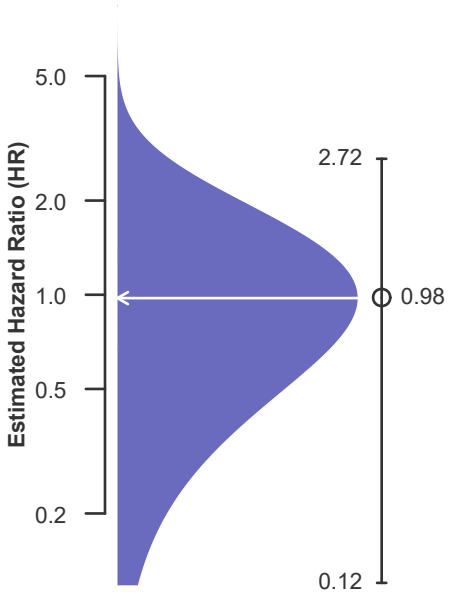
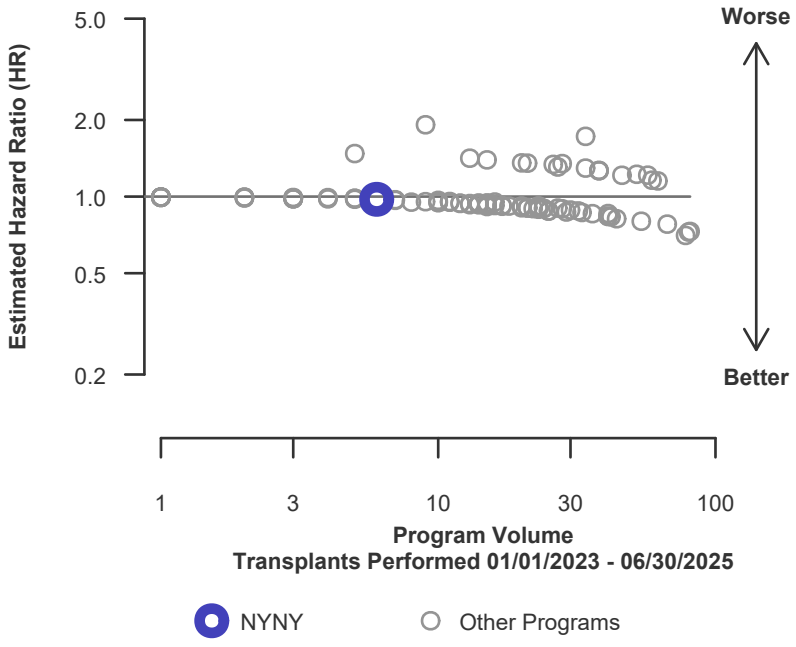


Figure C18. Pediatric (<18) 1-year Conditional graft failure HR program comparison



C. Transplant Information

Table C13D. Pediatric (<18) 1-year Conditional survival with a functioning deceased donor graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	1	1,559
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%]	98.72% [98.48%-98.96%]
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)	98.72%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	17
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.01	--
Estimated hazard ratio*	0.99	--
95% credible interval for the hazard ratio**	[0.12, 2.77]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.77], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 1% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 177% increased risk.

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

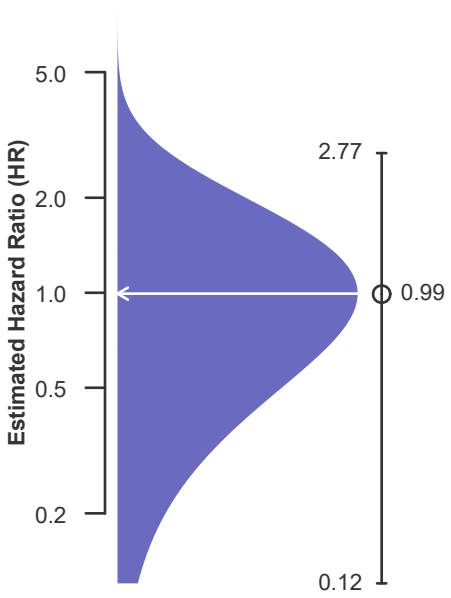
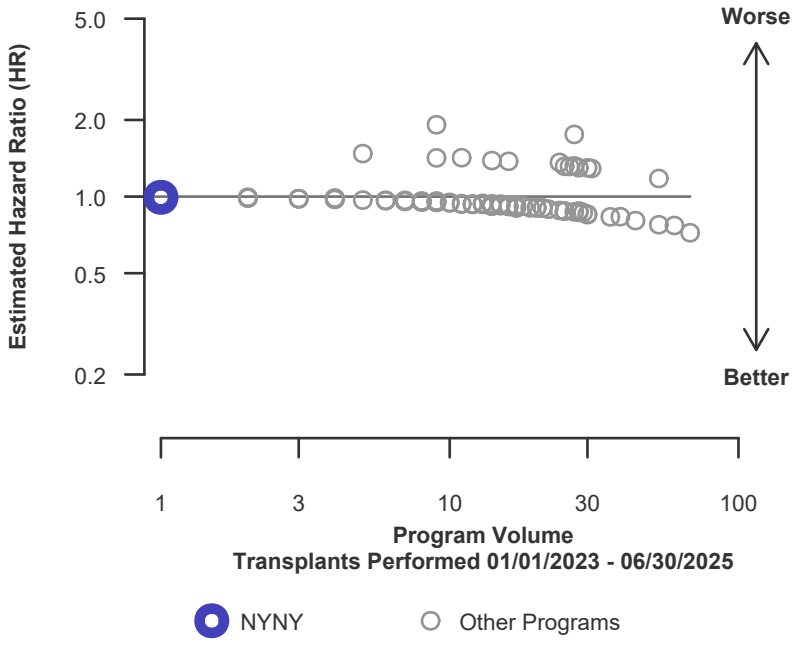


Figure C18D. Pediatric (<18) 1-year Conditional deceased donor graft failure HR program comparison



C. Transplant Information

Table C13L. Pediatric (<18) 1-year Conditional survival with a functioning living donor graft
Single organ transplants performed between 01/01/2023 and 06/30/2025
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	5	639
Estimated probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.26% [98.99%-99.54%]
Expected probability of surviving with a functioning graft at 1 year, among patients with a functioning graft at day 90 (adjusted for patient and donor characteristics)	99.26%	--
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	0.04	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.74]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.74], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 2% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 174% increased risk.

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

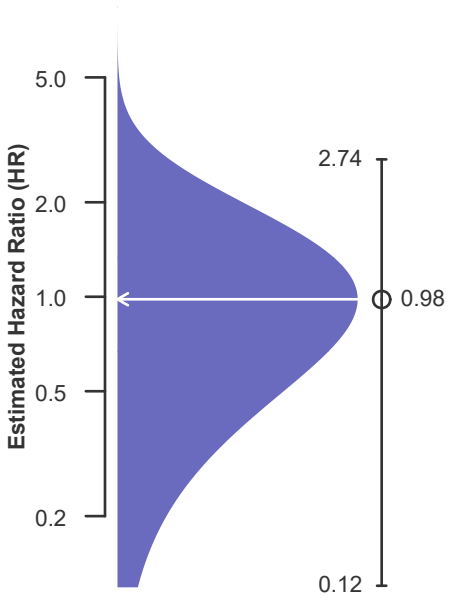
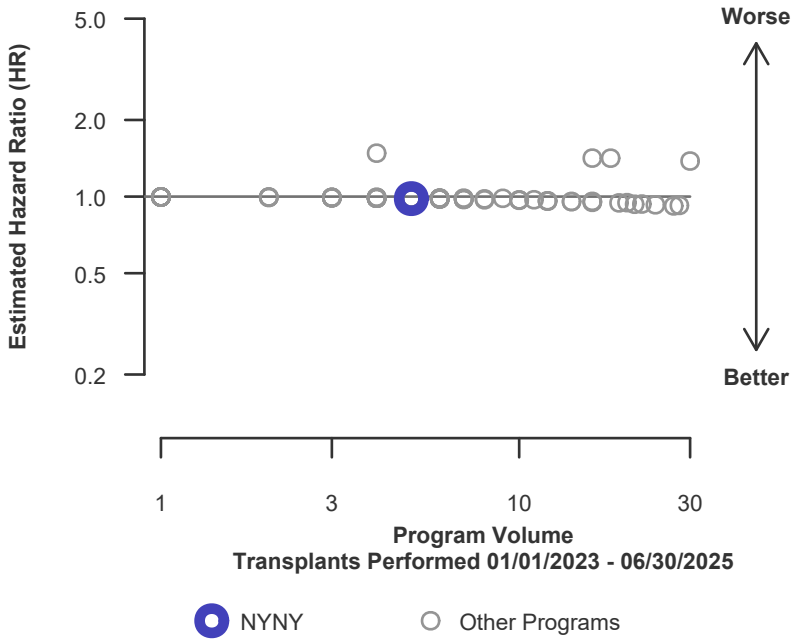


Figure C18L. Pediatric (<18) 1-year Conditional living donor graft failure HR program comparison



C. Transplant Information

Table C14. Pediatric (<18) 3-year survival with a functioning graft
Single organ transplants performed between 07/01/2020 and 12/31/2022
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	10	2,201
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	92.91% [91.85%-93.99%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	91.23%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	156
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.93	--
Estimated hazard ratio*	0.68	--
95% credible interval for the hazard ratio**	[0.08, 1.90]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.08, 1.90], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 32% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 92% reduced risk up to 90% increased risk.

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

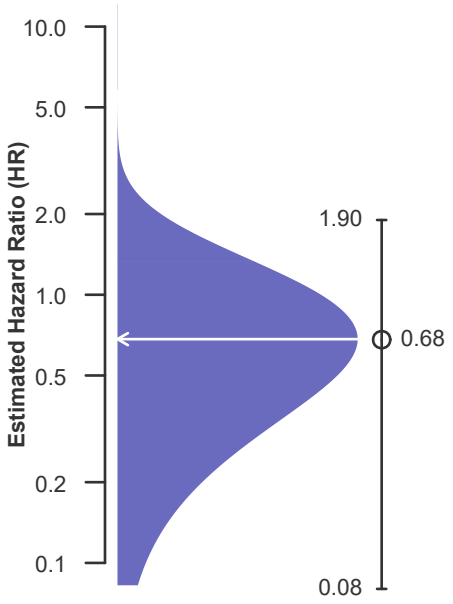
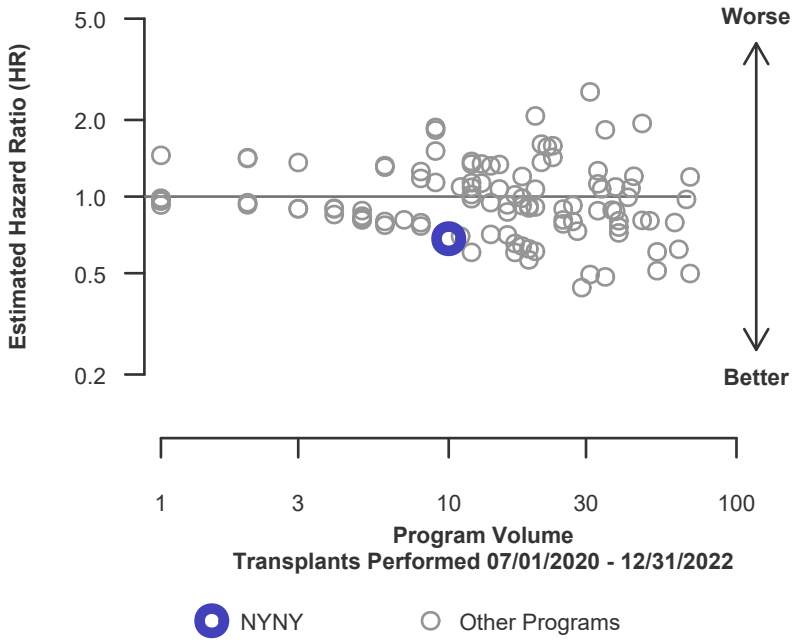


Figure C20. Pediatric (<18) 3-year graft failure HR program comparison



C. Transplant Information

Table C14D. Pediatric (<18) 3-year survival with a functioning deceased donor graft
Single organ transplants performed between 07/01/2020 and 12/31/2022
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	8	1,559
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	92.11% [90.78%-93.46%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	90.31%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	123
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.82	--
Estimated hazard ratio*	0.71	--
95% credible interval for the hazard ratio**	[0.09, 1.97]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.09, 1.97], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 29% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 91% reduced risk up to 97% increased risk.

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

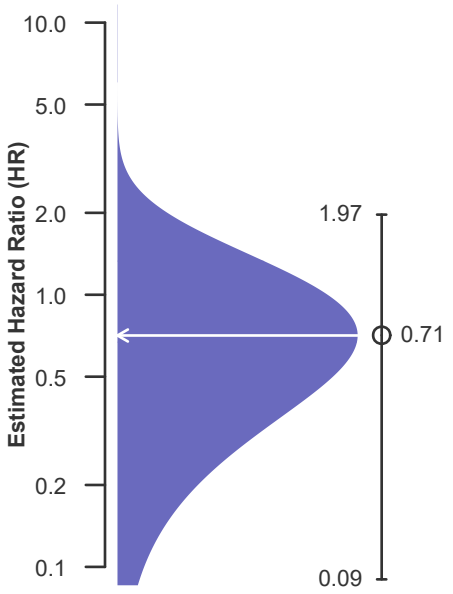
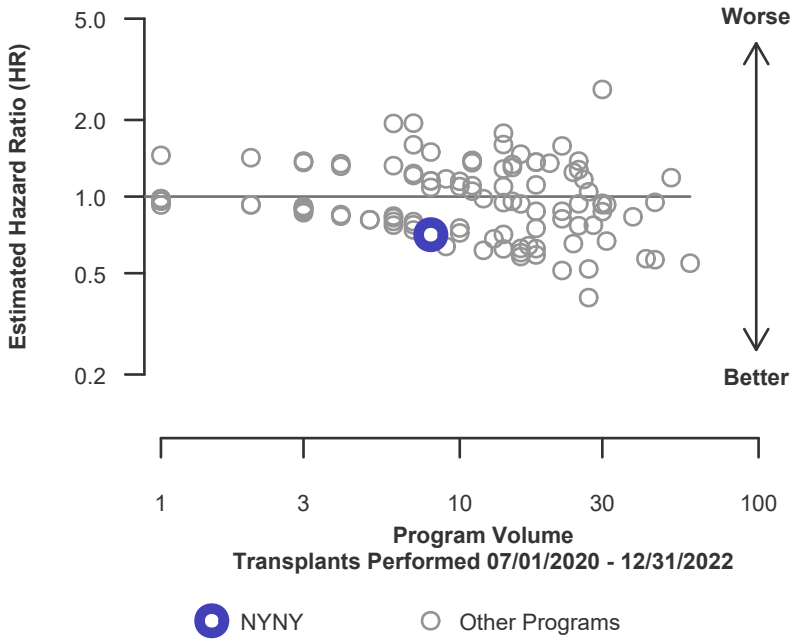


Figure C20D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison



C. Transplant Information

Table C14L. Pediatric (<18) 3-year survival with a functioning living donor graft
Single organ transplants performed between 07/01/2020 and 12/31/2022
Deaths and retransplants are considered graft failures

	NYNY	U.S.
Number of transplants evaluated	2	642
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%]	94.86% [93.17%-96.58%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	94.90%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	0	33
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.10	--
Estimated hazard ratio*	0.95	--
95% credible interval for the hazard ratio**	[0.12, 2.65]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.65], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 5% lower risk of graft failure compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 165% increased risk.

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

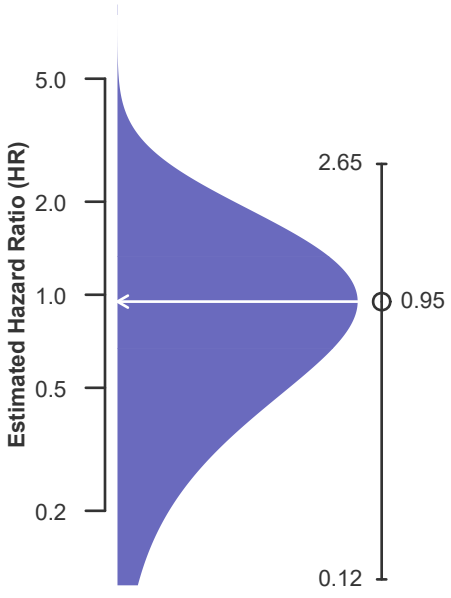
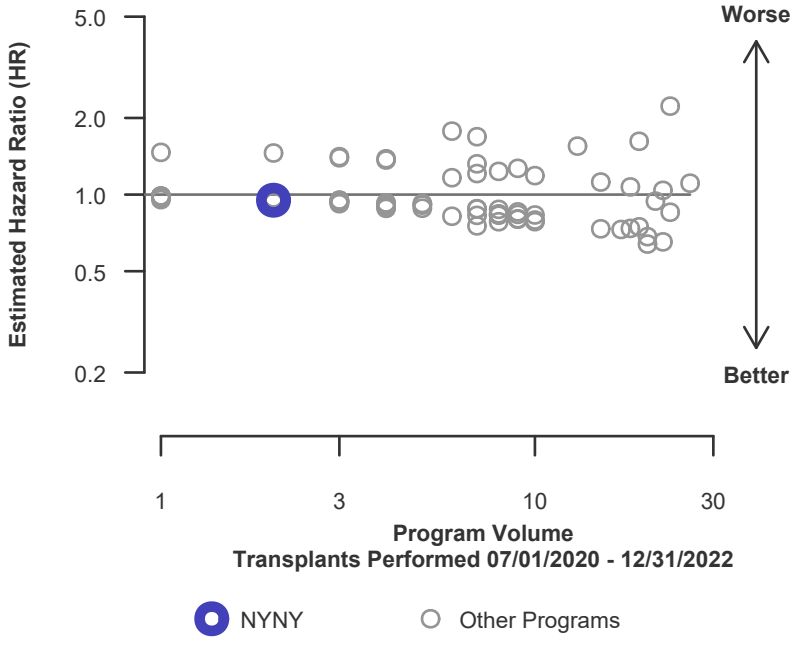


Figure C20L. Pediatric (<18) 3-year living donor graft failure HR program comparison



C. Transplant Information

Table C15. Adult (18+) 1-month patient survival
Single organ transplants performed between 01/01/2023 and 06/30/2025
Retransplants excluded

	NYNY	U.S.
Number of transplants evaluated	624	57,250
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.49% [99.43%-99.55%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.35%	--
Number of observed deaths during the first month after transplant	0	294
Number of expected deaths during the first month after transplant	4.11	--
Estimated hazard ratio*	0.33	--
95% credible interval for the hazard ratio**	[0.04, 0.91]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.04, 0.91], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 67% lower risk of patient death compared to an average program, but NYNY's performance could plausibly range from 96% reduced risk up to 9% reduced risk.

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

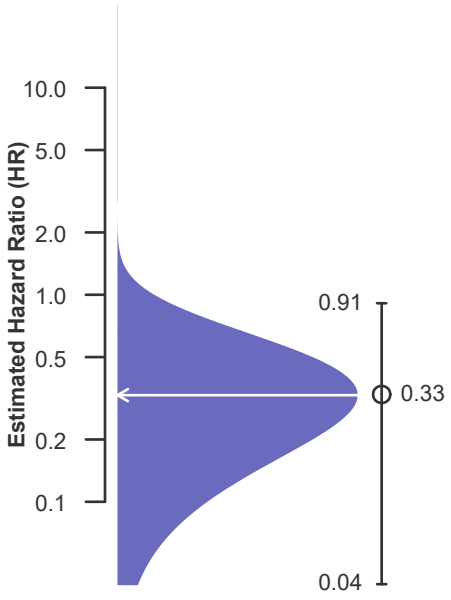
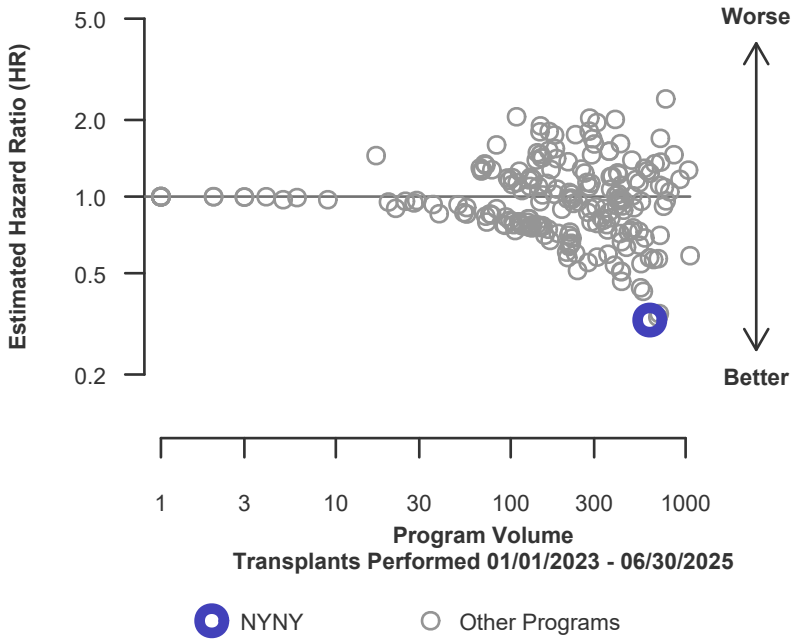


Figure C22. Adult (18+) 1-month patient death HR program comparison



C. Transplant Information

Table C15D. Adult (18+) 1-month patient survival (deceased donor graft recipients)
Single organ transplants performed between 01/01/2023 and 06/30/2025
Retransplants excluded

	NYNY	U.S.
Number of transplants evaluated	431	43,464
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.38% [99.30%-99.45%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.14%	--
Number of observed deaths during the first month after transplant	0	271
Number of expected deaths during the first month after transplant	3.73	--
Estimated hazard ratio*	0.35	--
95% credible interval for the hazard ratio**	[0.04, 0.97]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.04, 0.97], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 65% lower risk of patient death compared to an average program, but NYNY's performance could plausibly range from 96% reduced risk up to 3% reduced risk.

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

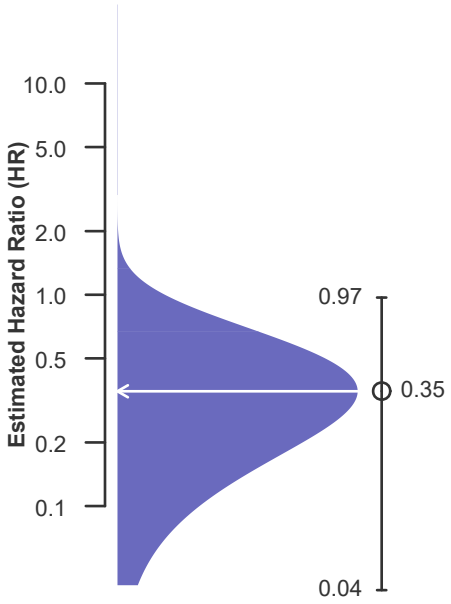
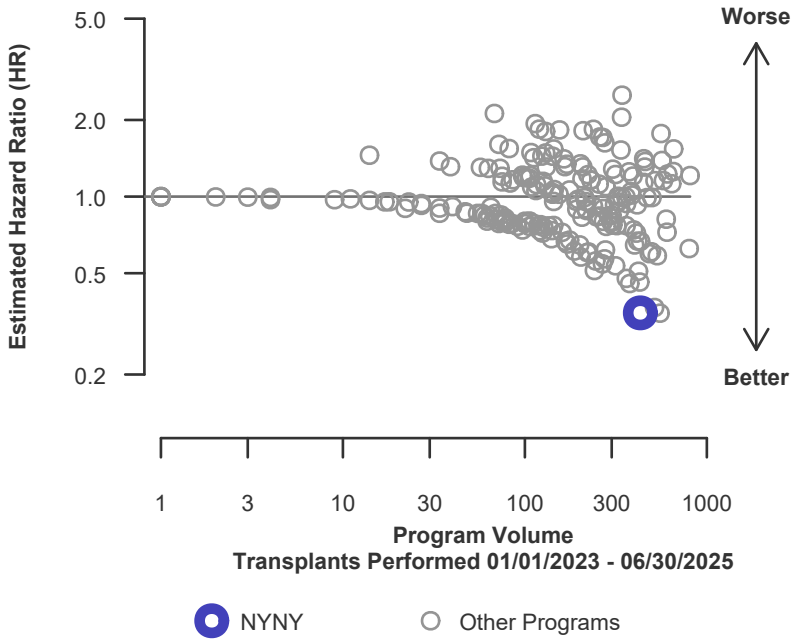


Figure C22D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table C15L. Adult (18+) 1-month patient survival (living donor graft recipients)
Single organ transplants performed between 01/01/2023 and 06/30/2025
Retransplants excluded

	NYNY	U.S.
Number of transplants evaluated	193	13,786
Estimated probability of surviving at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.83% [99.77%-99.90%]
Expected probability of surviving at 1 month (adjusted for patient and donor characteristics)	99.80%	--
Number of observed deaths during the first month after transplant	0	23
Number of expected deaths during the first month after transplant	0.38	--
Estimated hazard ratio*	0.84	--
95% credible interval for the hazard ratio**	[0.10, 2.34]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.10, 2.34], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 16% lower risk of patient death compared to an average program, but NYNY's performance could plausibly range from 90% reduced risk up to 134% increased risk.

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

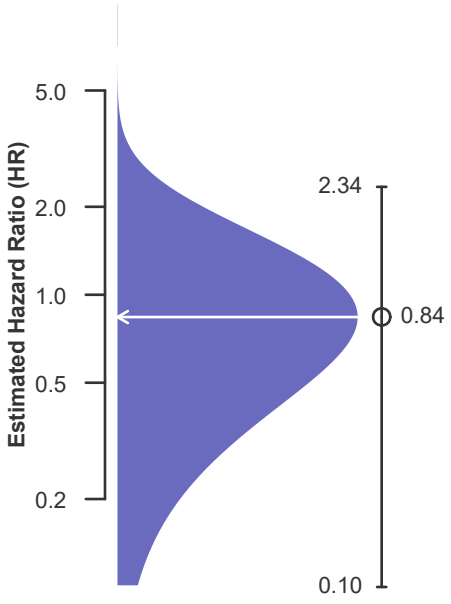
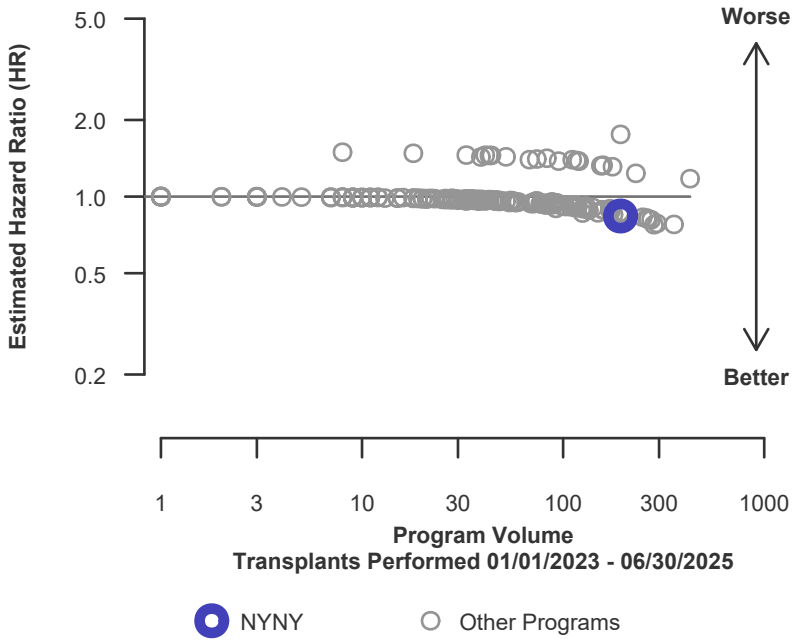


Figure C22L. Adult (18+) 1-month patient death HR program comparison (living donor grafts)



C. Transplant Information

Table C16. Adult (18+) 1-year patient survival
Single organ transplants performed between 01/01/2023 and 06/30/2025
Retransplants excluded

	NYNY	U.S.
Number of transplants evaluated	624	57,250
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	97.83% [96.62%-99.06%]	97.31% [97.17%-97.44%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	96.54%	--
Number of observed deaths during the first year after transplant	12	1,422
Number of expected deaths during the first year after transplant	20.42	--
Estimated hazard ratio*	0.62	--
95% credible interval for the hazard ratio**	[0.34, 0.99]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.34, 0.99], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 38% lower risk of patient death compared to an average program, but NYNY's performance could plausibly range from 66% reduced risk up to 1% reduced risk.

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

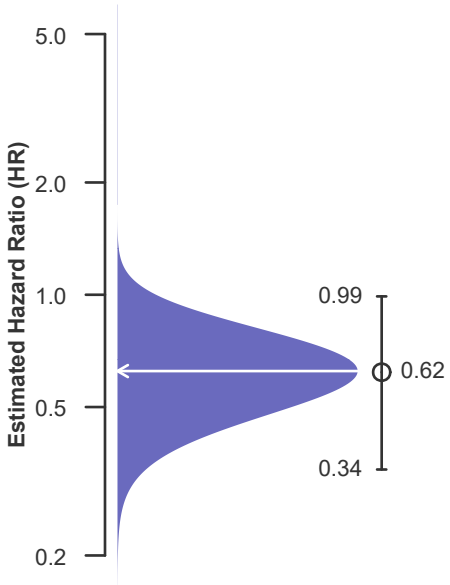
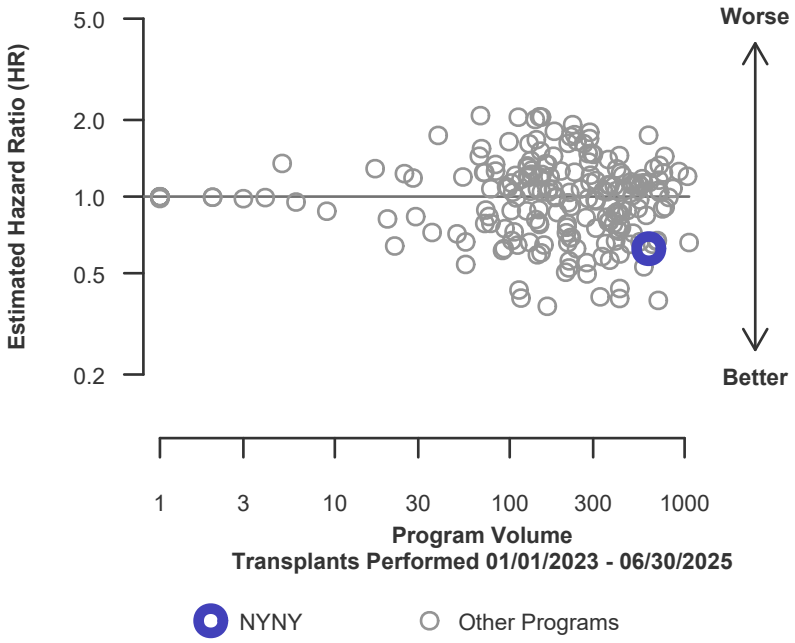


Figure C24. Adult (18+) 1-year patient death HR program comparison



C. Transplant Information

Table C16D. Adult (18+) 1-year patient survival (deceased donor graft recipients)
Single organ transplants performed between 01/01/2023 and 06/30/2025
Retransplants excluded

	NYNY	U.S.
Number of transplants evaluated	431	43,464
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	96.86% [95.11%-98.63%]	96.79% [96.62%-96.96%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	95.56%	--
Number of observed deaths during the first year after transplant	12	1,289
Number of expected deaths during the first year after transplant	18.15	--
Estimated hazard ratio*	0.69	--
95% credible interval for the hazard ratio**	[0.38, 1.10]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.38, 1.10], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 31% lower risk of patient death compared to an average program, but NYNY's performance could plausibly range from 62% reduced risk up to 10% increased risk.

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

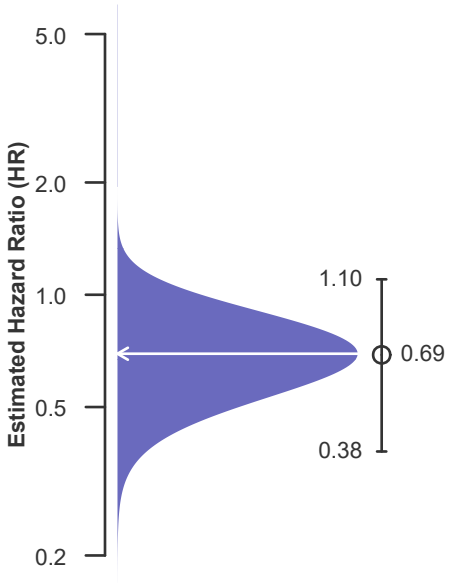
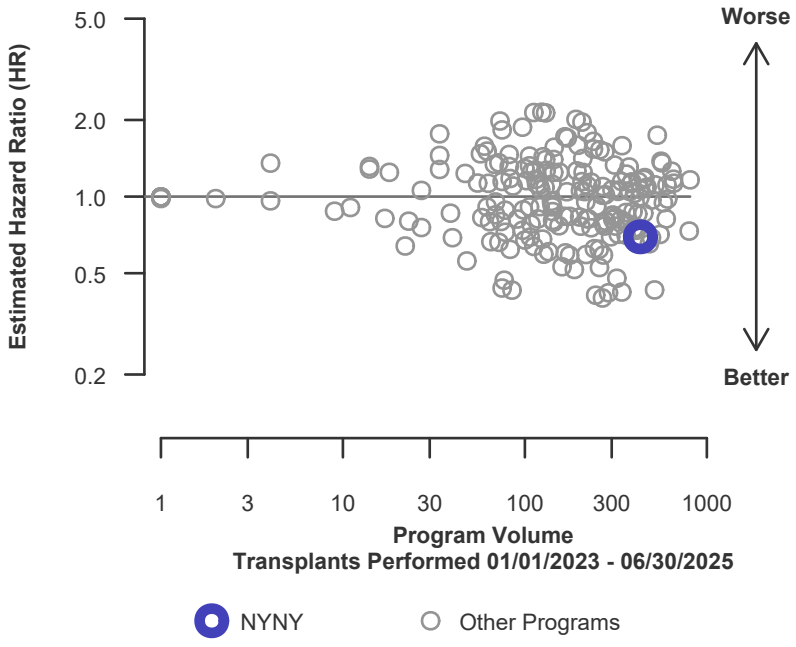


Figure C24D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table C16L. Adult (18+) 1-year patient survival (living donor graft recipients)
Single organ transplants performed between 01/01/2023 and 06/30/2025
Retransplants excluded

	NYNY	U.S.
Number of transplants evaluated	193	13,786
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.93% [98.74%-99.11%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	98.72%	--
Number of observed deaths during the first year after transplant	0	133
Number of expected deaths during the first year after transplant	2.28	--
Estimated hazard ratio*	0.47	--
95% credible interval for the hazard ratio**	[0.06, 1.30]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.06, 1.30], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 53% lower risk of patient death compared to an average program, but NYNY's performance could plausibly range from 94% reduced risk up to 30% increased risk.

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

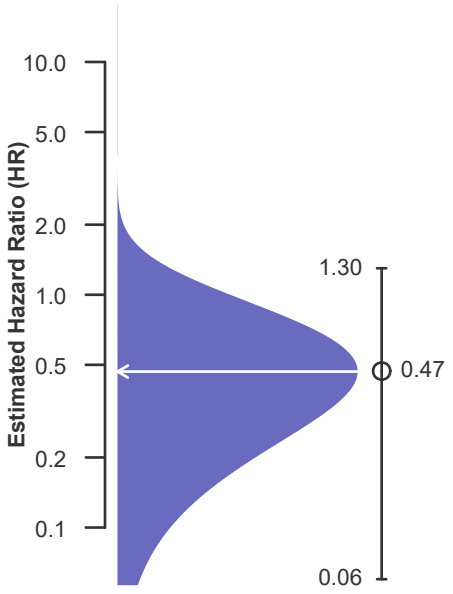
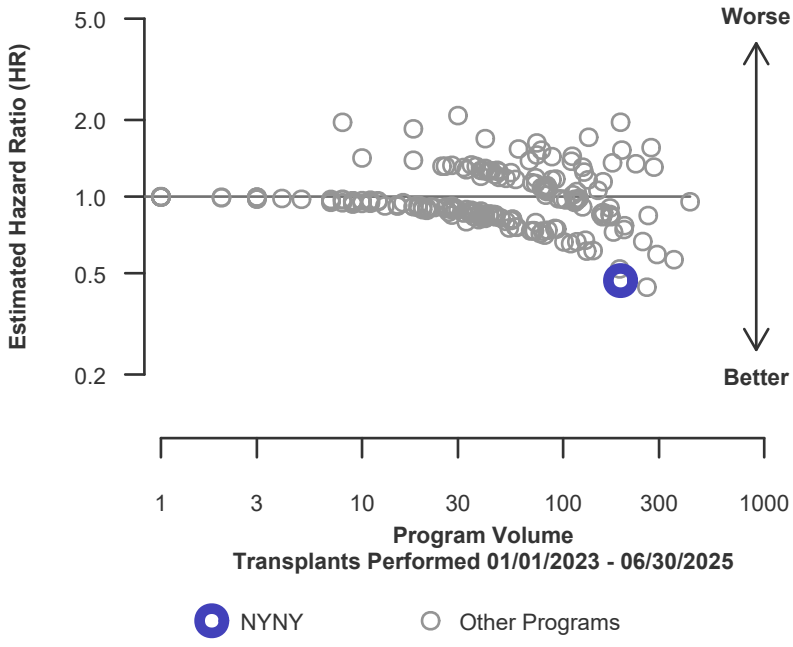


Figure C24L. Adult (18+) 1-year patient death HR program comparison (living donor grafts)



C. Transplant Information

Table C17. Adult (18+) 3-year patient survival
Single organ transplants performed between 07/01/2020 and 12/31/2022
Retransplants excluded

	NYNY	U.S.
Number of transplants evaluated	534	51,321
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	92.70% [90.52%-94.93%]	92.03% [91.80%-92.27%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	91.53%	--
Number of observed deaths during the first 3 years after transplant	39	4,088
Number of expected deaths during the first 3 years after transplant	45.29	--
Estimated hazard ratio*	0.87	--
95% credible interval for the hazard ratio**	[0.62, 1.15]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.62, 1.15], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 13% lower risk of patient death compared to an average program, but NYNY's performance could plausibly range from 38% reduced risk up to 15% increased risk.

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

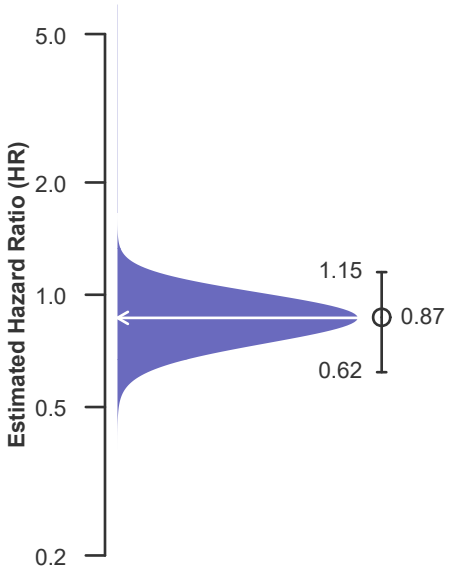
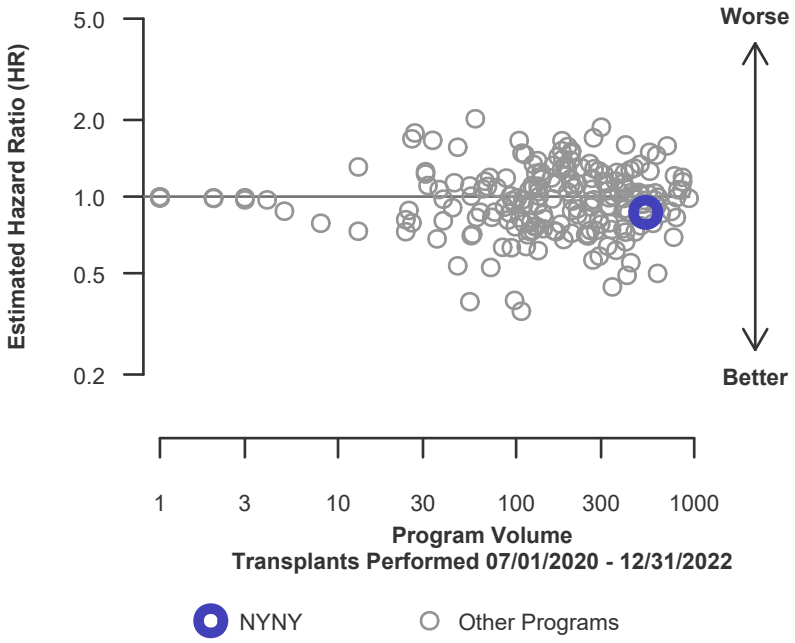


Figure C26. Adult (18+) 3-year patient death HR program comparison



C. Transplant Information

Table C17D. Adult (18+) 3-year patient survival (deceased donor graft recipients)
Single organ transplants performed between 07/01/2020 and 12/31/2022
Retransplants excluded

	NYNY	U.S.
Number of transplants evaluated	286	38,427
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	90.56% [87.23%-94.01%]	90.64% [90.35%-90.93%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	88.44%	--
Number of observed deaths during the first 3 years after transplant	27	3,596
Number of expected deaths during the first 3 years after transplant	33.25	--
Estimated hazard ratio*	0.82	--
95% credible interval for the hazard ratio**	[0.55, 1.15]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.55, 1.15], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 18% lower risk of patient death compared to an average program, but NYNY's performance could plausibly range from 45% reduced risk up to 15% increased risk.

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

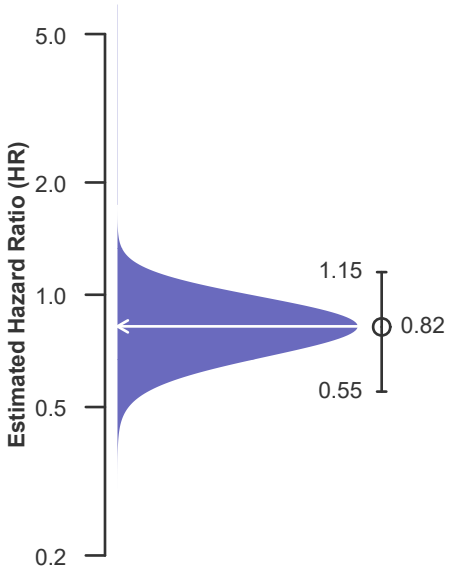
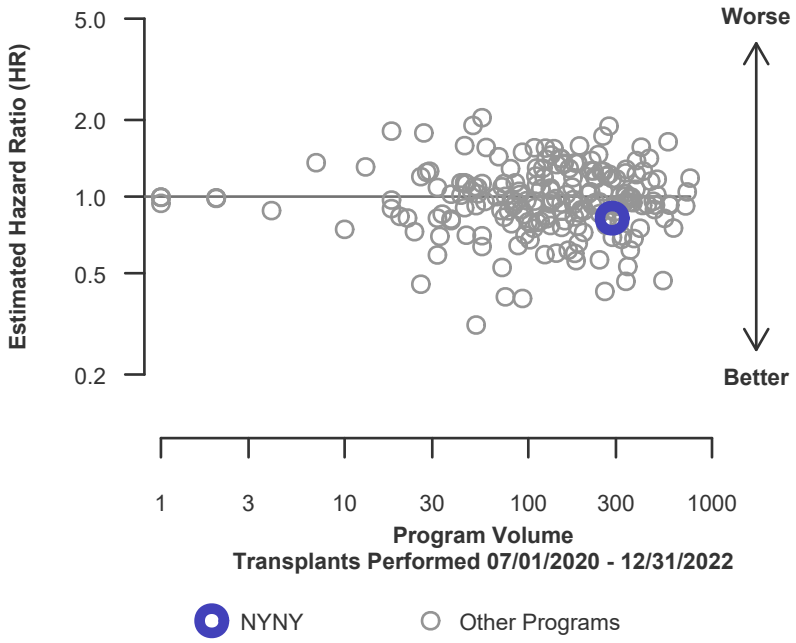


Figure C26D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table C17L. Adult (18+) 3-year patient survival (living donor graft recipients)
Single organ transplants performed between 07/01/2020 and 12/31/2022
Retransplants excluded

	NYNY	U.S.
Number of transplants evaluated	248	12,894
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	95.16% [92.53%-97.87%]	96.18% [95.85%-96.52%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	95.09%	--
Number of observed deaths during the first 3 years after transplant	12	492
Number of expected deaths during the first 3 years after transplant	12.04	--
Estimated hazard ratio*	1.00	--
95% credible interval for the hazard ratio**	[0.55, 1.58]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.55, 1.58], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but NYNY's performance could plausibly range from 45% reduced risk up to 58% increased risk.

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

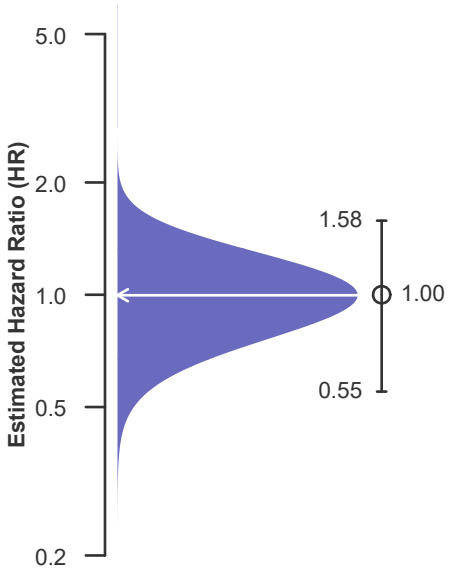
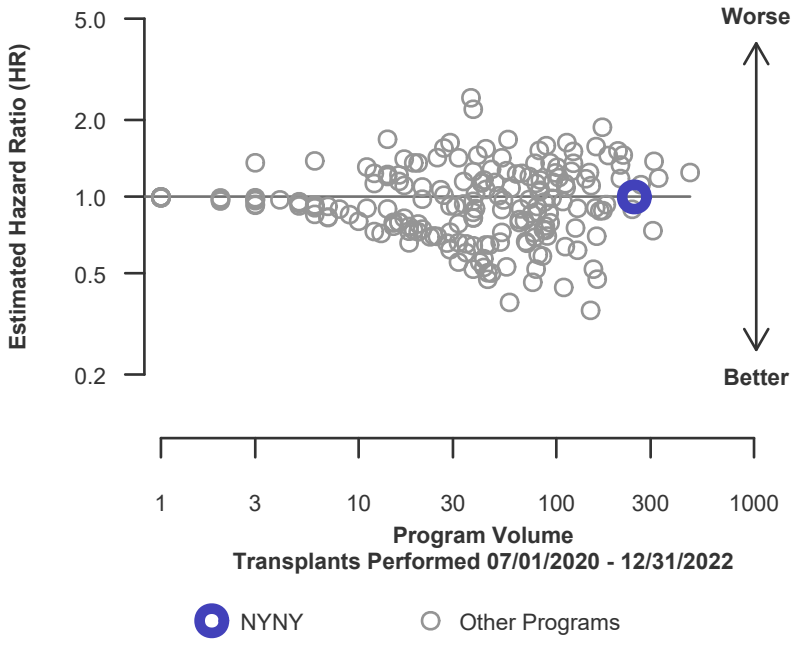


Figure C26L. Adult (18+) 3-year patient death HR program comparison (living donor grafts)



C. Transplant Information

Table C18. Pediatric (<18) 1-month patient survival
Single organ transplants performed between 01/01/2023 and 06/30/2025
Retransplants excluded

	NYNY	U.S.
Number of transplants evaluated	6	2,006
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 New York-Presbyterian Hospital/Weill Cornell 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 NYNY'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 NYNY's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 179% increased risk.

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

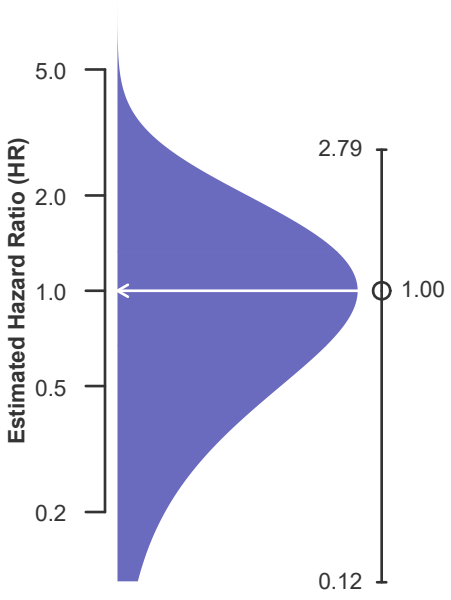
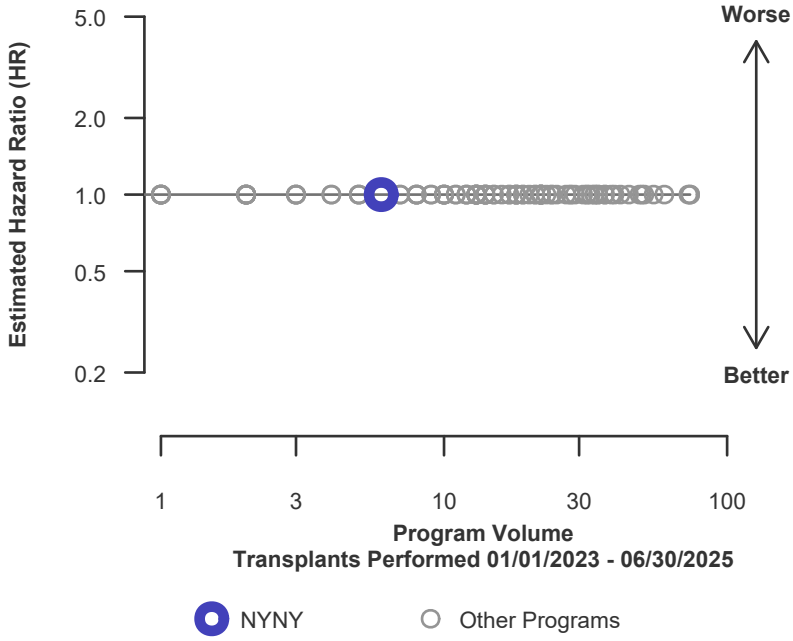


Figure C28. Pediatric (<18) 1-month patient death HR program comparison



C. Transplant Information

Table C18D. Pediatric (<18) 1-month patient survival (deceased donor graft recipients)
Single organ transplants performed between 01/01/2023 and 06/30/2025
Retransplants excluded

	NYNY	U.S.
Number of transplants evaluated	1	1,407
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 New York-Presbyterian Hospital/Weill Cornell 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 NYNY'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 NYNY's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 179% increased risk.

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

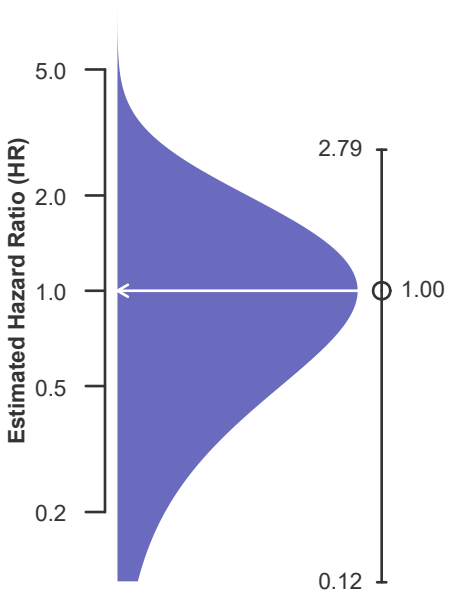
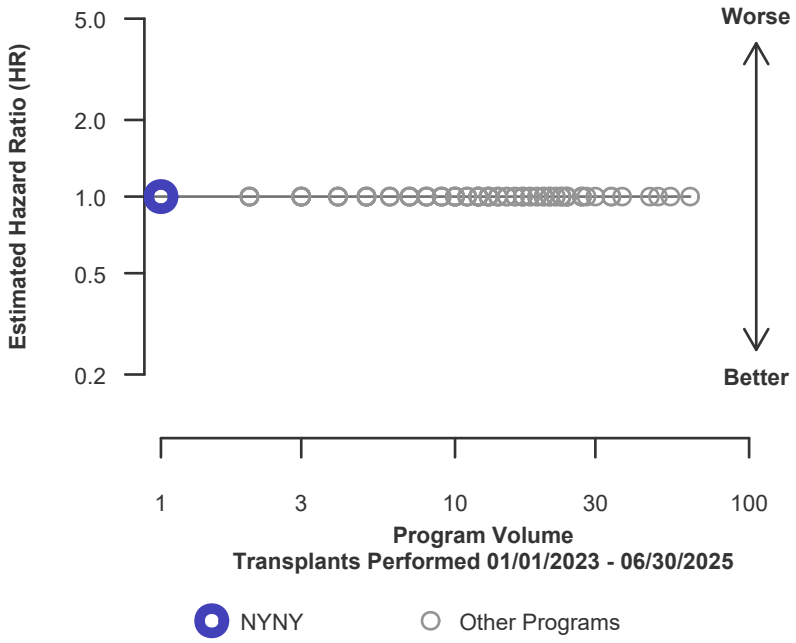


Figure C28D. Pediatric (<18) 1-month patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table C18L. Pediatric (<18) 1-month patient survival (living donor graft recipients)
Single organ transplants performed between 01/01/2023 and 06/30/2025
Retransplants excluded

	NYNY	U.S.
Number of transplants evaluated	5	599
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 New York-Presbyterian Hospital/Weill Cornell 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 NYNY'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 NYNY's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but NYNY'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)

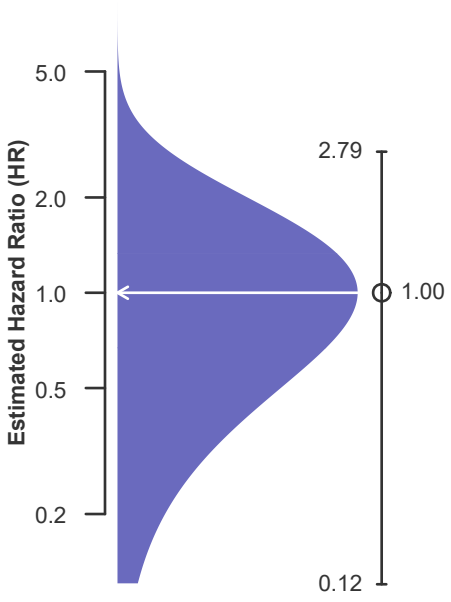
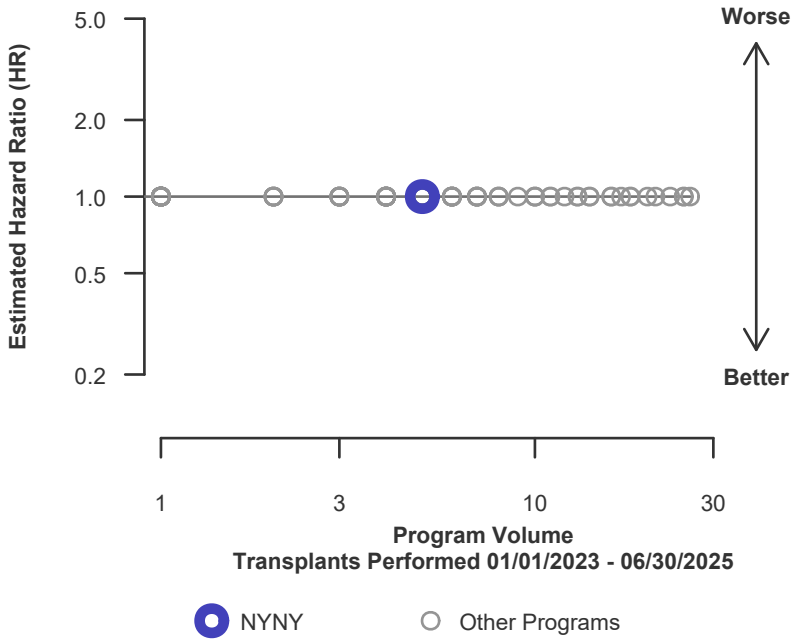


Figure C28L. Pediatric (<18) 1-month patient death HR program comparison (living donor grafts)



C. Transplant Information

Table C19. Pediatric (<18) 1-year patient survival
Single organ transplants performed between 01/01/2023 and 06/30/2025
Retransplants excluded

	NYNY	U.S.
Number of transplants evaluated	6	2,006
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.45% [99.10%-99.79%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.46%	--
Number of observed deaths during the first year after transplant	0	10
Number of expected deaths during the first year after transplant	0.03	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.74]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY'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 NYNY's true hazard ratio with 95% probability. The best estimate is 2% lower risk of patient death compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 174% increased risk.

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

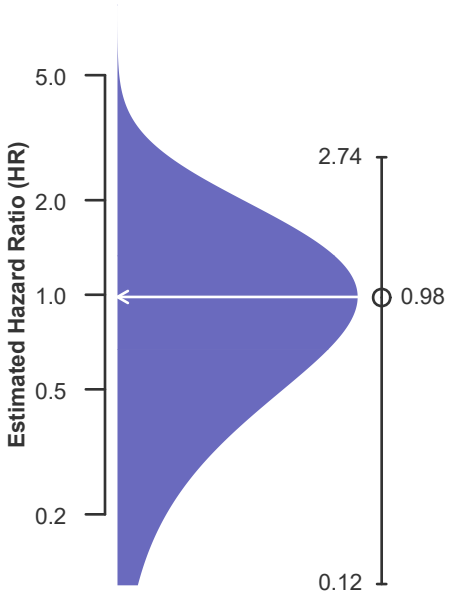
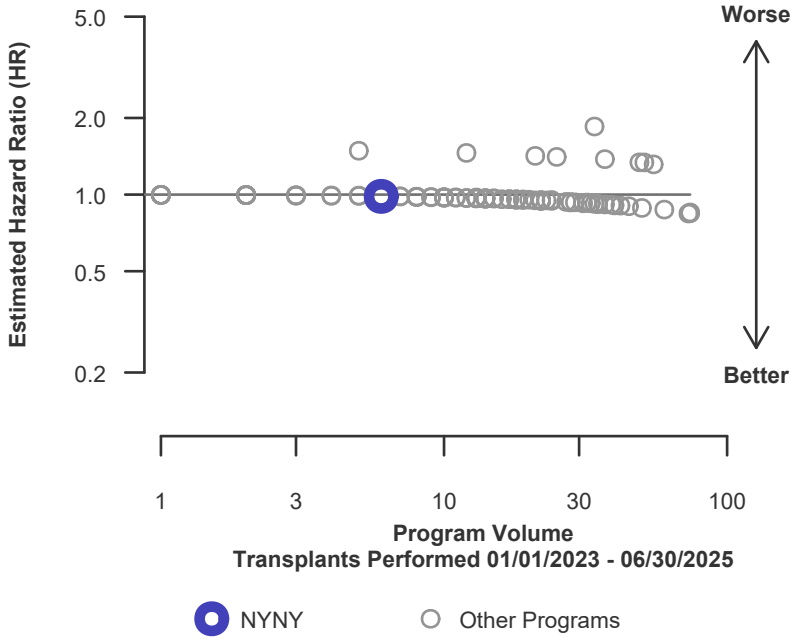


Figure C30. Pediatric (<18) 1-year patient death HR program comparison



C. Transplant Information

Table C19D. Pediatric (<18) 1-year patient survival (deceased donor graft recipients)
Single organ transplants performed between 01/01/2023 and 06/30/2025
Retransplants excluded

	NYNY	U.S.
Number of transplants evaluated	1	1,407
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.44% [99.03%-99.86%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.44%	--
Number of observed deaths during the first year after transplant	0	7
Number of expected deaths during the first year after transplant	0.01	--
Estimated hazard ratio*	1.00	--
95% credible interval for the hazard ratio**	[0.12, 2.78]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.78], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 178% increased risk.

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

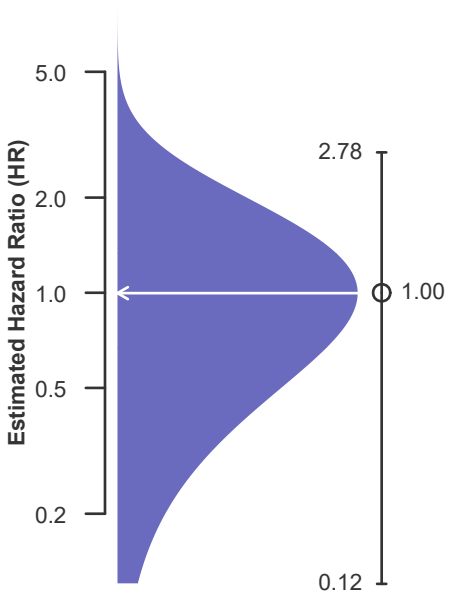
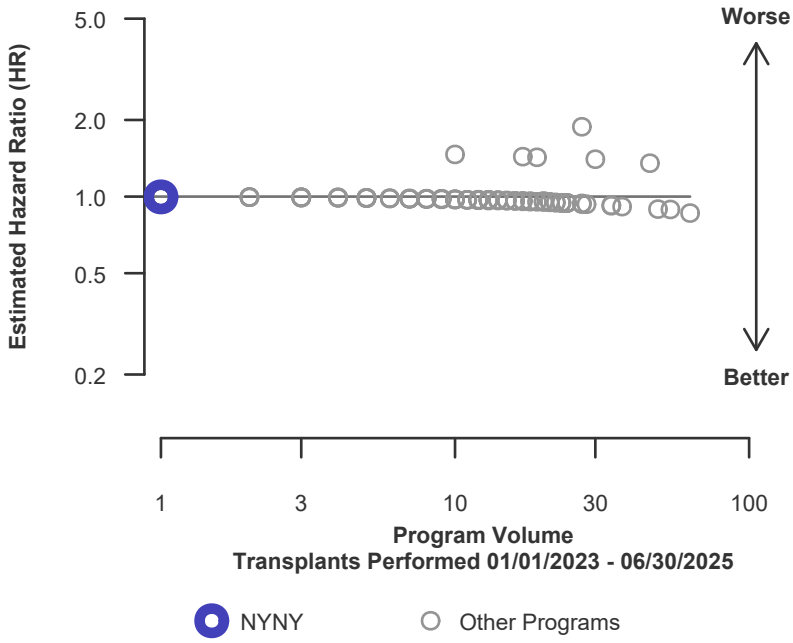


Figure C30D. Pediatric (<18) 1-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table C19L. Pediatric (<18) 1-year patient survival (living donor graft recipients)
Single organ transplants performed between 01/01/2023 and 06/30/2025
Retransplants excluded

	NYNY	U.S.
Number of transplants evaluated	5	599
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.46% [98.85%-100.00%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	99.46%	--
Number of observed deaths during the first year after transplant	0	3
Number of expected deaths during the first year after transplant	0.03	--
Estimated hazard ratio*	0.99	--
95% credible interval for the hazard ratio**	[0.12, 2.75]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.75], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 1% lower risk of patient death compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 175% increased risk.

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

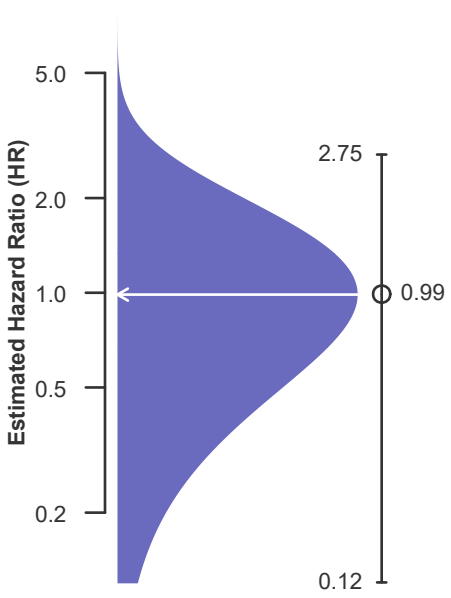
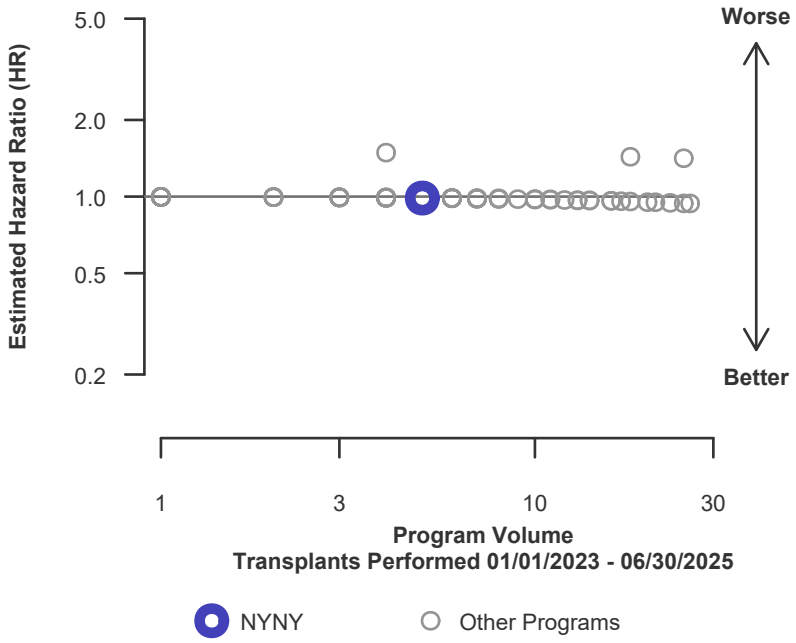


Figure C30L. Pediatric (<18) 1-year patient death HR program comparison (living donor grafts)



C. Transplant Information

Table C20. Pediatric (<18) 3-year patient survival
Single organ transplants performed between 07/01/2020 and 12/31/2022
Retransplants excluded

	NYNY	U.S.
Number of transplants evaluated	7	2,028
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.92% [98.47%-99.37%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	98.65%	--
Number of observed deaths during the first 3 years after transplant	0	22
Number of expected deaths during the first 3 years after transplant	0.10	--
Estimated hazard ratio*	0.95	--
95% credible interval for the hazard ratio**	[0.12, 2.66]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.66], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 5% lower risk of patient death compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 166% increased risk.

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

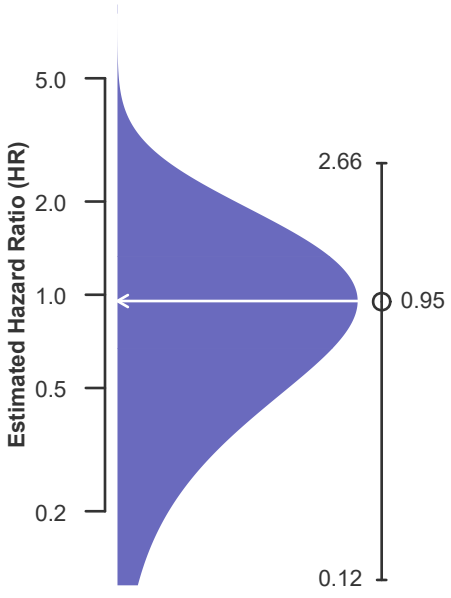
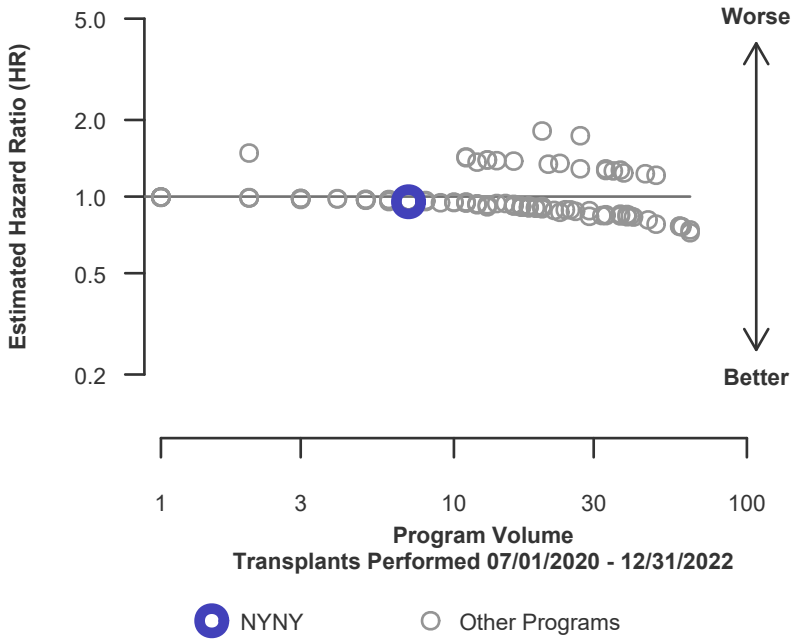


Figure C32. Pediatric (<18) 3-year patient death HR program comparison



C. Transplant Information

Table C20D. Pediatric (<18) 3-year patient survival (deceased donor graft recipients)
Single organ transplants performed between 07/01/2020 and 12/31/2022
Retransplants excluded

	NYNY	U.S.
Number of transplants evaluated	6	1,421
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	98.73% [98.15%-99.32%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	98.53%	--
Number of observed deaths during the first 3 years after transplant	0	18
Number of expected deaths during the first 3 years 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 New York-Presbyterian Hospital/Weill Cornell 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 NYNY's patient death 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 NYNY's true hazard ratio with 95% probability. The best estimate is 4% lower risk of patient death compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 167% increased risk.

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

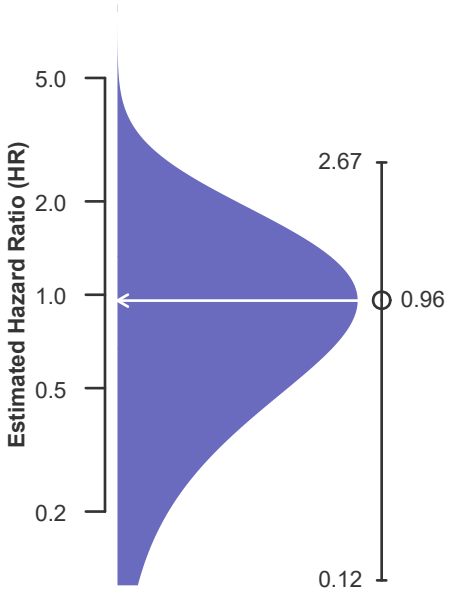
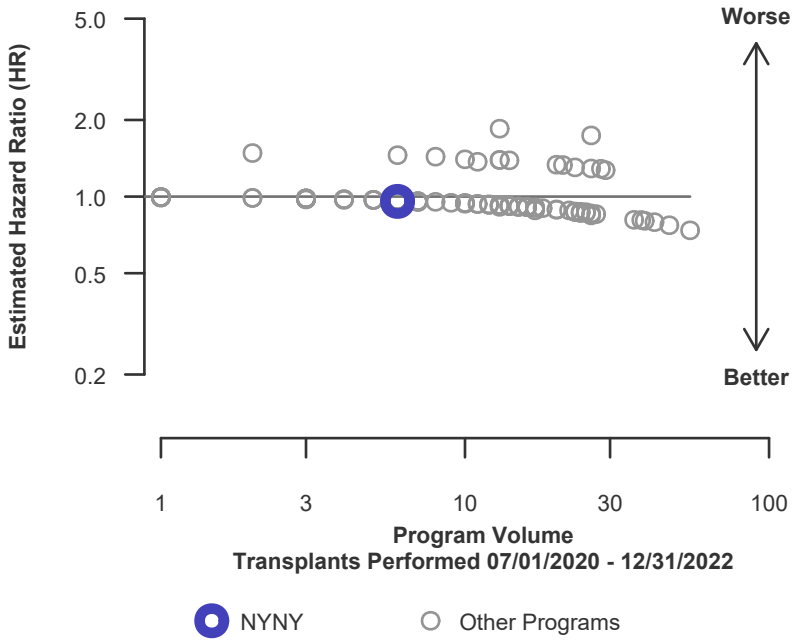


Figure C32D. Pediatric (<18) 3-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

Table C20L. Pediatric (<18) 3-year patient survival (living donor graft recipients)
Single organ transplants performed between 07/01/2020 and 12/31/2022
Retransplants excluded

	NYNY	U.S.
Number of transplants evaluated	1	607
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	100.00% [100.00%-100.00%]	99.34% [98.70%-99.99%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	99.34%	--
Number of observed deaths during the first 3 years after transplant	0	4
Number of expected deaths during the first 3 years after transplant	0.01	--
Estimated hazard ratio*	1.00	--
95% credible interval for the hazard ratio**	[0.12, 2.78]	--

* The hazard ratio provides an estimate of how New York-Presbyterian Hospital/Weill Cornell 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 NYNY's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.78], indicates the location of NYNY's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but NYNY's performance could plausibly range from 88% reduced risk up to 178% increased risk.

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

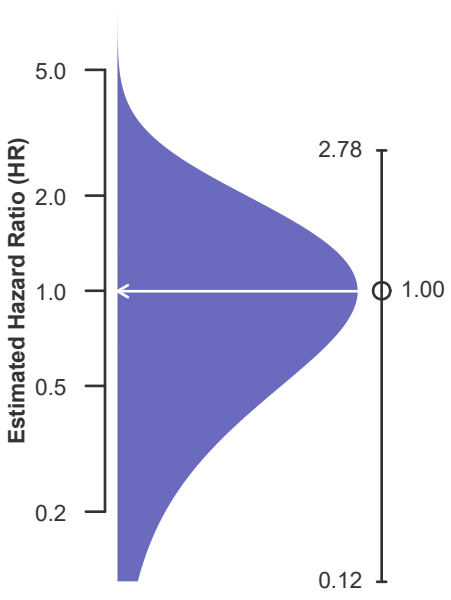
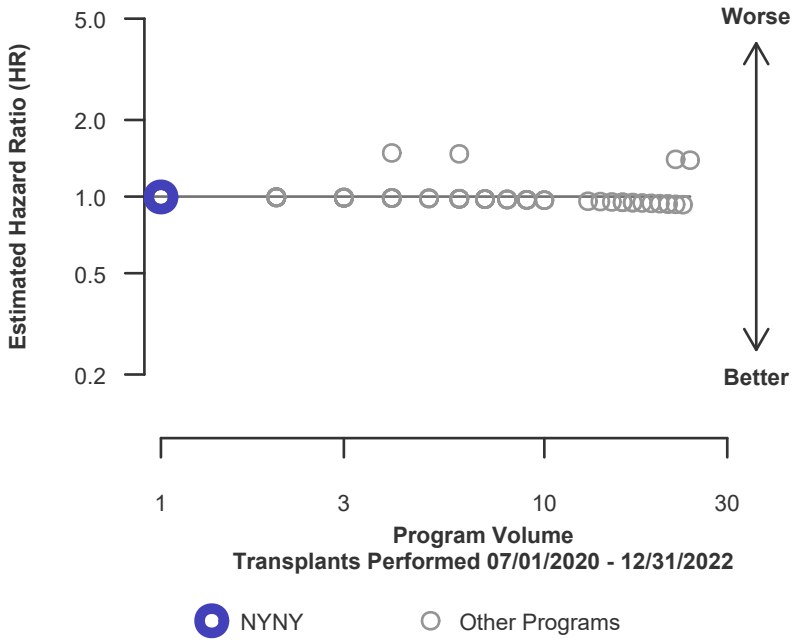


Figure C32L. Pediatric (<18) 3-year patient death HR program comparison (living donor grafts)



C. Transplant Information

Table C21. Multi-organ transplant graft survival: 01/01/2023 - 06/30/2025

Adult (18+) Transplants

Transplant Type	Transplants Performed		First-Year Outcomes: Kidney Graft Failures		First-Year Outcomes: Estimated Kidney Graft Survival	
	NYNY-TX1	USA	NYNY-TX1	USA	NYNY-TX1	USA
Kidney-Liver	10	1,983	1	235	90.0%	88.1%
Kidney-Pancreas	8	1,972	0	95	100.0%	95.2%

Pediatric (<18) Transplants

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

Table C22. Multi-organ transplant patient survival: 01/01/2023 - 06/30/2025

Adult (18+) Transplants

Transplant Type	Transplants Performed		First-Year Outcomes: Patient Deaths		First-Year Outcomes: Estimated Patient Survival	
	NYNY-TX1	USA	NYNY-TX1	USA	NYNY-TX1	USA
Kidney-Liver	10	1,983	1	175	90.0%	91.2%
Kidney-Pancreas	8	1,972	0	66	100.0%	96.7%

Pediatric (<18) Transplants

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

D. Living Donor Information

Table D1. Living donor summary: 01/01/2023 - 12/31/2025

Living Donor Follow-Up	This Center			United States		
	01/2023-12/2023	01/2024-12/2024	01/2025-06/2025	01/2023-12/2023	01/2024-12/2024	01/2025-06/2025
Number of Living Donors	102	97	46	6,289	6,419	3,109
6-Month Follow-Up						
Donors due for follow-up	102	97	45	6,287	6,414	3,107
Timely clinical data	86 84.3%	95 97.9%	42 93.3%	5,229 83.2%	5,328 83.1%	2,577 82.9%
Timely lab data	82 80.4%	93 95.9%	39 86.7%	5,090 81.0%	5,213 81.3%	2,534 81.6%
12-Month Follow-Up						
Donors due for follow-up	102	97		6,285	6,413	
Timely clinical data	97 95.1%	95 97.9%		4,990 79.4%	5,029 78.4%	
Timely lab data	88 86.3%	88 90.7%		4,771 75.9%	4,886 76.2%	
24-Month Follow-Up						
Donors due for follow-up	102			6,283		
Timely clinical data	99 97.1%			4,677 74.4%		
Timely lab data	86 84.3%			4,433 70.6%		

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