User Guide

This report contains a wide range of useful information about the kidney transplant program at NYU Langone Health. 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 56.2 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 0.3 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

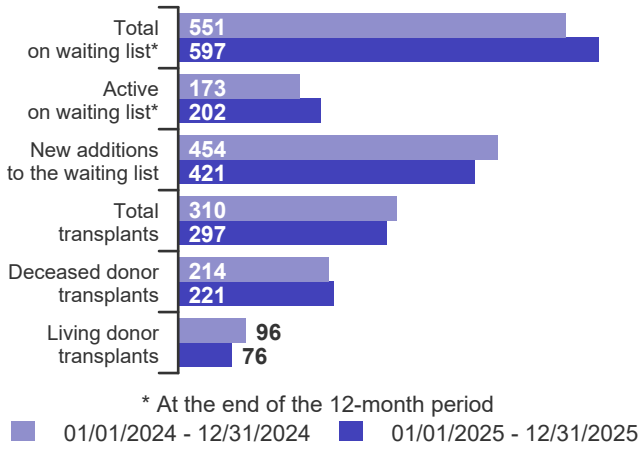


Table A1. Census of transplant recipients

Recipients	01/01/2024-12/31/2024	01/01/2025-12/31/2025
Transplanted at this center	310	297
Followed by this center*	1,255	1,516
...transplanted at this program	1,247	1,510
...transplanted elsewhere	8	6

* 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

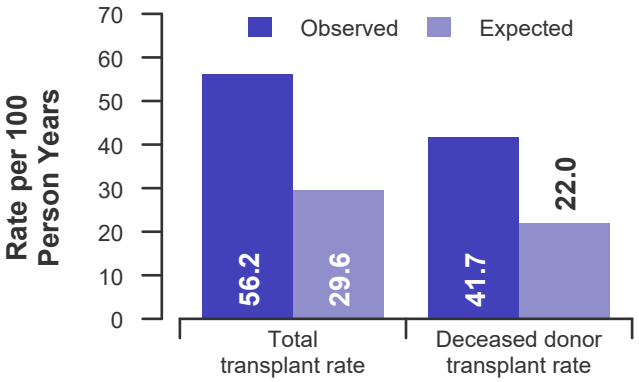


Figure A3. Pre-transplant mortality rates 01/01/2024 - 12/31/2025

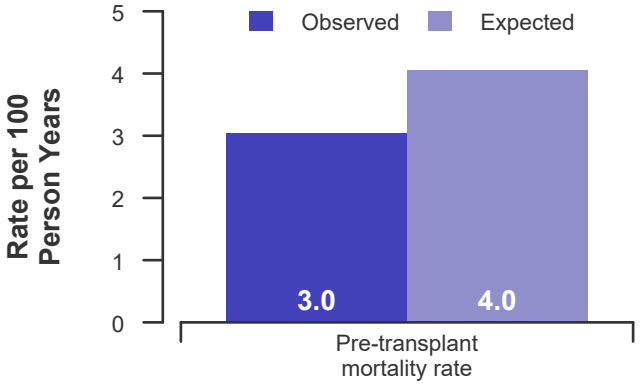


Figure A4. First-year adult graft and patient survival: 01/01/2023 - 06/30/2025

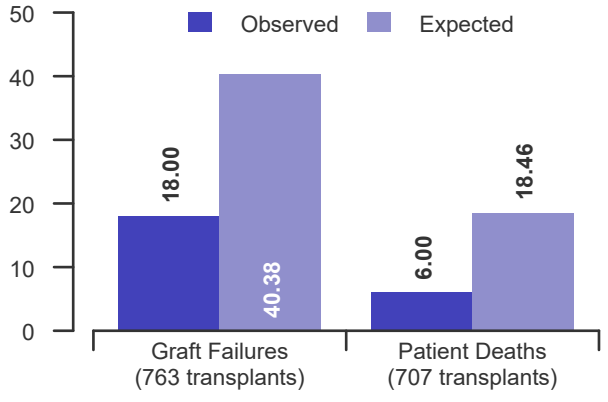
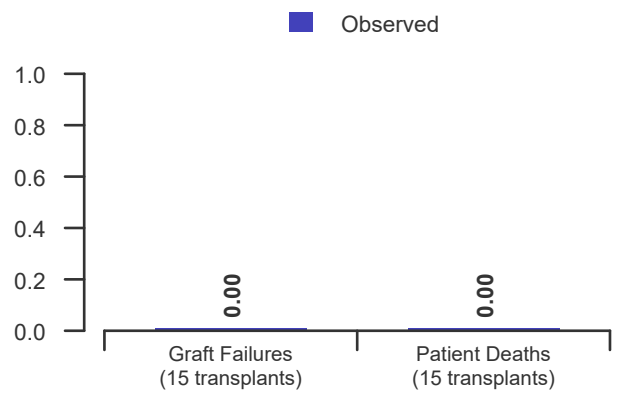


Figure A5. First-year pediatric graft and patient survival: 01/01/2023 - 06/30/2025



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	511	551	100.0	100.0	100.0
Additions					
New listings at this center	454	421	76.4	47.5	54.6
Removals					
Transferred to another center	6	7	1.3	2.8	0.9
Received living donor transplant*	95	72	13.1	7.3	6.7
Received deceased donor transplant*	242	236	42.8	21.9	21.9
Died	13	9	1.6	3.5	3.5
Transplanted at another center	13	19	3.4	2.1	4.8
Deteriorated	25	13	2.4	4.1	5.0
Recovered	3	2	0.4	0.3	0.4
Other reasons	17	17	3.1	5.9	5.9
On waiting list at end of period	551	597	108.3	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=421)	OPTN Region (N=3,310)	U.S. (N=52,403)	This Center (N=597)	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	31.1	33.8	37.1	31.3	30.4	34.7
African-American	28.0	30.6	30.7	30.8	34.3	30.0
Hispanic/Latino	18.8	20.0	20.5	21.1	20.4	22.9
Asian	19.7	11.2	8.2	15.1	12.2	9.6
Other	1.4	1.1	2.0	1.0	1.1	2.1
Unknown	1.0	3.2	1.4	0.7	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	1.7	1.9	1.4	1.3	2.4	1.3
18-34 years	7.1	8.0	9.6	12.1	8.8	9.3
35-49 years	22.1	21.2	24.2	27.5	23.9	26.1
50-64 years	40.9	40.7	40.6	39.2	41.9	43.2
65-69 years	13.3	14.0	13.4	10.2	12.8	12.5
70+ years	14.3	13.2	9.9	9.0	9.2	6.9
Gender (%)						
Male	66.7	62.9	61.7	63.1	61.8	62.6
Female	33.3	37.1	38.3	36.9	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=421)	OPTN Region (N=3,310)	U.S. (N=52,403)	This Center (N=597)	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	43.7	46.9	49.8	48.1	51.6	55.1
A	31.8	30.5	31.2	28.0	26.5	26.7
B	19.0	18.4	15.2	19.9	18.9	15.9
AB	5.5	4.2	3.8	4.0	3.0	2.4
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Previous Transplant (%)						
Yes	11.2	14.7	12.8	15.1	16.5	13.1
No	88.8	85.3	87.2	84.9	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	27.1	27.5	24.7
10-79%	11.2	12.0	18.5	10.1	10.3	16.7
80+%	6.9	5.5	8.3	6.9	5.0	6.9
Unknown*	74.3	78.3	66.1	55.9	57.2	51.7
Primary Disease (%)**						
Glomerular Diseases	18.1	16.8	17.6	23.1	17.7	17.4
Tubular and Interstitial Diseases	3.1	3.8	3.5	3.5	4.1	3.7
Polycystic Kidneys	7.4	6.0	6.7	7.9	6.1	6.7
Congenital, Familial, Metabolic	1.4	1.6	1.8	2.0	2.1	1.9
Diabetes	33.0	36.8	36.0	31.5	36.3	37.7
Renovascular & Vascular Diseases	0.0	0.1	0.1	0.2	0.1	0.1
Neoplasms	0.0	0.2	0.5	0.2	0.2	0.4
Hypertensive Nephrosclerosis	27.3	22.1	20.3	20.6	22.0	20.0
Other	9.7	12.5	13.3	10.9	10.9	11.9
Missing**	0.0	0.2	0.3	0.2	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*	524	5,814	6,310	96,320
Person Years**	1,152.9	11,535.5	12,508.6	197,404.9
Removals for Transplant	648	3,495	3,844	56,701
Adult (18+) Candidates				
Count on waiting list at start*	518	5,646	6,131	94,445
Person Years**	1,133.9	11,151.4	12,099.4	193,469.5
Removals for transpant	637	3,392	3,740	54,852
Pediatric (<18) Candidates				
Count on waiting list at start*	6	168	179	1,875
Person Years**	19.0	384.2	409.2	3,935.5
Removals for transplant	11	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

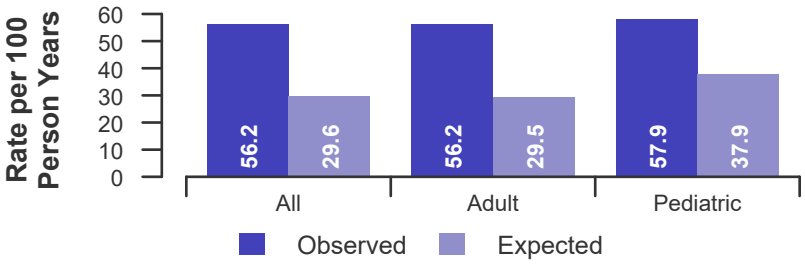


Figure B2. Transplant rate ratio estimate

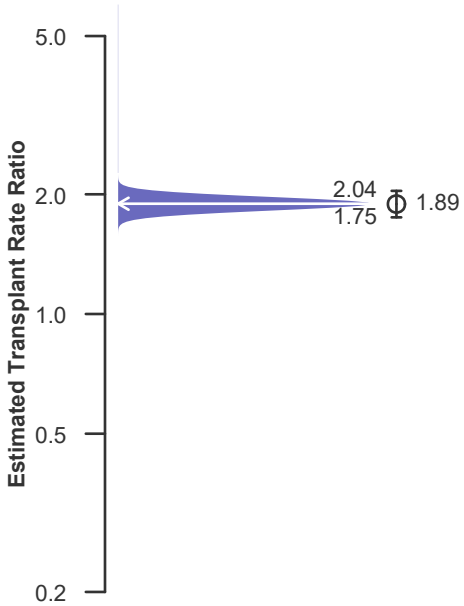
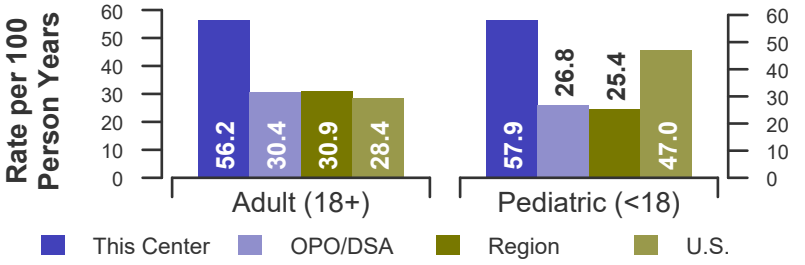


Figure B3. Observed adult (18+) and pediatric (<18) transplant rates: 01/01/2024 - 12/31/2025



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*	524	5,814	6,310	96,320
Person Years**	1,152.9	11,535.5	12,508.6	197,404.9
Removals for Transplant	481	2,608	2,917	43,919
Adult (18+) Candidates				
Count on waiting list at start*	518	5,646	6,131	94,445
Person Years**	1,133.9	11,151.4	12,099.4	193,469.5
Removals for transpant	475	2,539	2,847	42,582
Pediatric (<18) Candidates				
Count on waiting list at start*	6	168	179	1,875
Person Years**	19.0	384.2	409.2	3,935.5
Removals for transplant	6	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

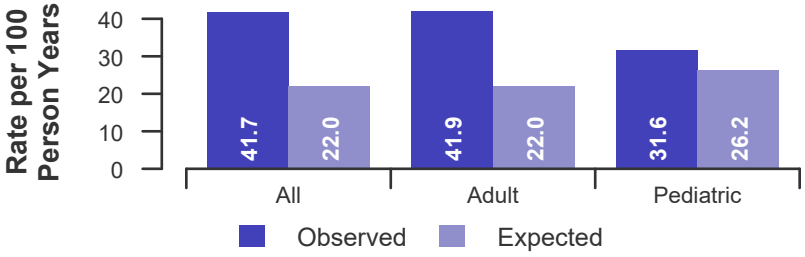


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 01/01/2024 - 12/31/2025

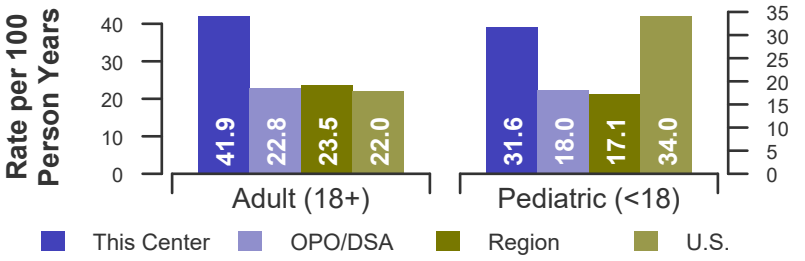
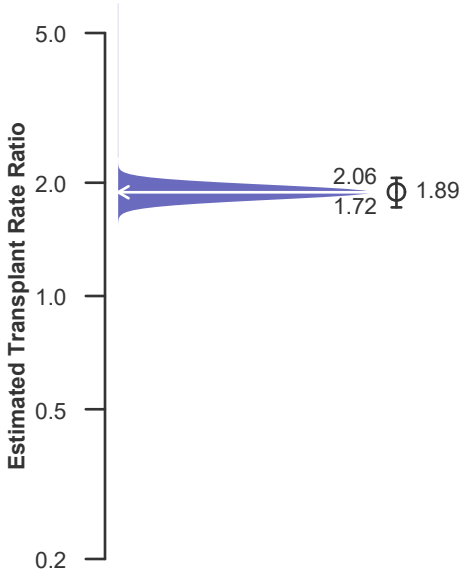


Figure B2D. Deceased donor transplant rate ratio estimate



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*	524	5,814	6,310	96,320
Person Years**	1,215.0	12,358.2	13,423.5	215,073.2
Number of deaths	37	614	675	10,562
Adult (18+) Candidates				
Count on waiting list at start*	518	5,646	6,131	94,445
Person Years**	1,196.0	11,959.4	12,999.7	211,048.4
Number of deaths	37	609	670	10,514
Pediatric (<18) Candidates				
Count on waiting list at start*	6	168	179	1,875
Person Years**	19.0	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

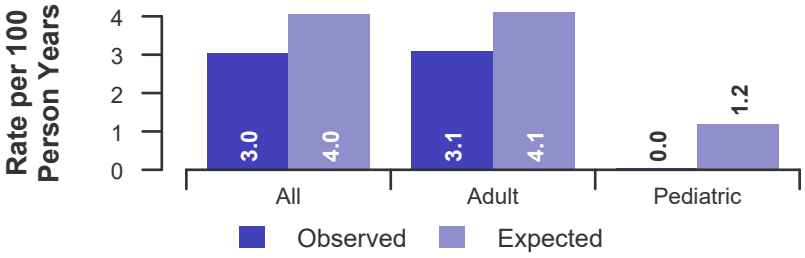


Figure B6. Observed adult (18+) and pediatric (<18) pre-transplant mortality rates: 01/01/2024 - 12/31/2025

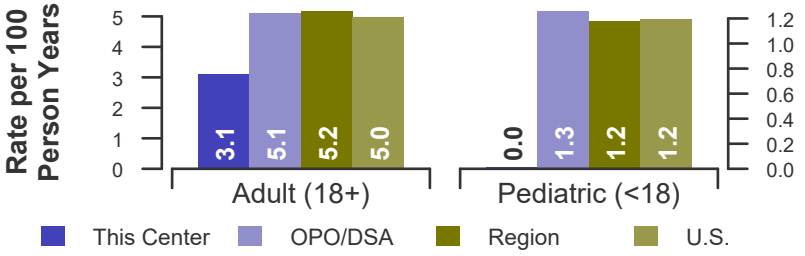
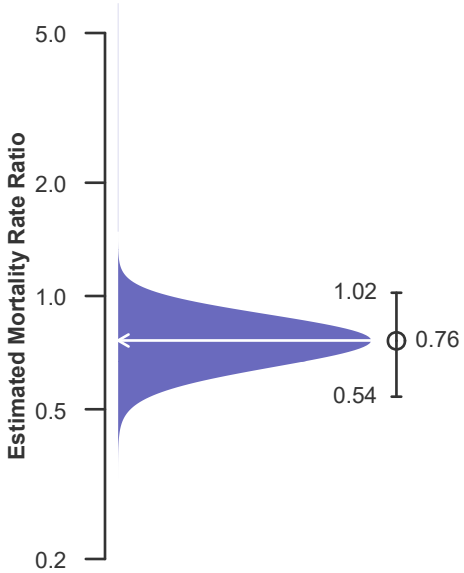


Figure B5. Pre-transplant mortality rate ratio estimate



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	2,928	19,376	23,984	344,437
Person-years*	4,597.5	29,368.5	36,228.7	515,312.6
Number of Deaths	125	1,068	1,413	20,431
Adult (18+) Patients				
Count at risk during the evaluation period	2,882	18,797	23,314	334,867
Person-years*	4,527.1	28,498.0	35,221.6	500,615.5
Number of Deaths	125	1,063	1,408	20,330
Pediatric (<18) Patients				
Count at risk during the evaluation period	46	579	670	9,570
Person-years*	70.4	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

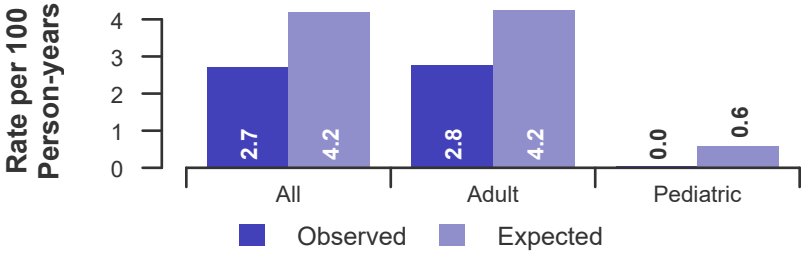


Figure B8. HR estimate of patient mortality after listing

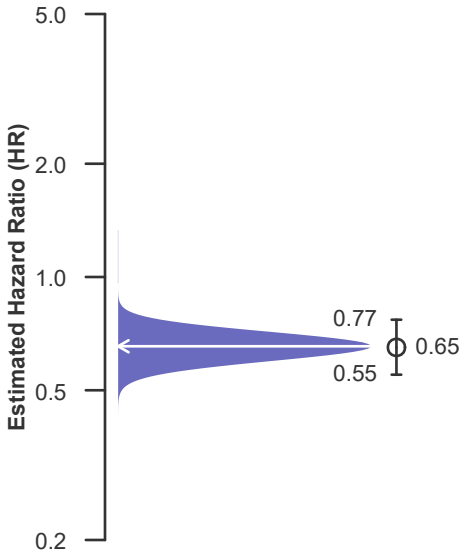
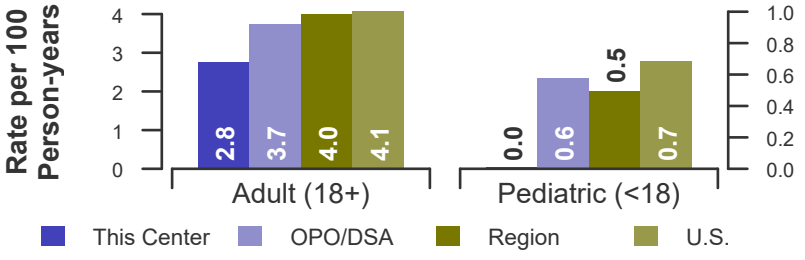


Figure B9. Observed adult (18+) and pediatric (<18) rates of patient mortality after listing: 01/01/2024 - 12/31/2025



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=452) Months Since Listing			U.S. (N=47,542) Months Since Listing		
	6	12	18	6	12	18
Alive on waiting list (%)	49.1	36.3	29.0	71.1	56.6	46.3
Died on the waiting list without transplant (%)	0.7	0.7	0.9	1.0	1.9	2.7
Removed without transplant (%):						
Condition worsened (status unknown)	0.9	2.0	2.4	0.7	1.7	2.9
Condition improved (status unknown)	0.2	0.2	0.7	0.1	0.2	0.3
Refused transplant (status unknown)	0.0	0.0	0.0	0.0	0.1	0.2
Other	0.2	0.4	0.7	1.0	2.3	3.8
Transplant (living donor from waiting list only) (%):						
Functioning (alive)	11.7	14.6	9.1	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	0.0	0.0	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	1.3	8.2	0.1	0.2	3.3
Transplant (deceased donor) (%):						
Functioning (alive)	34.1	38.7	23.2	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	0.0	0.1	0.1	0.1
Died	0.4	1.3	2.0	0.4	0.7	1.0
Status Yet Unknown*	2.2	3.8	22.8	2.4	4.9	14.7
Lost or Transferred (status unknown) (%)	0.4	0.7	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	1.1	2.0	2.9	1.4	2.7	3.7
Total % known died or removed as unstable	2.0	4.0	5.3	2.1	4.4	6.6
Total % removed for transplant	48.5	59.7	65.3	25.9	36.7	43.3
Total % with known functioning transplant (alive)	45.8	53.3	32.3	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	840	17.0	52.5	63.1	68.0	106,894	7.1	25.3	33.4	39.0
Ethnicity/Race*										
White	257	17.1	48.6	58.0	62.3	40,706	7.3	26.2	33.7	38.6
African-American	313	17.3	54.0	63.6	69.3	34,336	6.9	25.3	34.2	41.0
Hispanic/Latino	135	17.0	50.4	62.2	65.9	20,909	7.7	25.3	33.4	38.8
Asian	133	16.5	57.9	72.2	77.4	9,049	4.9	20.1	28.2	33.8
Other	2	0.0	100.0	100.0	100.0	1,891	8.9	28.0	35.9	41.3
Unknown	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	0	--	--	--	--	853	9.4	52.8	66.5	73.2
12-17 years	8	12.5	37.5	50.0	50.0	1,587	9.5	48.9	59.7	64.7
18-34 years	78	3.8	35.9	52.6	56.4	10,129	7.5	28.1	38.3	44.8
35-49 years	197	14.2	47.7	58.4	65.0	25,770	7.1	25.5	33.8	39.5
50-64 years	353	18.4	55.0	65.7	71.7	44,840	6.9	23.3	30.9	36.4
65-69 years	122	23.0	58.2	68.0	69.7	14,605	7.1	23.9	31.6	37.2
70+ years	82	22.0	62.2	67.1	69.5	8,982	7.0	26.4	34.1	39.1
Gender										
Male	569	17.9	55.0	65.0	70.1	66,326	7.3	24.7	32.4	37.9
Female	271	15.1	47.2	59.0	63.5	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	840	17.0	52.5	63.1	68.0	106,894	7.1	25.3	33.4	39.0
Blood Type										
O	403	13.9	45.9	58.8	64.8	53,509	6.2	21.6	28.8	34.1
A	249	21.7	57.0	65.9	69.1	33,269	8.9	30.4	39.8	45.9
B	157	15.3	59.9	68.8	73.2	16,171	4.9	22.2	30.4	36.0
AB	31	29.0	64.5	67.7	74.2	3,945	12.7	44.1	54.7	60.3
Previous Transplant										
Yes	102	6.9	34.3	44.1	53.9	13,879	4.7	24.1	32.9	38.6
No	738	18.4	55.0	65.7	69.9	93,015	7.4	25.4	33.5	39.1
Peak PRA/CPRA*										
0-9%	727	17.2	52.8	62.9	67.3	83,319	7.5	24.6	32.3	38.0
10-79%	63	17.5	50.8	66.7	76.2	14,788	6.1	24.3	33.1	38.7
80+%	50	14.0	50.0	62.0	68.0	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	151	8.6	50.3	60.9	64.9	18,505	6.0	26.1	35.5	42.2
Tubular & Interstitial Diseases	34	23.5	47.1	55.9	58.8	3,858	7.9	27.2	35.7	40.9
Polycystic Kidneys	46	10.9	32.6	56.5	65.2	6,662	5.1	23.8	33.0	39.5
Congenital, Familial, Metabolic	7	0.0	14.3	42.9	42.9	2,071	6.7	35.4	46.1	52.2
Diabetes	281	17.4	49.5	60.9	66.5	39,218	5.3	20.3	27.3	32.4
Renovascular & Vascular Diseases	2	0.0	50.0	50.0	50.0	97	1.0	24.7	29.9	33.0
Neoplasms	3	0.0	0.0	0.0	0.0	426	7.5	35.0	43.0	47.4
Hypertensive Nephrosclerosis	181	20.4	64.6	72.4	79.0	22,054	7.3	26.4	35.1	41.5
Other	132	23.5	57.6	65.9	67.4	13,708	14.3	35.1	42.6	47.0
Missing**	3	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	0.3	0.3	0.3	0.6
10th	0.5	0.8	1	1.4
25th	1.8	5.2	5.4	6.3
50th (median time to transplant)	7.7	26.3	26.7	27.0
75th	32.4	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	9,718	102,142	119,555	1,868,080
Number of Acceptances	217	1,132	1,391	19,541
Expected Acceptances	153.2	905.0	1,197.5	19,545.2
Offer Acceptance Ratio*	1.41	1.25	1.16	1.00
95% Credible Interval**	[1.23, 1.60]	--	--	--
Low-KDRI Donors (KDRI < 1.05)				
Number of Offers	461	4,651	5,594	98,399
Number of Acceptances	30	151	198	4,065
Expected Acceptances	23.0	128.0	186.4	4,049.9
Offer Acceptance Ratio*	1.28	1.18	1.06	1.00
95% Credible Interval**	[0.88, 1.76]	--	--	--
Medium-KDRI Donors (1.05 < KDRI < 1.75)				
Number of Offers	4,684	53,315	61,034	1,128,322
Number of Acceptances	135	664	840	11,749
Expected Acceptances	98.2	541.1	705.4	11,759.4
Offer Acceptance Ratio*	1.37	1.23	1.19	1.00
95% Credible Interval**	[1.15, 1.61]	--	--	--
High-KDRI Donors (KDRI > 1.75)				
Number of Offers	4,573	44,176	52,927	641,359
Number of Acceptances	52	317	353	3,727
Expected Acceptances	32.0	235.9	305.7	3,735.8
Offer Acceptance Ratio*	1.59	1.34	1.15	1.00
95% Credible Interval**	[1.19, 2.04]	--	--	--
Hard-to-Place Kidneys (Over 100 Offers)				
Number of Offers	7,846	85,197	98,771	1,536,530
Number of Acceptances	106	320	381	2,545
Expected Acceptances	27.9	175.9	230.3	3,047.2
Offer Acceptance Ratio*	3.62	1.81	1.65	0.84
95% Credible Interval**	[2.97, 4.33]	--	--	--
Donor KDPI >= 60				
Number of Offers	7,018	68,917	82,132	1,148,657
Number of Acceptances	106	559	653	7,333
Expected Acceptances	64.9	414.8	542.7	7,289.9
Offer Acceptance Ratio*	1.62	1.35	1.20	1.01
95% Credible Interval**	[1.33, 1.93]	--	--	--

* The offer acceptance ratio estimates the relative offer acceptance practice of NYU Langone Health 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, [1.23, 1.60], indicates the location of NYUC's true offer acceptance ratio with 95% probability. The best estimate is 41% more likely to accept an offer compared to national acceptance behavior, but NYUC's performance could plausibly range from 23% higher acceptance up to 60% higher acceptance.

B. Waiting List Information

Figure B10. Offer acceptance: Overall

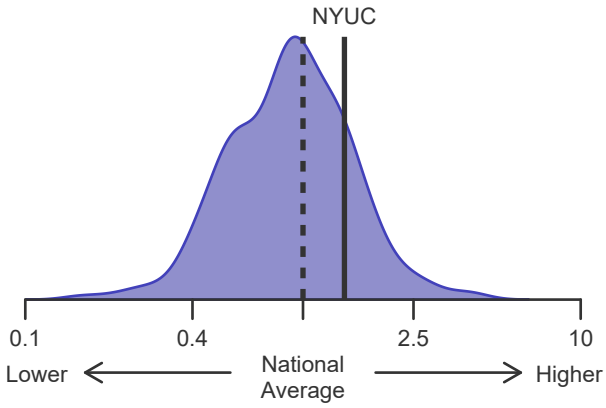


Figure B11. Offer acceptance: Low-KDRI

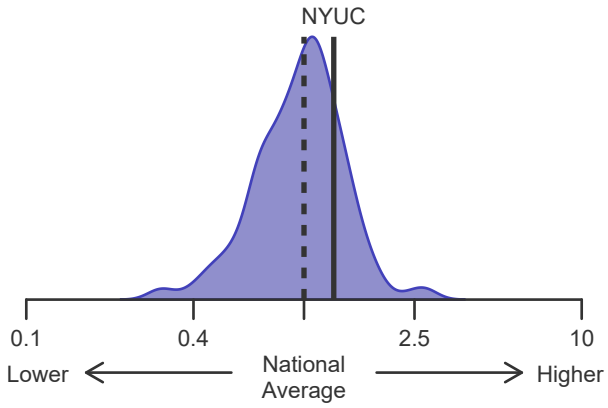


Figure B12. Offer acceptance: Medium-KDRI

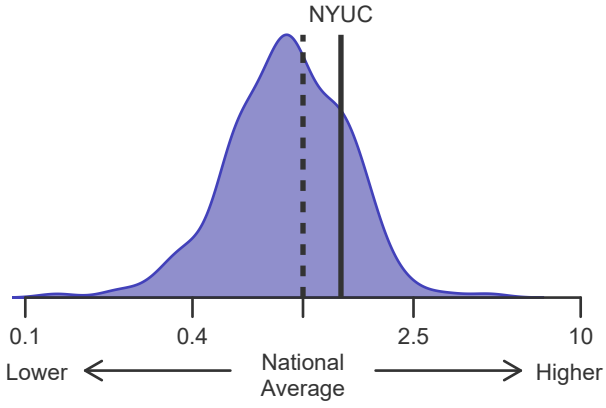


Figure B13. Offer acceptance: High-KDRI

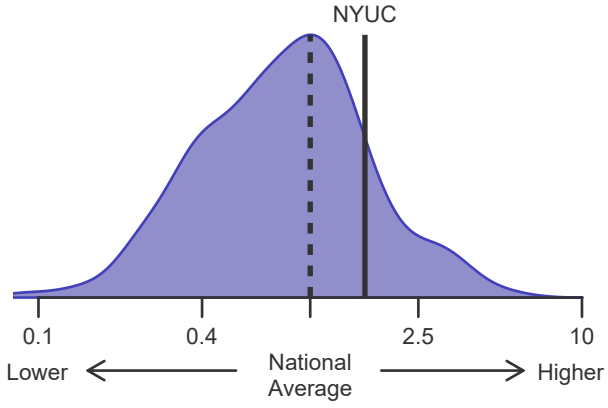


Figure B14. Offer acceptance: Offer number > 100

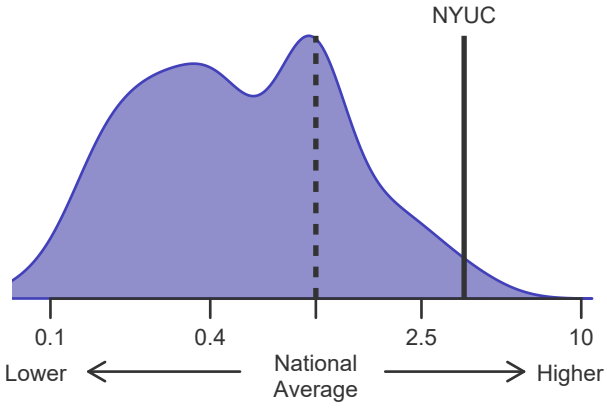
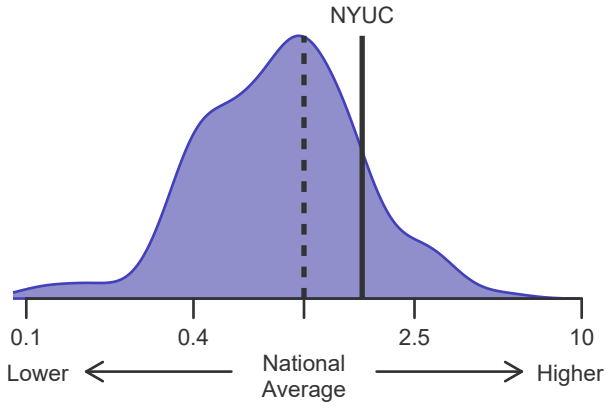


Figure B15. Offer acceptance: Donor KDPI >= 60



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=221)	Region (N=1,421)	U.S. (N=19,828)
Ethnicity/Race (%)*			
White	24.0	25.3	31.3
African-American	33.0	37.4	36.8
Hispanic/Latino	15.8	20.8	20.8
Asian	24.0	13.9	8.5
Other	1.4	1.1	1.9
Unknown	1.8	1.5	0.8
Age (%)			
<2 years	0.0	0.0	0.0
2-11 years	0.5	1.0	1.0
12-17	1.4	1.5	1.6
18-34	5.4	5.8	8.7
35-49 years	15.4	17.9	21.4
50-64 years	38.9	39.4	38.9
65-69 years	18.1	16.0	14.7
70+ years	20.4	18.4	13.7
Gender (%)			
Male	60.6	60.7	59.2
Female	39.4	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=76)	Region (N=514)	U.S. (N=6,522)
Ethnicity/Race (%)*			
White	55.3	59.9	60.8
African-American	14.5	11.9	11.7
Hispanic/Latino	18.4	18.1	17.8
Asian	7.9	5.8	6.8
Other	0.0	0.4	1.7
Unknown	3.9	3.9	1.2
Age (%)			
<2 years	0.0	0.0	0.1
2-11 years	1.3	1.6	1.8
12-17	1.3	1.2	1.5
18-34	19.7	14.0	14.7
35-49 years	23.7	20.2	26.2
50-64 years	30.3	35.8	34.5
65-69 years	13.2	10.3	11.0
70+ years	10.5	16.9	10.2
Gender (%)			
Male	72.4	67.3	63.6
Female	27.6	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=221)	Region (N=1,421)	U.S. (N=19,828)
Blood Type (%)			
O	45.2	47.0	46.4
A	31.2	30.6	33.5
B	17.2	16.7	15.1
AB	6.3	5.7	5.0
Previous Transplant (%)			
Yes	7.2	12.0	14.1
No	92.8	88.0	85.9
Peak PRA/CPRA Prior to Transplant (%)*			
0-9%	12.7	22.2	18.9
10-79%	18.6	24.0	28.5
80+ %	14.5	14.6	20.6
Unknown*	54.3	39.2	32.0
Body Mass Index (%)			
0-20	10.4	11.5	9.0
21-25	33.9	30.5	26.6
26-30	29.9	30.0	31.4
31-35	14.9	16.1	21.5
36-40	5.4	7.5	8.0
41+	0.5	2.2	1.6
Unknown	5.0	2.1	1.9
Primary Disease (%)**			
Glomerular Diseases	14.9	16.6	19.3
Tubular and Interstitial Disease	3.6	3.9	3.7
Polycystic Kidneys	8.6	6.8	6.1
Congenital, Familial, Metabolic	1.8	2.0	2.5
Diabetes	33.0	35.2	33.5
Renovascular & Vascular Diseases	0.0	0.0	0.1
Neoplasms	0.0	0.3	0.5
Hypertensive Nephrosclerosis	29.4	26.3	23.7
Other Kidney	8.6	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=76)	Region (N=514)	U.S. (N=6,522)
Blood Type (%)			
O	48.7	44.2	44.4
A	25.0	33.5	37.4
B	22.4	18.1	13.9
AB	3.9	4.3	4.3
Previous Transplant (%)			
Yes	7.9	10.7	11.2
No	92.1	89.3	88.8
Peak PRA/CPRA Prior to Transplant (%)*			
0-9%	15.8	17.9	16.7
10-79%	17.1	19.8	28.7
80+ %	7.9	5.8	6.6
Unknown*	59.2	56.4	48.0
Body Mass Index (%)			
0-20	10.5	11.3	11.6
21-25	30.3	32.3	29.9
26-30	39.5	33.7	31.1
31-35	15.8	14.8	19.3
36-40	3.9	5.6	6.7
41+	0.0	1.9	1.0
Unknown	0.0	0.4	0.4
Primary Disease (%)**			
Glomerular Diseases	28.9	26.3	26.8
Tubular and Interstitial Disease	7.9	6.2	4.7
Polycystic Kidneys	6.6	9.9	12.0
Congenital, Familial, Metabolic	3.9	2.7	3.8
Diabetes	27.6	24.1	24.0
Renovascular & Vascular Diseases	0.0	0.0	0.0
Neoplasms	0.0	0.0	0.9
Hypertensive Nephrosclerosis	18.4	18.3	16.2
Other Kidney	6.6	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=221)	Region (N=1,421)	U.S. (N=19,828)
Cause of Death (%)			
Deceased: Stroke	26.7	26.9	25.8
Deceased: MVA	6.8	8.2	10.8
Deceased: Other	66.5	64.9	63.4
Ethnicity/Race (%)*			
White	67.0	64.5	66.3
African-American	17.2	15.0	13.3
Hispanic/Latino	10.0	14.8	14.6
Asian	3.2	2.5	3.2
Other	0.5	0.7	1.4
Not Reported	2.3	2.5	1.1
Age (%)			
<2 years	0.0	0.6	0.6
2-11 years	0.0	1.4	1.9
12-17	2.3	1.5	2.4
18-34	13.1	15.3	19.8
35-49 years	32.6	31.2	34.1
50-64 years	41.6	38.8	32.5
65-69 years	9.0	8.9	6.7
70+ years	1.4	2.3	2.0
Gender (%)			
Male	57.9	60.7	62.2
Female	42.1	39.3	37.8
Blood Type (%)			
O	45.7	48.0	47.9
A	39.4	35.0	36.7
B	11.8	12.9	11.9
AB	3.2	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=76)	Region (N=514)	U.S. (N=6,522)
Ethnicity/Race (%)*			
White	65.8	69.1	68.6
African-American	9.2	9.5	7.4
Hispanic/Latino	14.5	14.8	16.4
Asian	5.3	4.1	4.6
Other	1.3	1.6	1.7
Not Reported	3.9	1.0	1.2
Age (%)			
0-11 years	0.0	0.0	0.0
12-17	0.0	0.0	0.0
18-34	34.2	22.2	21.2
35-49 years	34.2	41.8	40.4
50-64 years	26.3	28.2	30.2
65-69 years	5.3	4.7	5.5
70+ years	0.0	3.1	2.7
Gender (%)			
Male	44.7	43.8	35.4
Female	55.3	56.2	64.6
Blood Type (%)			
O	59.2	59.7	59.1
A	25.0	26.5	29.5
B	14.5	12.6	9.4
AB	1.3	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=221)	Region (N=1,421)	U.S. (N=19,828)
Cold Ischemic Time (Hours): Local (%)			
Deceased: 0-11 hr	8.0	9.1	13.7
Deceased: 12-21 hr	60.0	64.8	59.1
Deceased: 22-31 hr	24.0	23.5	23.8
Deceased: 32-41 hr	4.0	1.5	2.4
Deceased: 42+ hr	0.0	0.0	0.3
Not Reported	4.0	1.1	0.7
Cold Ischemic Time (Hours): Shared (%)			
Deceased: 0-11 hr	4.1	3.3	4.0
Deceased: 12-21 hr	27.0	44.3	52.8
Deceased: 22-31 hr	42.3	36.6	34.2
Deceased: 32-41 hr	19.4	12.4	6.7
Deceased: 42+ hr	7.1	2.6	1.5
Not Reported	0.0	0.9	0.7
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	5.9	10.0	12.7
1	39.8	38.9	38.3
2	54.3	51.0	49.0
Not Reported	0.0	0.1	0.0
B Locus Mismatches (%)			
0	4.1	5.3	8.1
1	22.2	24.6	24.7
2	73.8	70.0	67.2
Not Reported	0.0	0.1	0.0
DR Locus Mismatches (%)			
0	8.6	13.4	17.0
1	37.1	45.2	46.1
2	54.3	41.3	37.0
Not Reported	0.0	0.1	0.0
Total Mismatches (%)			
0	1.8	3.4	5.5
1	0.5	1.0	1.3
2	1.4	4.0	4.3
3	11.3	11.9	13.8
4	24.0	27.7	27.2
5	35.7	33.9	32.1
6	25.3	18.1	15.8
Not Reported	0.0	0.1	0.0
Procedure Type (%)			
Single organ	99.1	99.5	99.9
Multi organ	0.9	0.5	0.1
Dialysis in First Week After Transplant (%)			
Yes	49.3	43.4	35.2
No	50.7	56.5	64.7
Not Reported	0.0	0.1	0.1
Donor Location (%)			
Local Donation Service Area (DSA)	11.3	18.6	36.9
Another Donation Service Area (DSA)	88.7	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=76)	Region (N=514)	U.S. (N=6,522)
Relation with Donor (%)			
Related	39.5	37.7	36.2
Unrelated	59.2	62.1	63.1
Not Reported	1.3	0.2	0.6
Level of Mismatch (%)			
A Locus Mismatches (%)			
0	2.6	15.2	15.9
1	15.8	42.2	48.8
2	15.8	30.2	32.2
Not Reported	65.8	12.5	3.1
B Locus Mismatches (%)			
0	3.9	11.1	9.7
1	10.5	36.8	40.6
2	19.7	39.7	46.6
Not Reported	65.8	12.5	3.1
DR Locus Mismatches (%)			
0	9.2	22.8	17.2
1	9.2	39.1	46.5
2	15.8	25.7	33.2
Not Reported	65.8	12.5	3.1
Total Mismatches (%)			
0	1.3	7.2	4.6
1	1.3	2.9	4.0
2	2.6	12.5	12.0
3	7.9	20.2	21.8
4	5.3	14.4	18.5
5	7.9	19.1	23.8
6	7.9	11.3	12.3
Not Reported	65.8	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	1.3	2.5	3.1
No	98.7	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

	NYUC	U.S.
Number of transplants evaluated	763	63,737
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	98.82% [98.06%-99.59%]	98.39% [98.29%-98.49%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	98.27%	--
Number of observed graft failures (including deaths) during the first month after transplant	9	1,025
Number of expected graft failures (including deaths) during the first month after transplant	13.30	--
Estimated hazard ratio*	0.72	--
95% credible interval for the hazard ratio**	[0.36, 1.20]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.36, 1.20], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 28% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 64% reduced risk up to 20% increased risk.

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

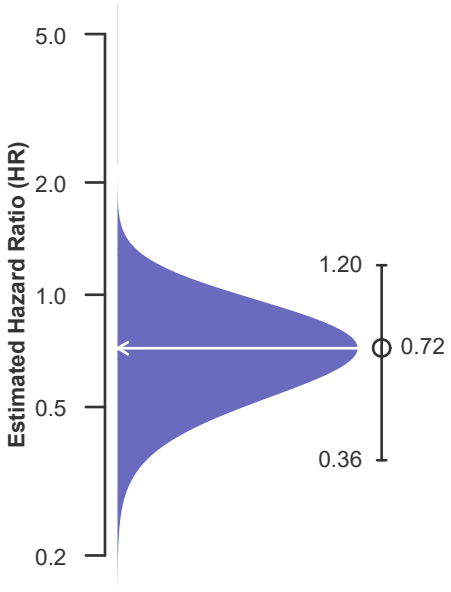
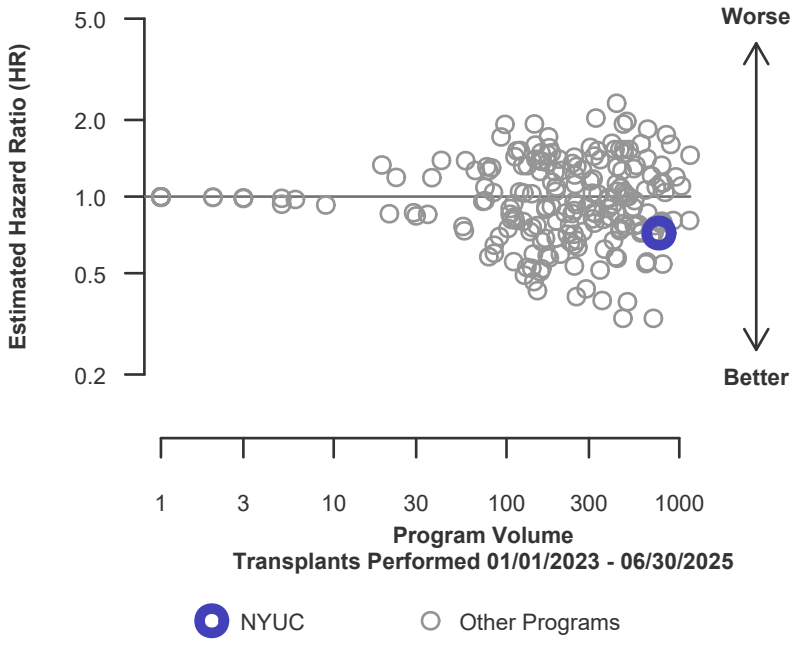


Figure C2. Adult (18+) 1-month graft failure HR program comparison



C. Transplant Information

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

	NYUC	U.S.
Number of transplants evaluated	554	48,569
Estimated probability of surviving with a functioning graft at 1 month & [95% CI] (unadjusted for patient and donor characteristics)	98.38% [97.33%-99.43%]	98.09% [97.97%-98.21%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	97.84%	--
Number of observed graft failures (including deaths) during the first month after transplant	9	928
Number of expected graft failures (including deaths) during the first month after transplant	12.06	--
Estimated hazard ratio*	0.78	--
95% credible interval for the hazard ratio**	[0.39, 1.31]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.39, 1.31], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 22% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 61% reduced risk up to 31% increased risk.

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

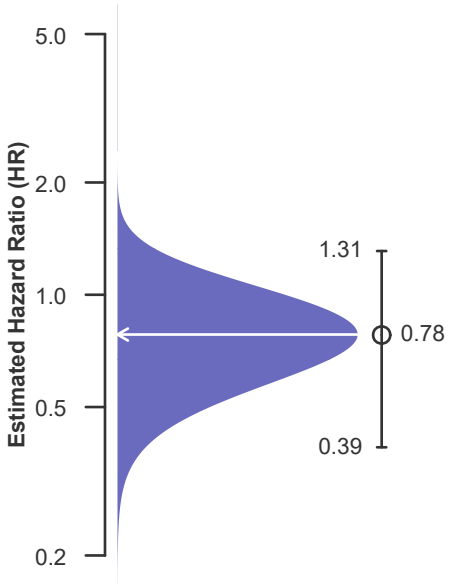
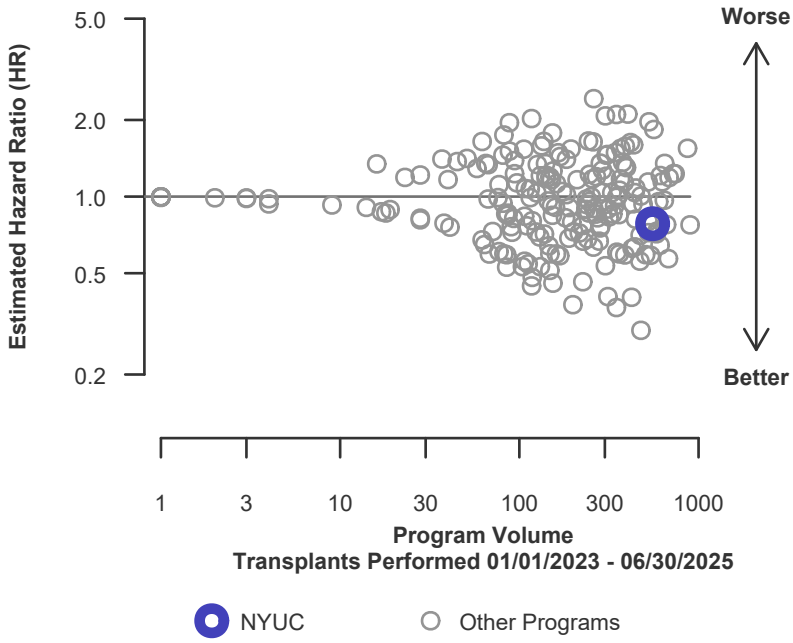


Figure C2D. Adult (18+) 1-month deceased donor graft failure HR program comparison



C. Transplant Information

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

	NYUC	U.S.
Number of transplants evaluated	209	15,168
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%]	99.36% [99.23%-99.49%]
Expected probability of surviving with a functioning graft at 1 month (adjusted for patient and donor characteristics)	99.41%	--
Number of observed graft failures (including deaths) during the first month after transplant	0	97
Number of expected graft failures (including deaths) during the first month after transplant	1.24	--
Estimated hazard ratio*	0.62	--
95% credible interval for the hazard ratio**	[0.07, 1.72]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.07, 1.72], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 38% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 93% reduced risk up to 72% increased risk.

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

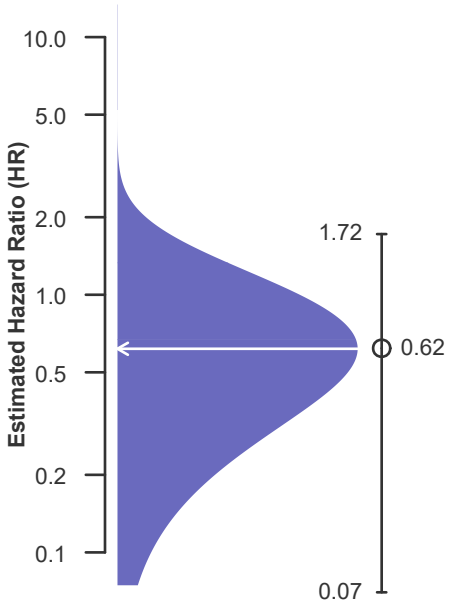
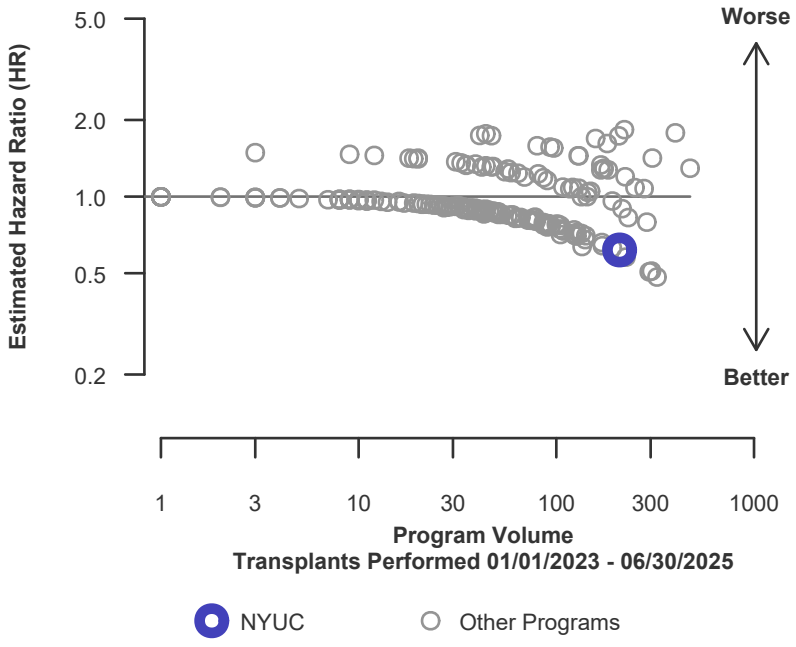


Figure C2L. Adult (18+) 1-month living donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	763	63,737
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	98.69% [97.89%-99.50%]	97.11% [96.98%-97.24%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	96.89%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	10	1,843
Number of expected graft failures (including deaths) during the first 90 days after transplant	24.07	--
Estimated hazard ratio*	0.46	--
95% credible interval for the hazard ratio**	[0.24, 0.75]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.24, 0.75], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 54% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 76% reduced risk up to 25% reduced risk.

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

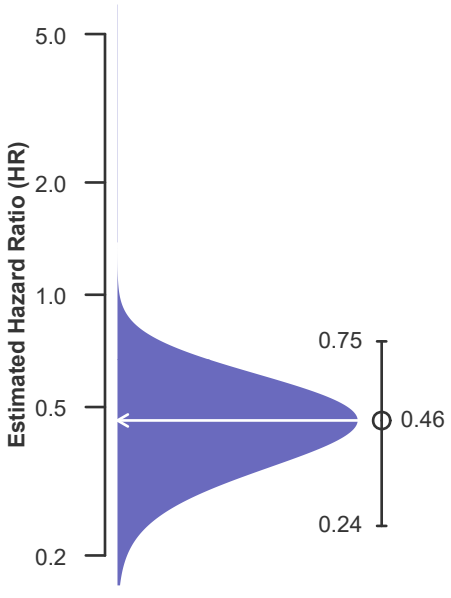
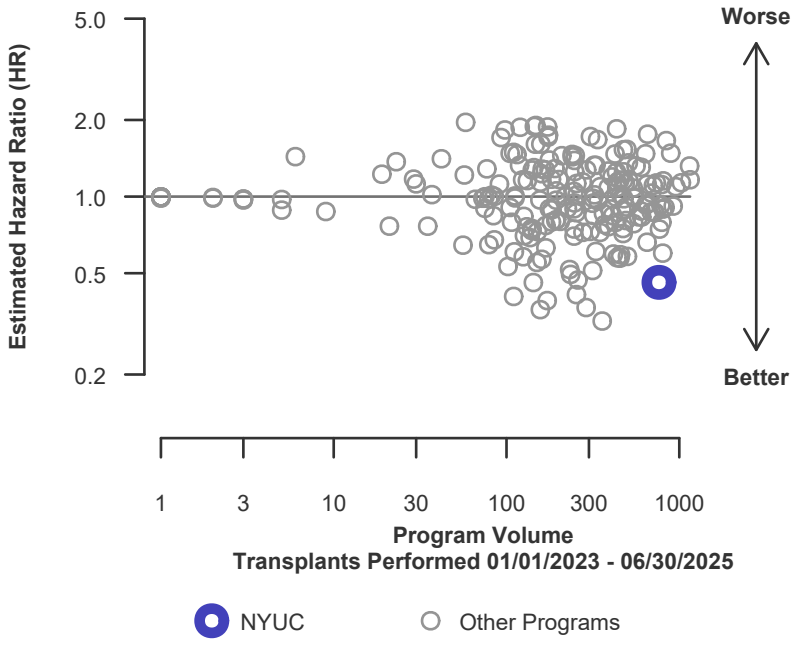


Figure C4. Adult (18+) 90-Day graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	554	48,569
Estimated probability of surviving with a functioning graft at 90 days & [95% CI] (unadjusted for patient and donor characteristics)	98.19% [97.09%-99.31%]	96.53% [96.37%-96.70%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	96.08%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	10	1,683
Number of expected graft failures (including deaths) during the first 90 days after transplant	22.02	--
Estimated hazard ratio*	0.50	--
95% credible interval for the hazard ratio**	[0.26, 0.82]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.26, 0.82], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 50% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 74% reduced risk up to 18% reduced risk.

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

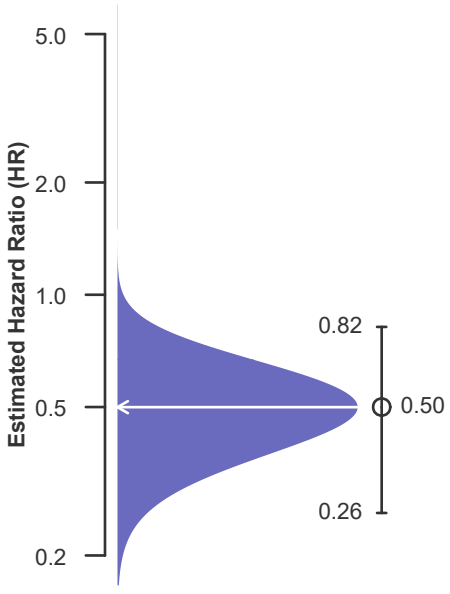
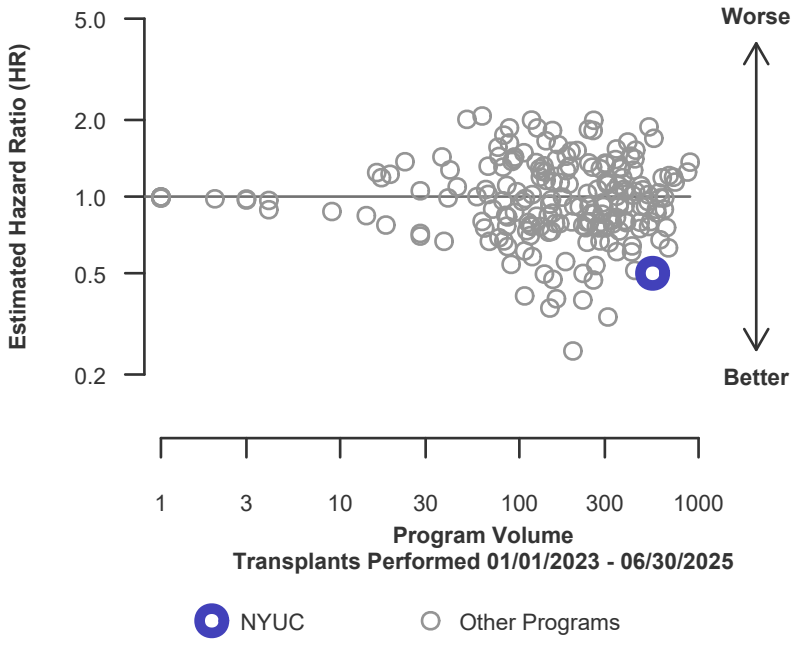


Figure C4D. Adult (18+) 90-Day deceased donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	209	15,168
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%]	98.95% [98.78%-99.11%]
Expected probability of surviving with a functioning graft at 90 days (adjusted for patient and donor characteristics)	99.02%	--
Number of observed graft failures (including deaths) during the first 90 days after transplant	0	160
Number of expected graft failures (including deaths) during the first 90 days after transplant	2.05	--
Estimated hazard ratio*	0.49	--
95% credible interval for the hazard ratio**	[0.06, 1.37]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.06, 1.37], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 51% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 94% reduced risk up to 37% increased risk.

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

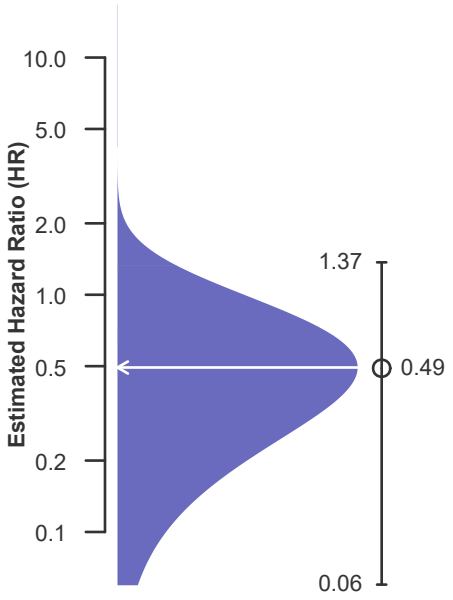
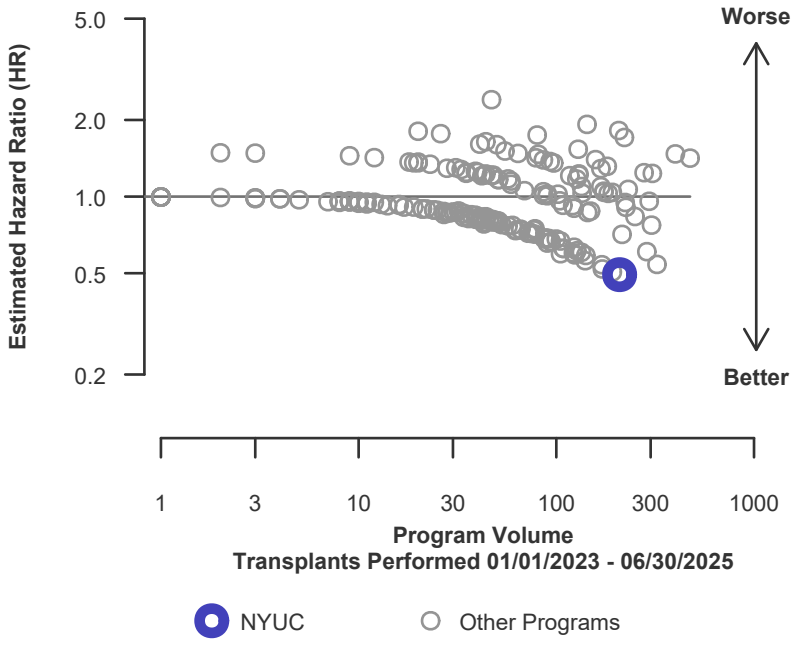


Figure C4L. Adult (18+) 90-Day living donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	763	63,737
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	97.45% [96.28%-98.63%]	94.92% [94.74%-95.10%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	94.50%	--
Number of observed graft failures (including deaths) during the first year after transplant	18	3,070
Number of expected graft failures (including deaths) during the first year after transplant	40.38	--
Estimated hazard ratio*	0.47	--
95% credible interval for the hazard ratio**	[0.29, 0.70]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.29, 0.70], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 53% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 71% reduced risk up to 30% reduced risk.

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

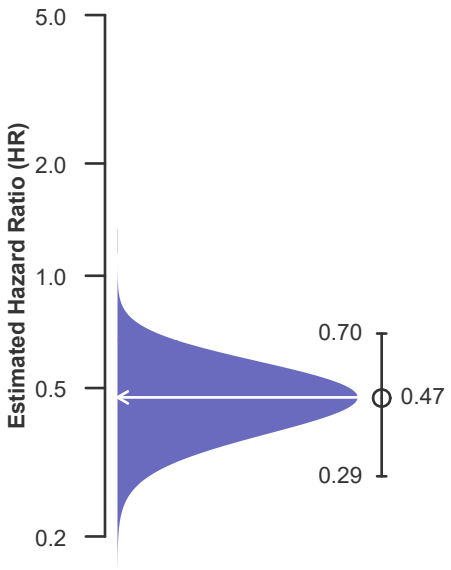
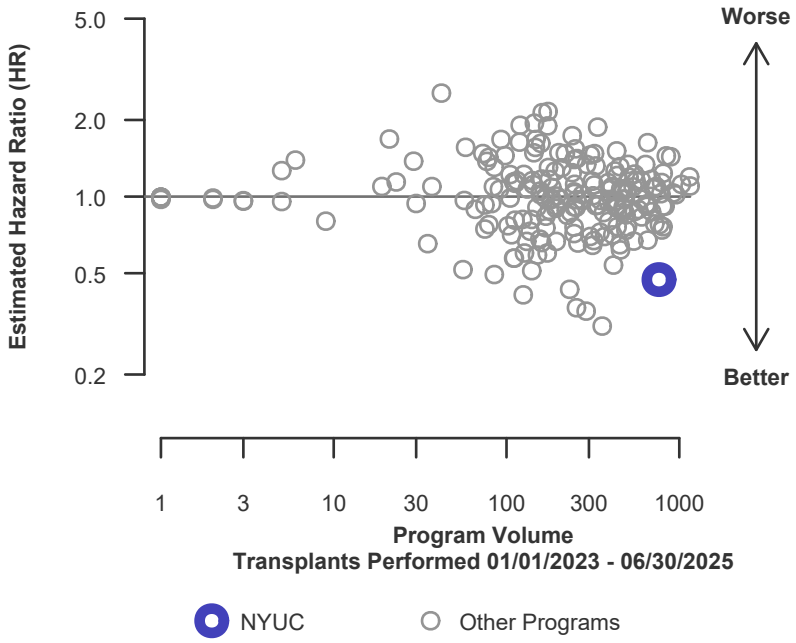


Figure C6. Adult (18+) 1-year graft failure HR program comparison



C. Transplant Information

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

	NYUC	U.S.
Number of transplants evaluated	554	48,569
Estimated probability of surviving with a functioning graft at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	96.47% [94.87%-98.10%]	93.95% [93.73%-94.17%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	93.12%	--
Number of observed graft failures (including deaths) during the first year after transplant	18	2,789
Number of expected graft failures (including deaths) during the first year after transplant	36.73	--
Estimated hazard ratio*	0.52	--
95% credible interval for the hazard ratio**	[0.32, 0.77]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.32, 0.77], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 48% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 68% reduced risk up to 23% reduced risk.

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

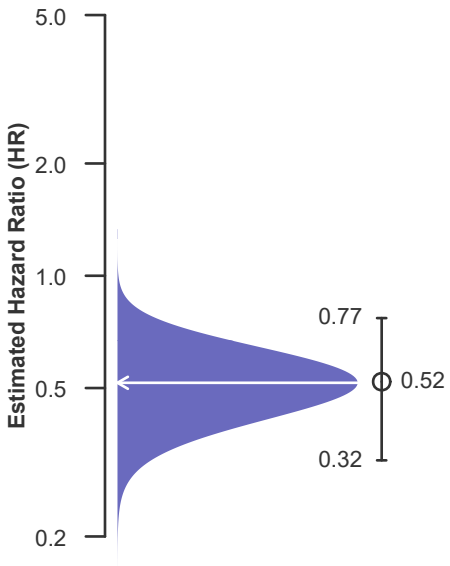
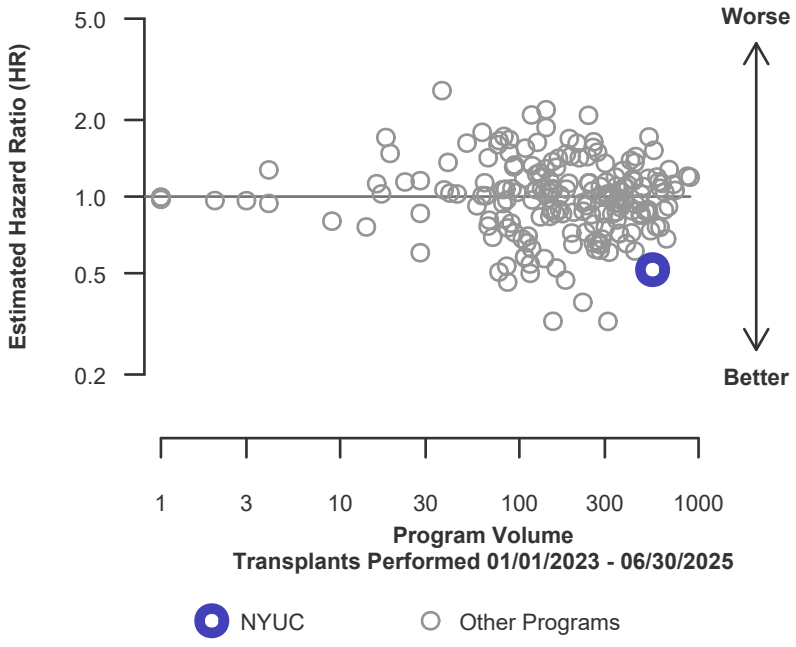


Figure C6D. Adult (18+) 1-year deceased donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	209	15,168
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%]	98.02% [97.79%-98.25%]
Expected probability of surviving with a functioning graft at 1 year (adjusted for patient and donor characteristics)	98.17%	--
Number of observed graft failures (including deaths) during the first year after transplant	0	281
Number of expected graft failures (including deaths) during the first year after transplant	3.65	--
Estimated hazard ratio*	0.35	--
95% credible interval for the hazard ratio**	[0.04, 0.99]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.04, 0.99], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 65% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 96% reduced risk up to 1% reduced risk.

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

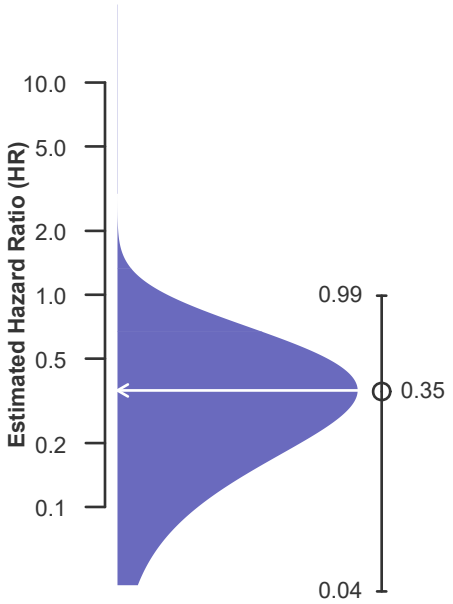
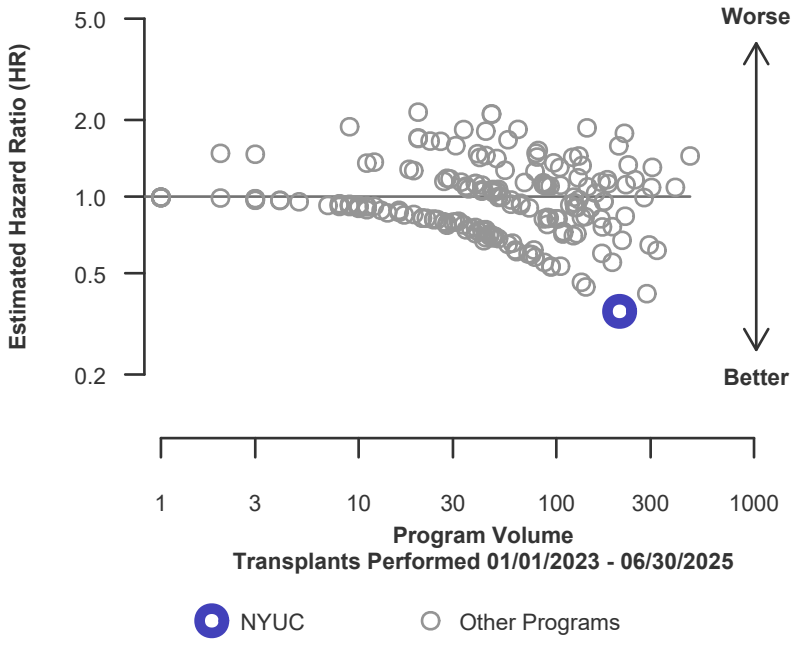


Figure C6L. Adult (18+) 1-year living donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	753	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)	98.74% [98.36%-99.12%]	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)	97.54%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	8	1,227
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	16.31	--
Estimated hazard ratio*	0.55	--
95% credible interval for the hazard ratio**	[0.26, 0.93]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.26, 0.93], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 45% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 74% reduced risk up to 7% reduced risk.

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

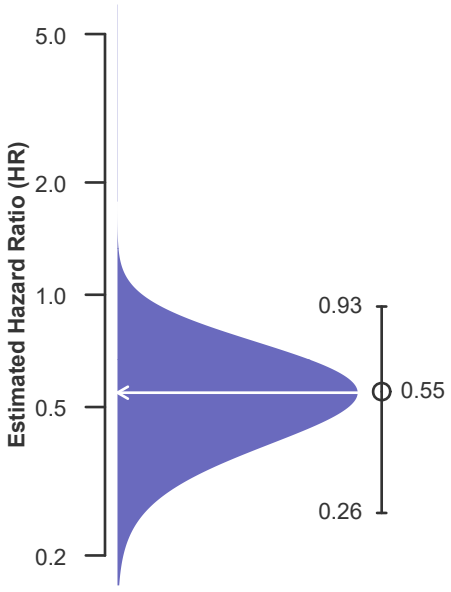
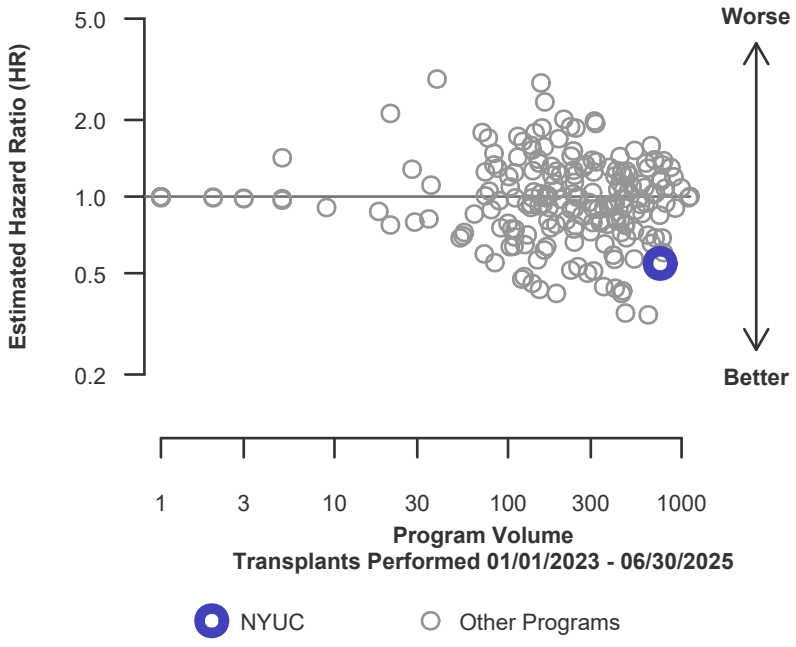


Figure C8. Adult (18+) 1-year Conditional graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	544	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)	98.24% [97.71%-98.78%]	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)	96.91%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	8	1,106
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	14.71	--
Estimated hazard ratio*	0.60	--
95% credible interval for the hazard ratio**	[0.29, 1.02]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.29, 1.02], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 40% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 71% reduced risk up to 2% increased risk.

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

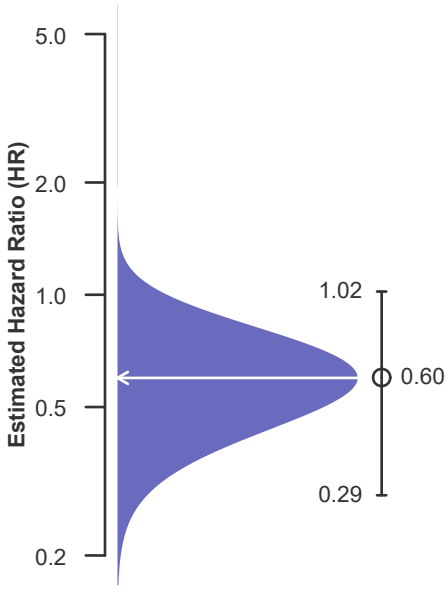
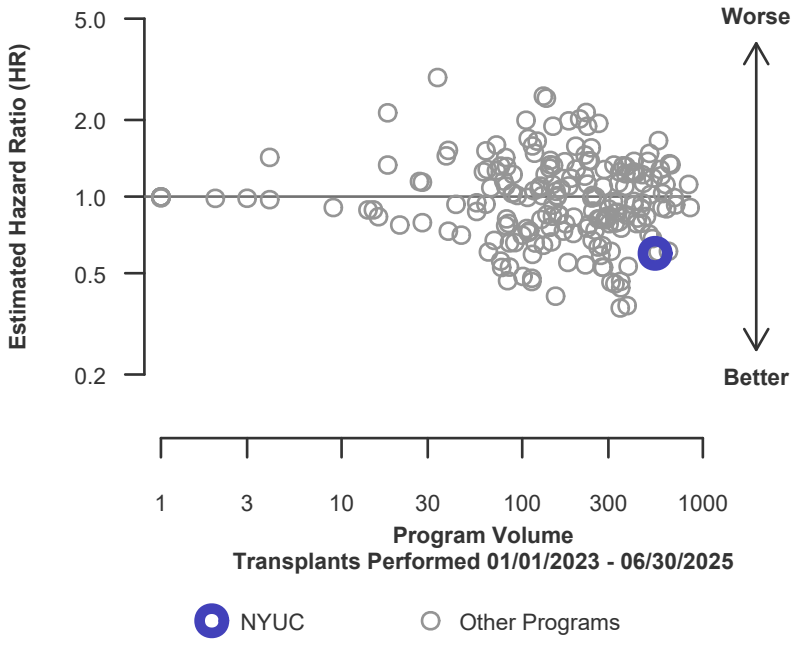


Figure C8D. Adult (18+) 1-year Conditional deceased donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	209	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)	100.00% [100.00%-100.00%]	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)	99.14%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	121
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	1.60	--
Estimated hazard ratio*	0.56	--
95% credible interval for the hazard ratio**	[0.07, 1.55]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.07, 1.55], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 44% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 93% reduced risk up to 55% increased risk.

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

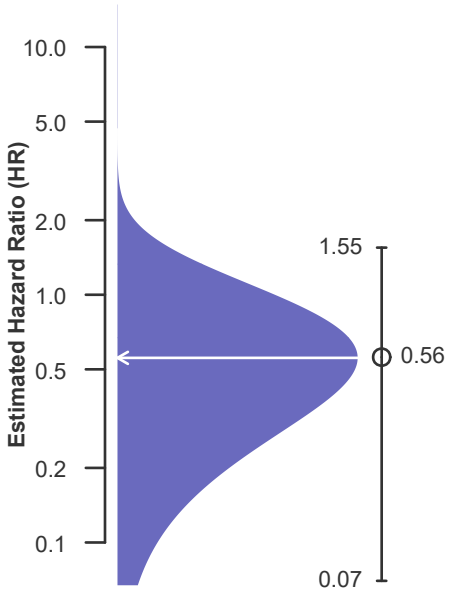
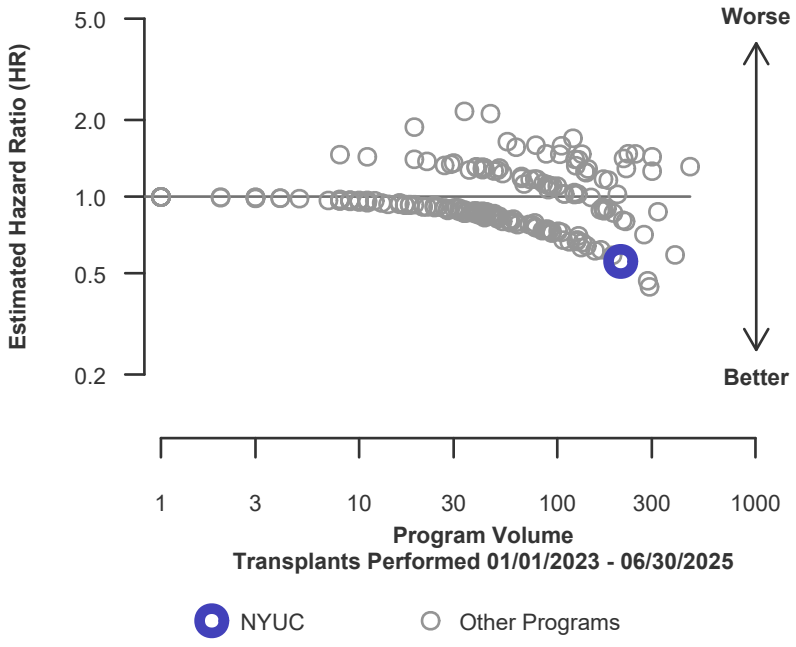


Figure C8L. Adult (18+) 1-year Conditional living donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	705	57,238
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	89.65% [87.42%-91.92%]	87.96% [87.70%-88.23%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	86.91%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	73	6,890
Number of expected graft failures (including deaths) during the first 3 years after transplant	94.36	--
Estimated hazard ratio*	0.78	--
95% credible interval for the hazard ratio**	[0.61, 0.96]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.61, 0.96], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 22% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 39% reduced risk up to 4% reduced risk.

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

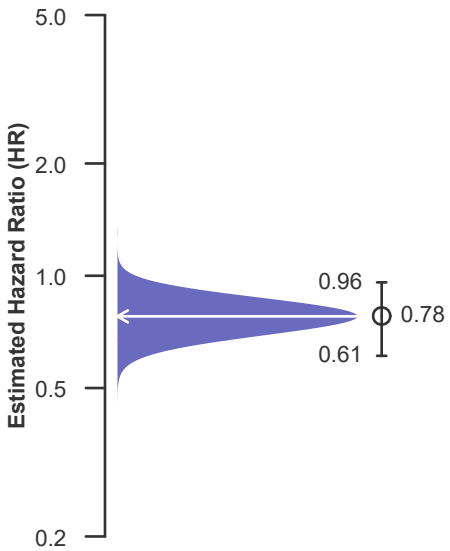
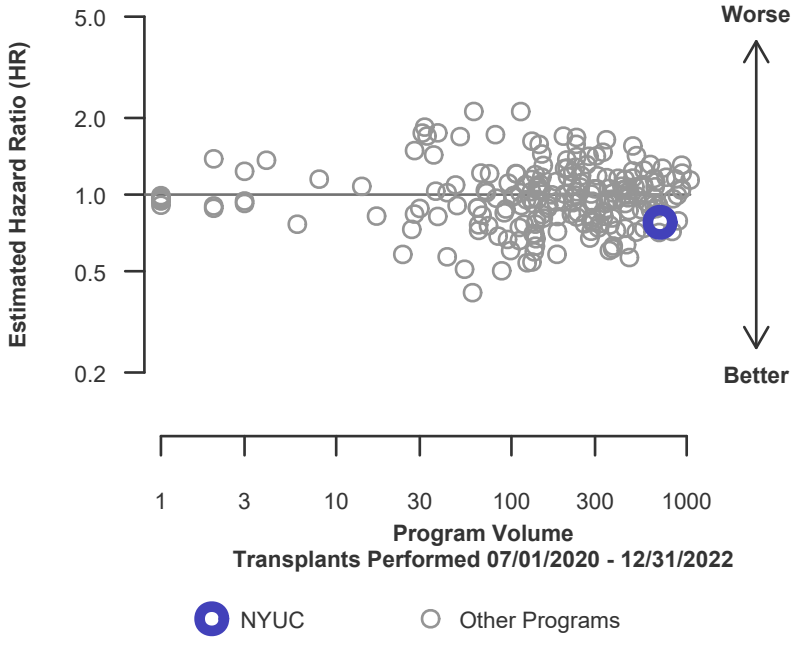


Figure C10. Adult (18+) 3-year graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	531	43,108
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	87.19% [84.40%-90.08%]	85.98% [85.65%-86.31%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	84.55%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	68	6,043
Number of expected graft failures (including deaths) during the first 3 years after transplant	83.80	--
Estimated hazard ratio*	0.82	--
95% credible interval for the hazard ratio**	[0.64, 1.02]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.64, 1.02], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 18% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 36% reduced risk up to 2% increased risk.

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

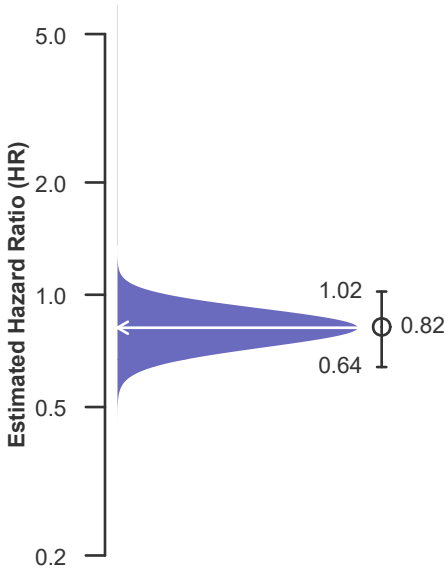
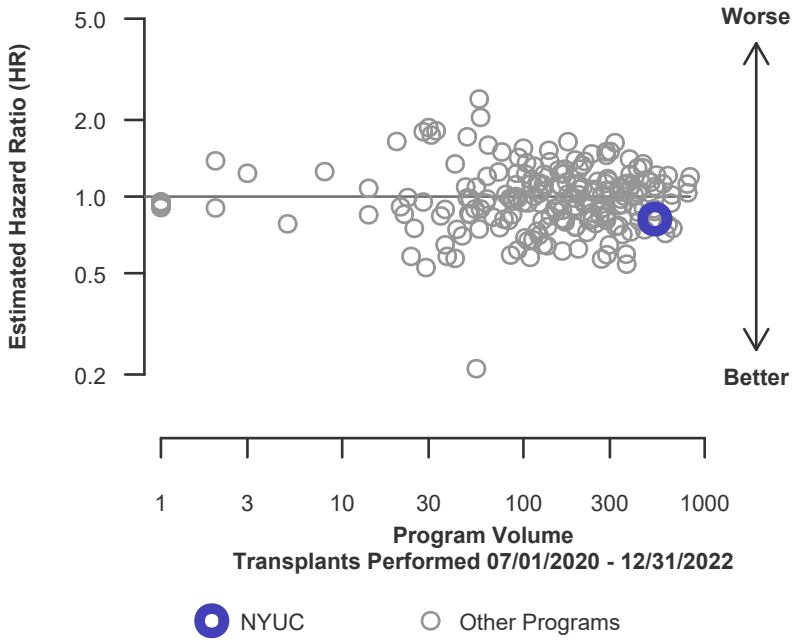


Figure C10D. Adult (18+) 3-year deceased donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	174	14,130
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	97.13% [94.68%-99.64%]	94.01% [93.62%-94.40%]
Expected probability of surviving with a functioning graft at 3 years (adjusted for patient and donor characteristics)	94.11%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	5	847
Number of expected graft failures (including deaths) during the first 3 years after transplant	10.56	--
Estimated hazard ratio*	0.56	--
95% credible interval for the hazard ratio**	[0.22, 1.04]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.22, 1.04], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 44% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 78% reduced risk up to 4% increased risk.

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

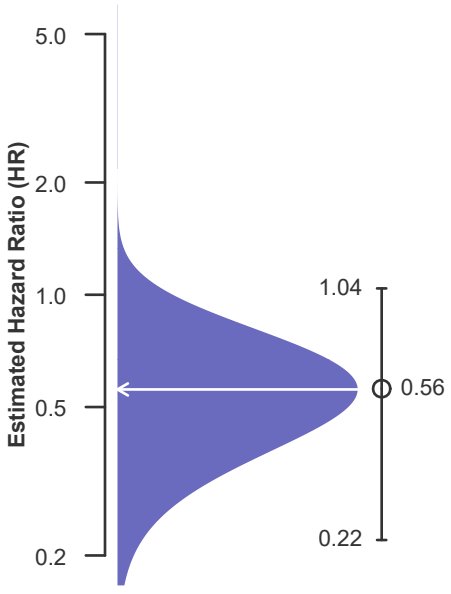
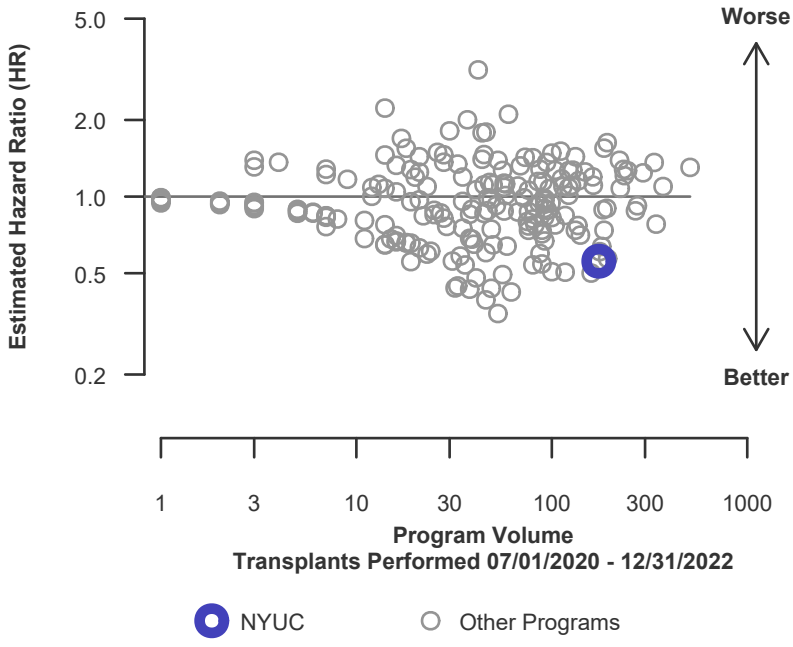


Figure C10L. Adult (18+) 3-year living donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	15	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)	98.96%	--
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	0.16	--
Estimated hazard ratio*	0.93	--
95% credible interval for the hazard ratio**	[0.11, 2.58]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.58], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 7% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 89% reduced risk up to 158% increased risk.

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

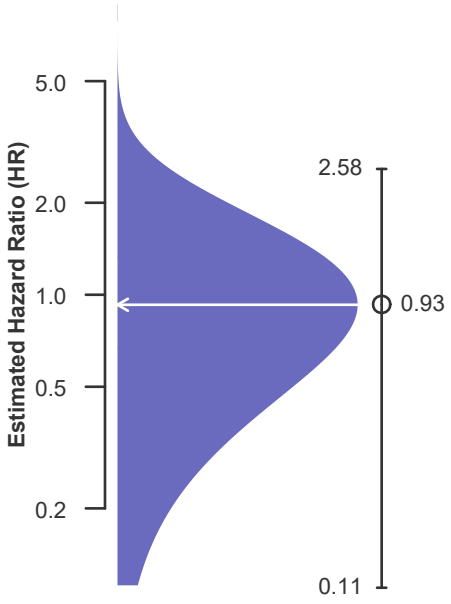
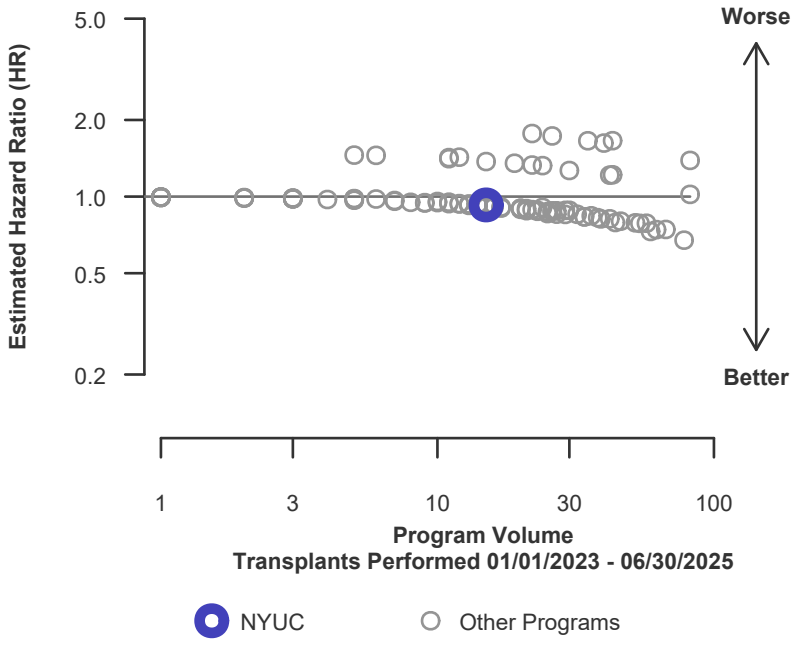


Figure C12. Pediatric (<18) 1-month graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	9	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	0.12	--
Estimated hazard ratio*	0.94	--
95% credible interval for the hazard ratio**	[0.11, 2.63]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.63], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 6% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 89% reduced risk up to 163% increased risk.

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

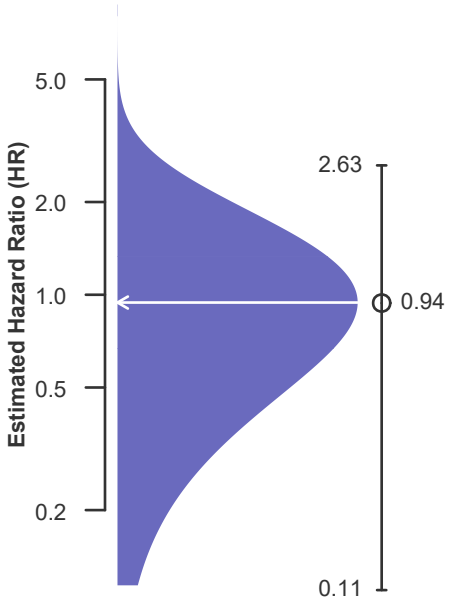
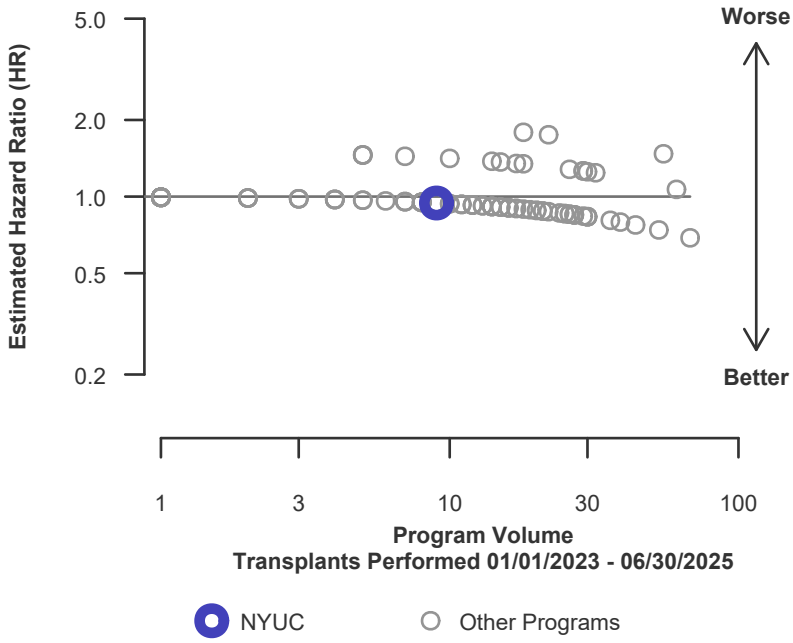


Figure C12D. Pediatric (<18) 1-month deceased donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	6	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	0.04	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.73]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC'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 NYUC's true hazard ratio with 95% probability. The best estimate is 2% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 173% increased risk.

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

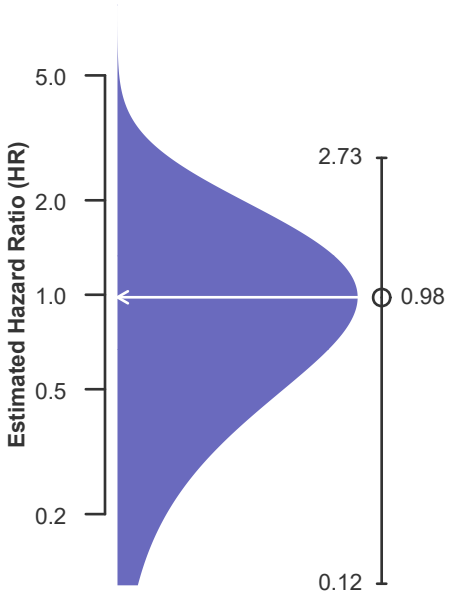
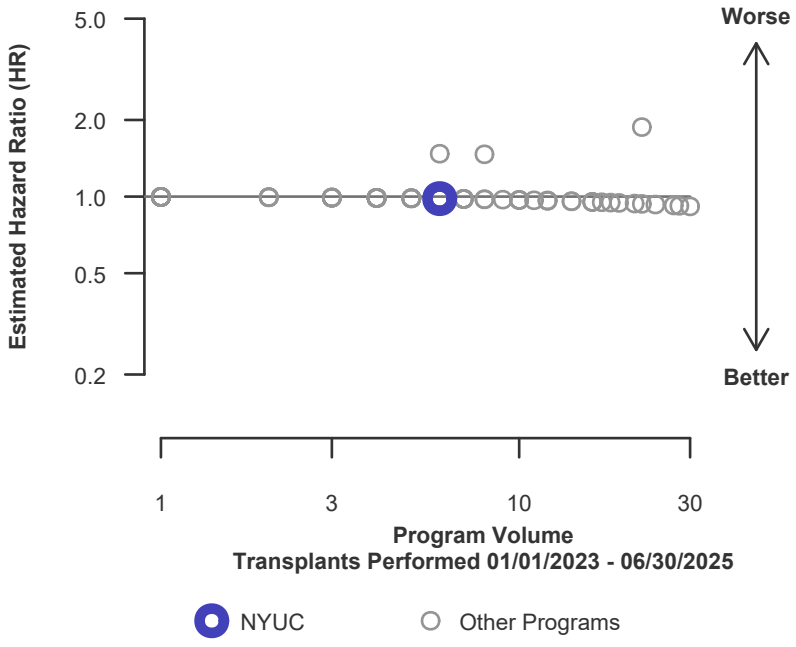


Figure C12L. Pediatric (<18) 1-month living donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	15	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)	98.47%	--
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	0.23	--
Estimated hazard ratio*	0.90	--
95% credible interval for the hazard ratio**	[0.11, 2.50]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.50], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 10% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 89% reduced risk up to 150% increased risk.

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

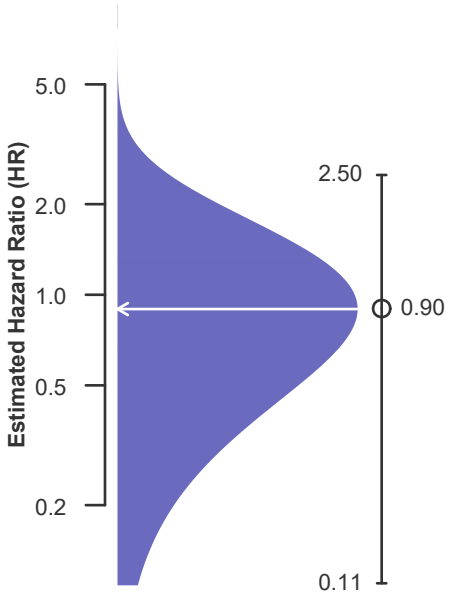
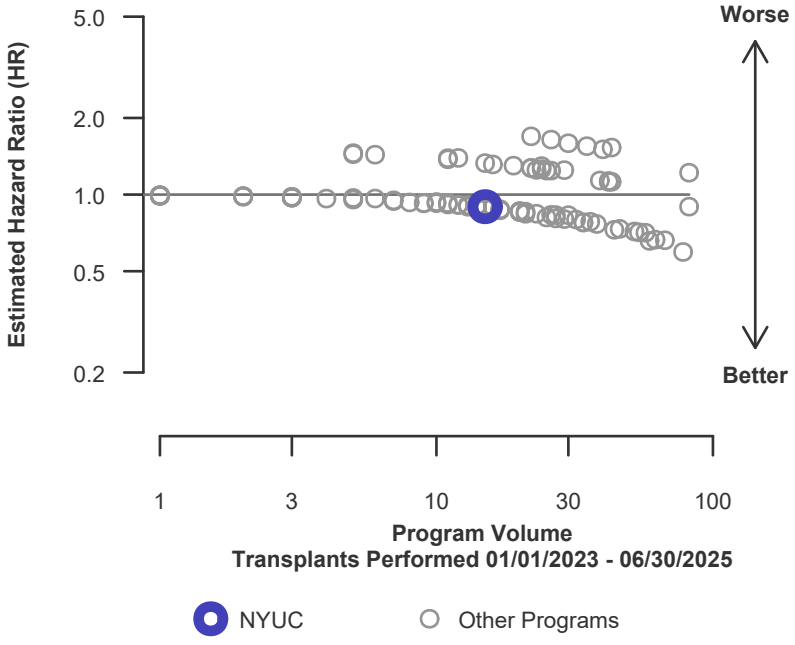


Figure C14. Pediatric (<18) 90-Day graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	9	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	0.17	--
Estimated hazard ratio*	0.92	--
95% credible interval for the hazard ratio**	[0.11, 2.57]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.57], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 8% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 89% reduced risk up to 157% increased risk.

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

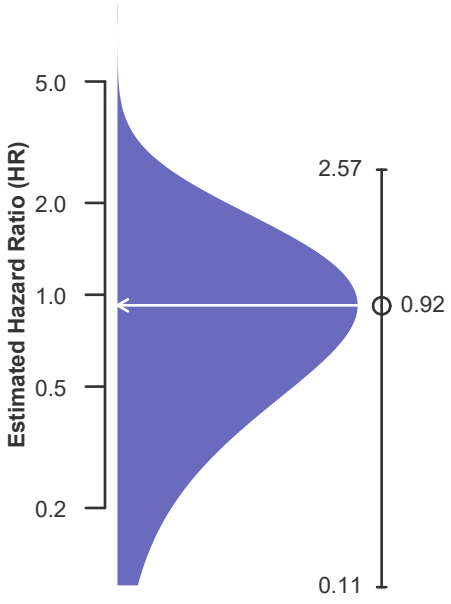
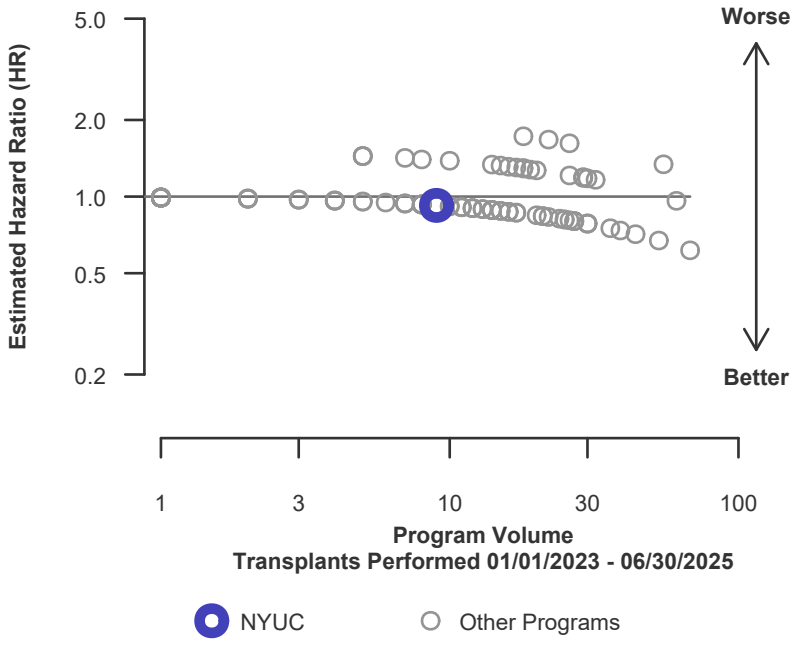


Figure C14D. Pediatric (<18) 90-Day deceased donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	6	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	0.07	--
Estimated hazard ratio*	0.97	--
95% credible interval for the hazard ratio**	[0.12, 2.70]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.70], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 3% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 170% increased risk.

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

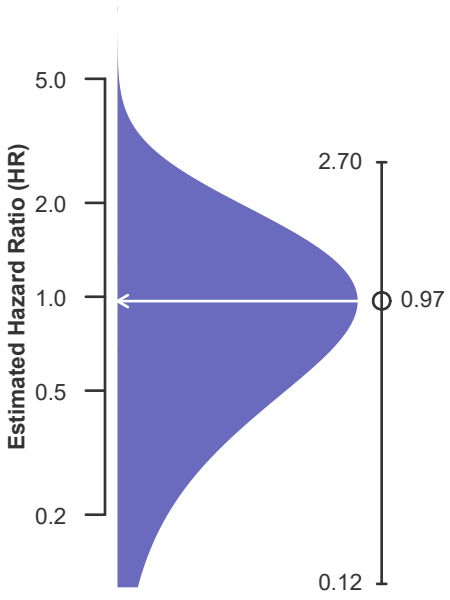
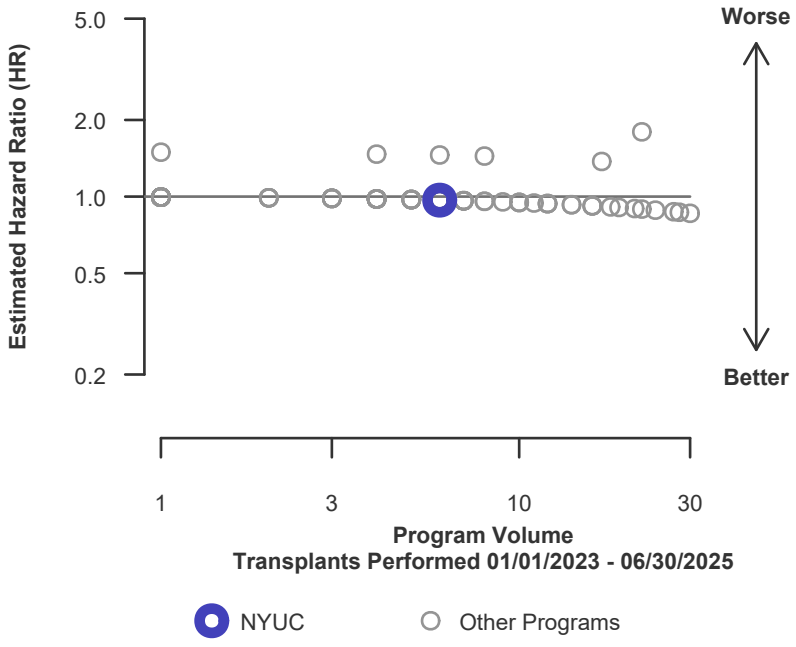


Figure C14L. Pediatric (<18) 90-Day living donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	15	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)	97.43%	--
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	0.35	--
Estimated hazard ratio*	0.85	--
95% credible interval for the hazard ratio**	[0.10, 2.37]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.10, 2.37], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 15% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 90% reduced risk up to 137% increased risk.

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

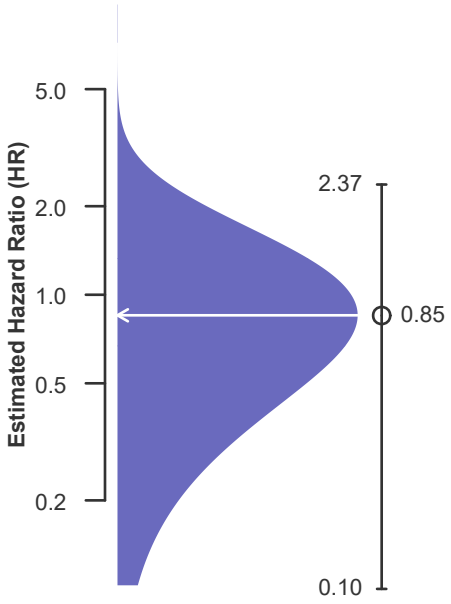
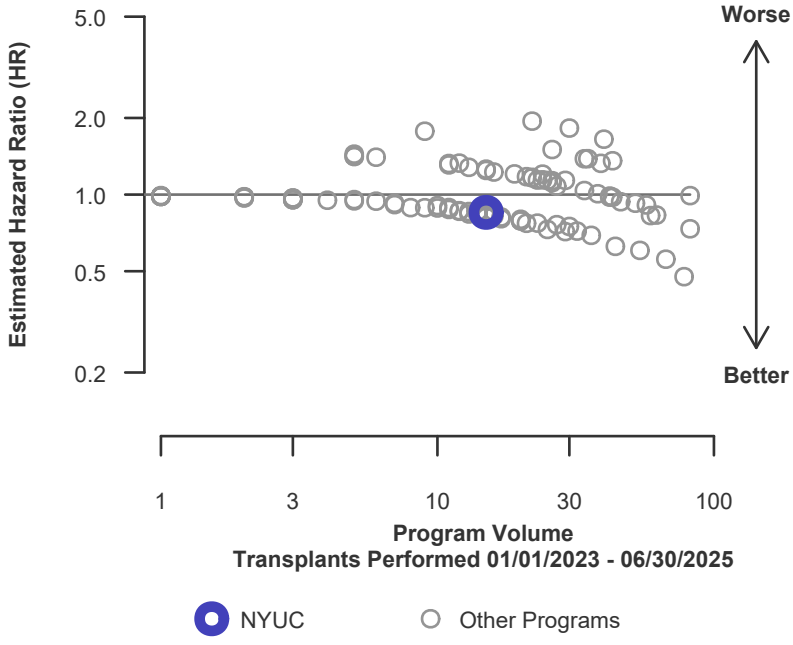


Figure C16. Pediatric (<18) 1-year graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	9	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	0.25	--
Estimated hazard ratio*	0.89	--
95% credible interval for the hazard ratio**	[0.11, 2.48]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.48], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 11% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 89% reduced risk up to 148% increased risk.

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

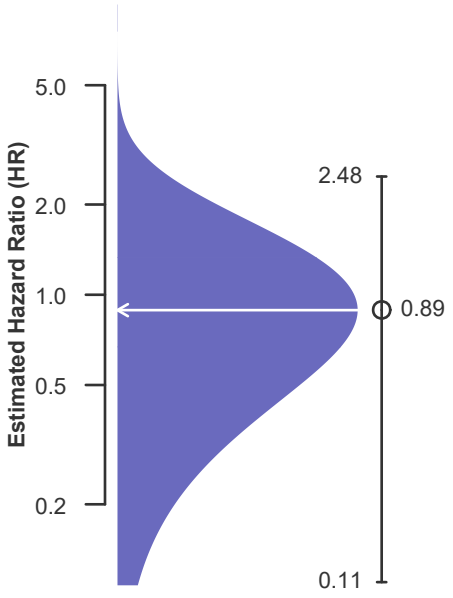
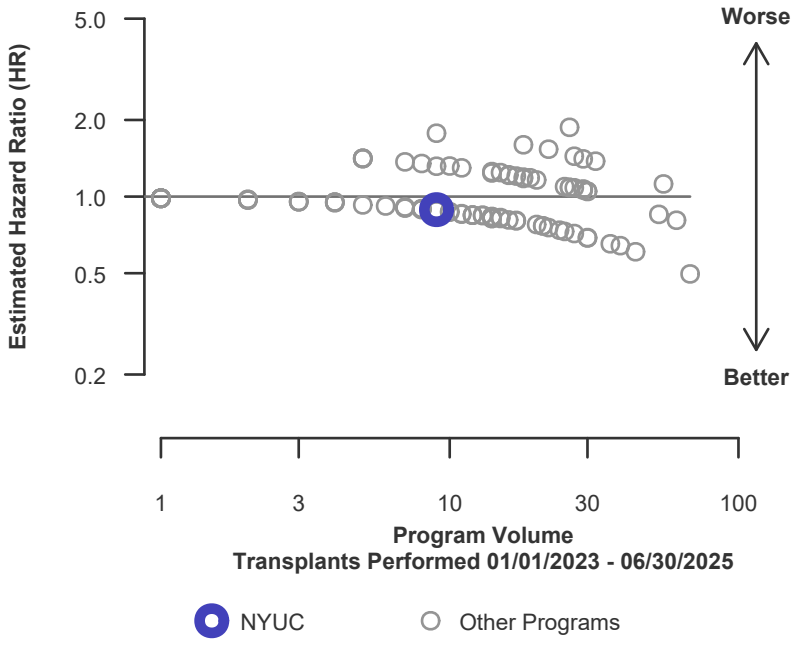


Figure C16D. Pediatric (<18) 1-year deceased donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	6	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	0.10	--
Estimated hazard ratio*	0.95	--
95% credible interval for the hazard ratio**	[0.12, 2.66]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC'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 NYUC's true hazard ratio with 95% probability. The best estimate is 5% lower risk of graft failure compared to an average program, but NYUC'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

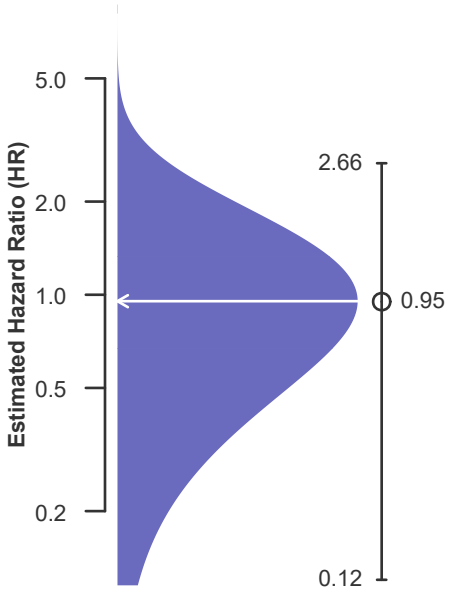
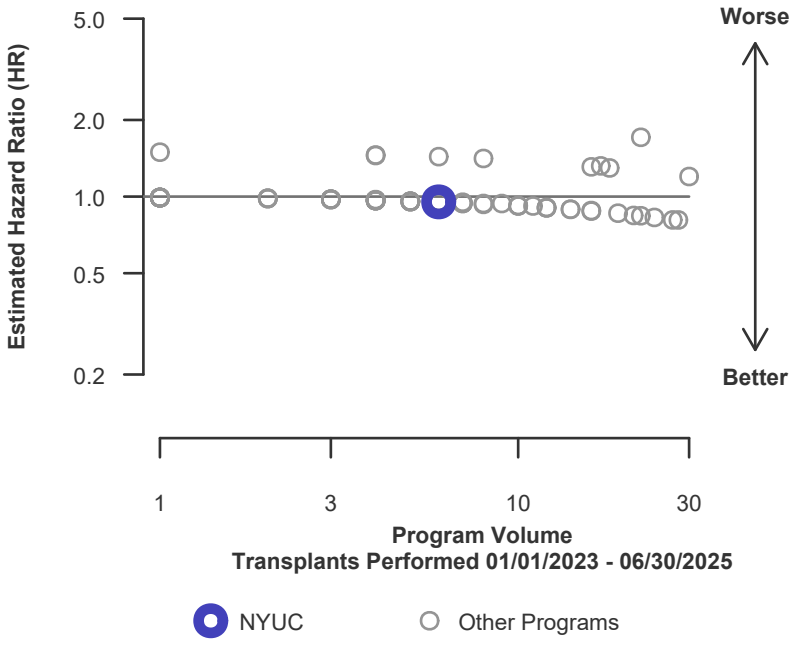


Figure C16L. Pediatric (<18) 1-year living donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	15	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)	98.94%	--
Number of observed graft failures (including deaths) from day 91 through day 365 after transplant	0	21
Number of expected graft failures (including deaths) from day 91 through day 365 after transplant	0.12	--
Estimated hazard ratio*	0.94	--
95% credible interval for the hazard ratio**	[0.11, 2.63]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.63], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 6% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 89% reduced risk up to 163% increased risk.

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

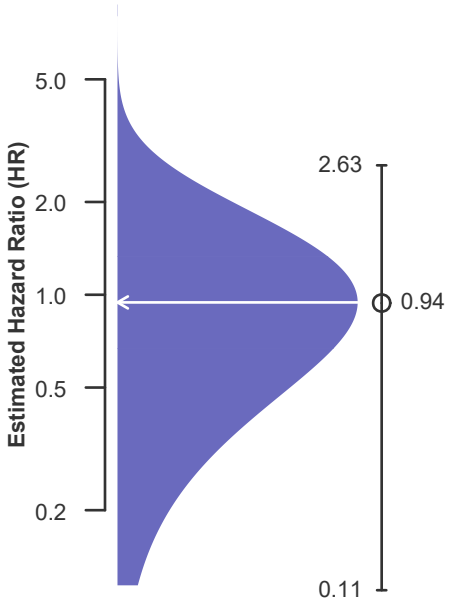
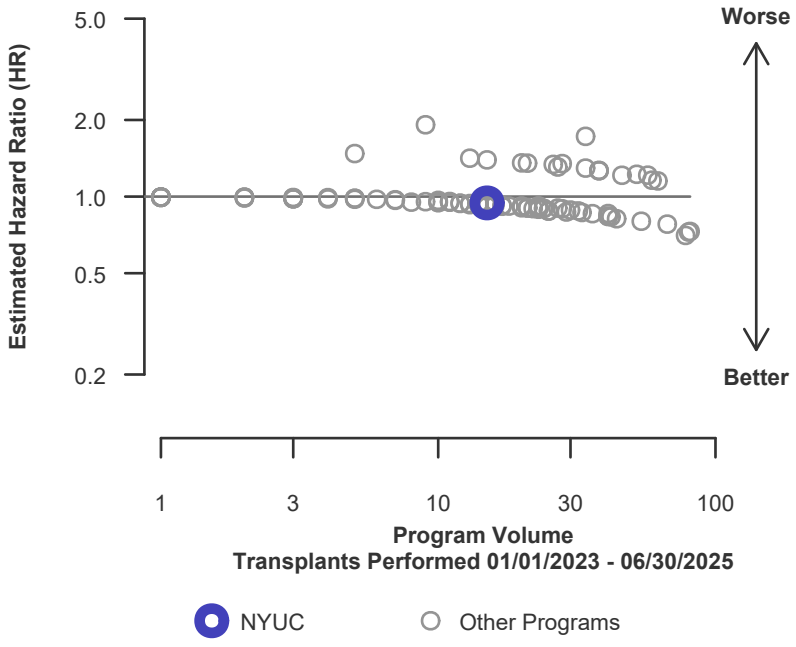


Figure C18. Pediatric (<18) 1-year Conditional graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	9	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	0.09	--
Estimated hazard ratio*	0.96	--
95% credible interval for the hazard ratio**	[0.12, 2.67]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.67], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 4% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 167% increased risk.

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

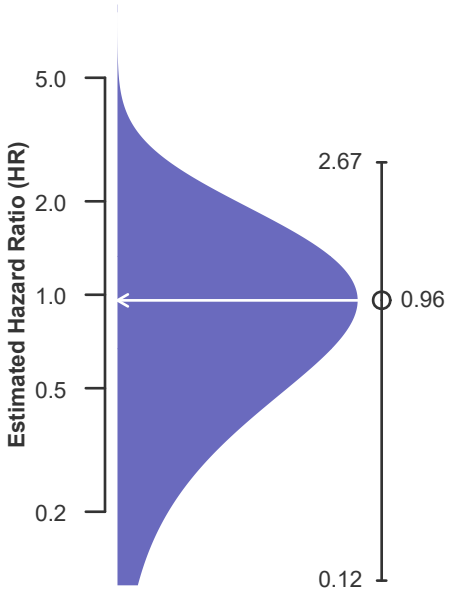
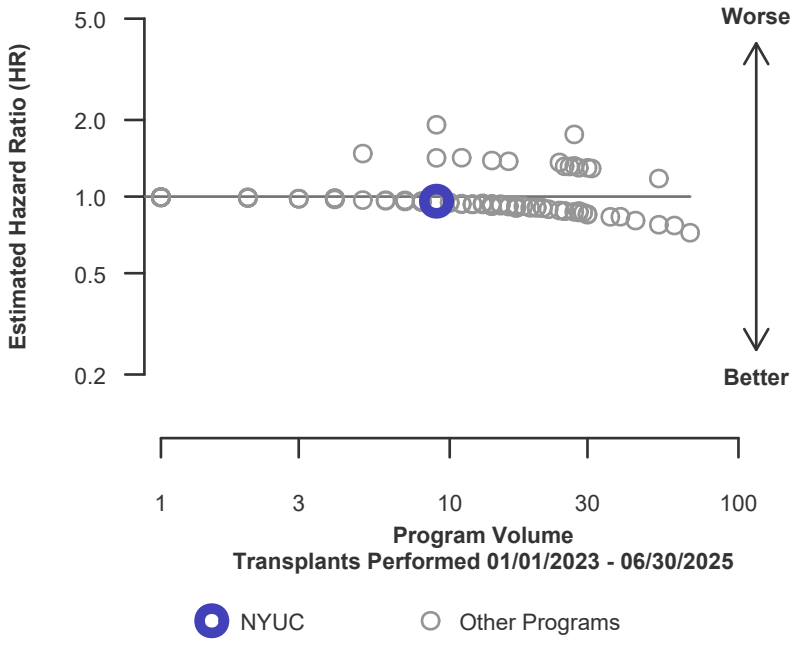


Figure C18D. Pediatric (<18) 1-year Conditional deceased donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	6	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	0.03	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.74]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC'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 NYUC's true hazard ratio with 95% probability. The best estimate is 2% lower risk of graft failure compared to an average program, but NYUC'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

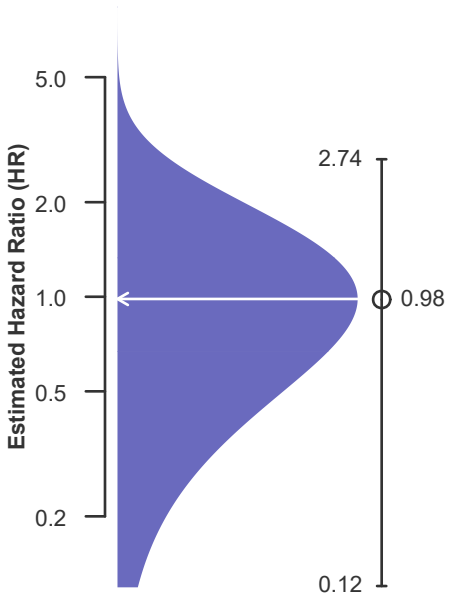
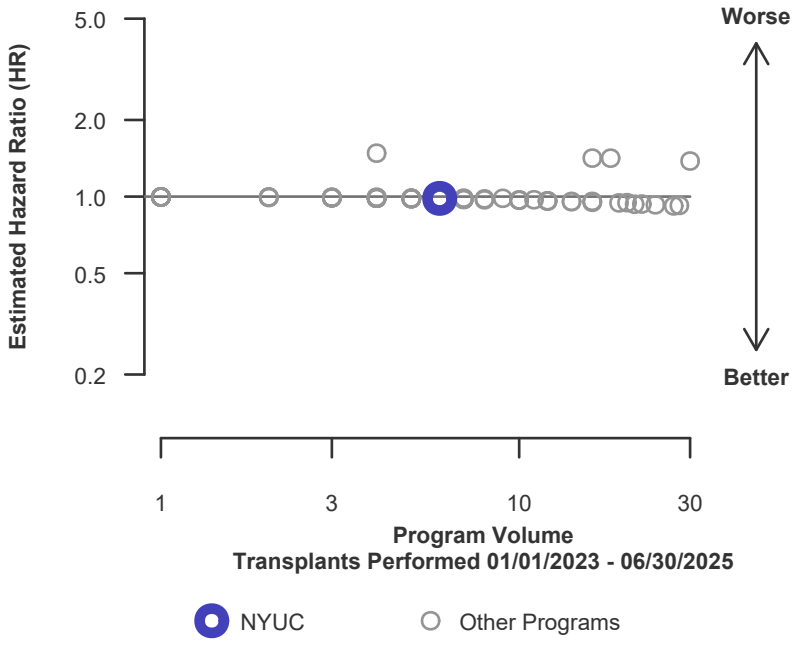


Figure C18L. Pediatric (<18) 1-year Conditional living donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	8	2,201
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	87.50% [67.34%-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)	95.18%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	1	156
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.39	--
Estimated hazard ratio*	1.25	--
95% credible interval for the hazard ratio**	[0.26, 3.02]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.26, 3.02], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 25% higher risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 74% reduced risk up to 202% increased risk.

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

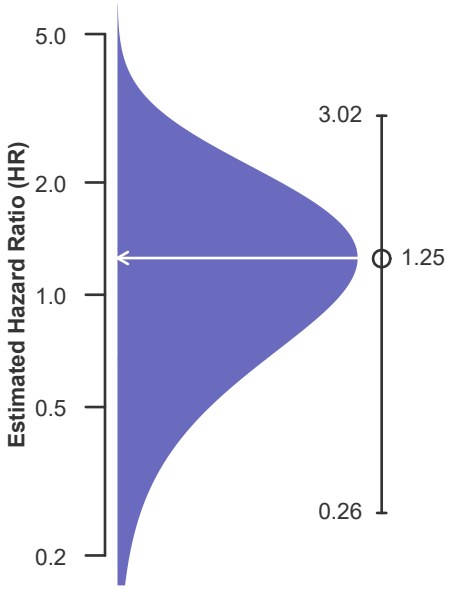
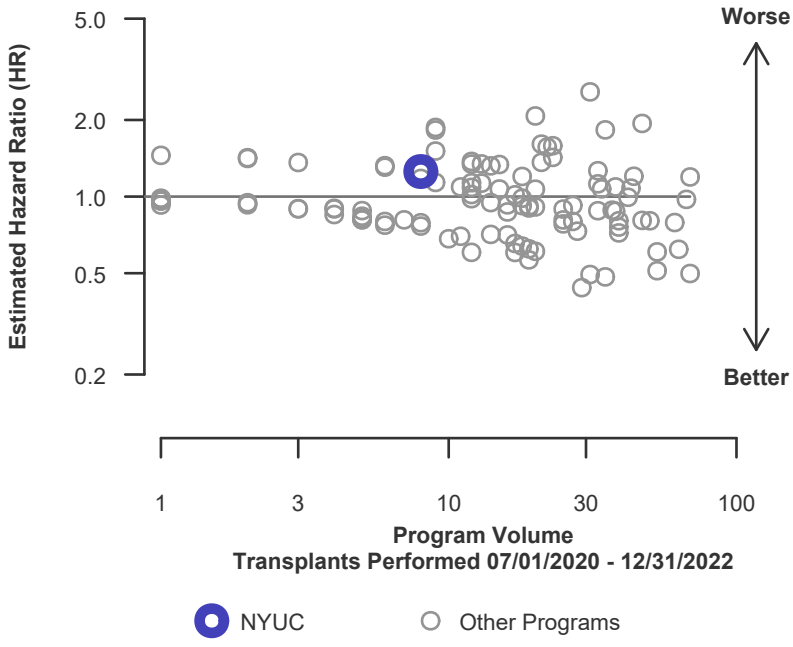


Figure C20. Pediatric (<18) 3-year graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	4	1,559
Estimated probability of surviving with a functioning graft at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	75.00% [42.59%-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)	94.35%	--
Number of observed graft failures (including deaths) during the first 3 years after transplant	1	123
Number of expected graft failures (including deaths) during the first 3 years after transplant	0.23	--
Estimated hazard ratio*	1.35	--
95% credible interval for the hazard ratio**	[0.28, 3.24]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.28, 3.24], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 35% higher risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 72% reduced risk up to 224% increased risk.

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

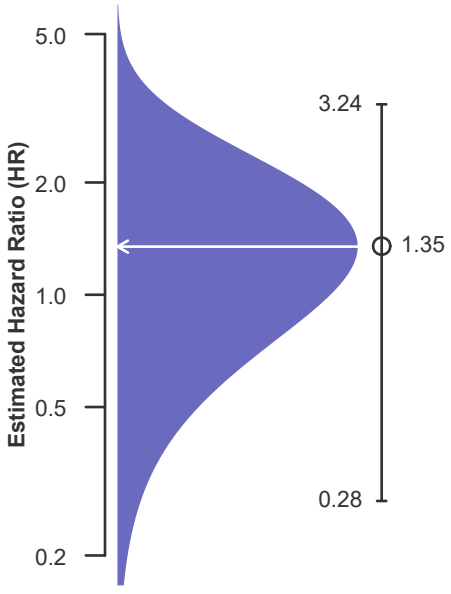
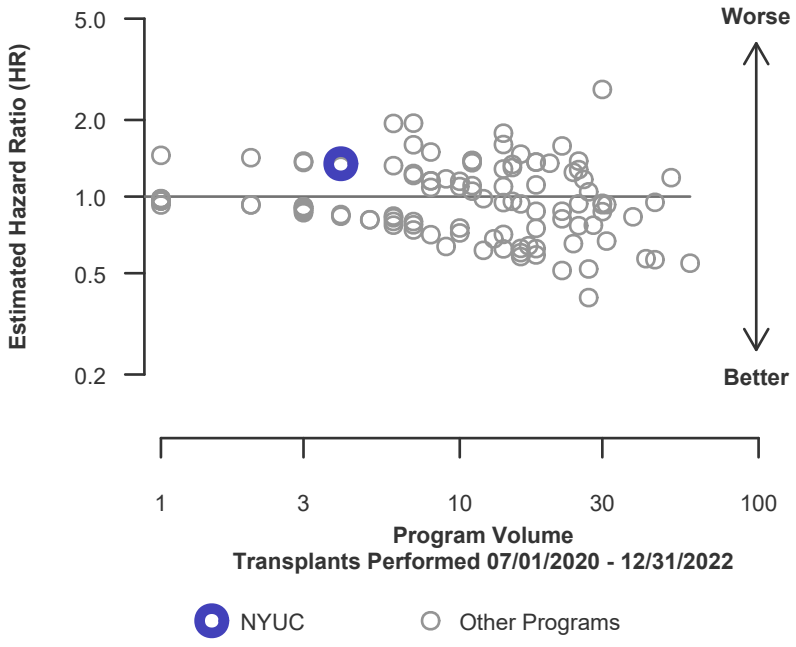


Figure C20D. Pediatric (<18) 3-year deceased donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	4	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)	96.02%	--
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	0.16	--
Estimated hazard ratio*	0.92	--
95% credible interval for the hazard ratio**	[0.11, 2.58]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's graft failure rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.11, 2.58], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 8% lower risk of graft failure compared to an average program, but NYUC's performance could plausibly range from 89% reduced risk up to 158% increased risk.

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

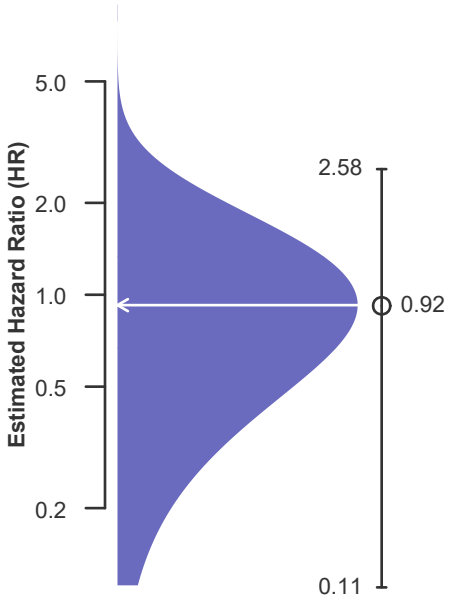
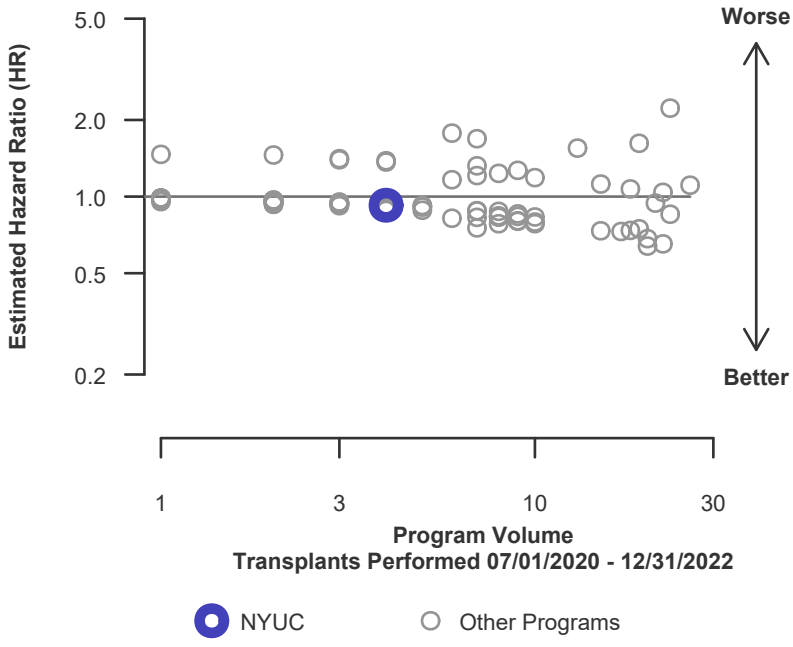


Figure C20L. Pediatric (<18) 3-year living donor graft failure HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	707	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)	99.47%	--
Number of observed deaths during the first month after transplant	0	294
Number of expected deaths during the first month after transplant	3.77	--
Estimated hazard ratio*	0.35	--
95% credible interval for the hazard ratio**	[0.04, 0.97]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC'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 NYUC's true hazard ratio with 95% probability. The best estimate is 65% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 96% reduced risk up to 3% reduced risk.

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

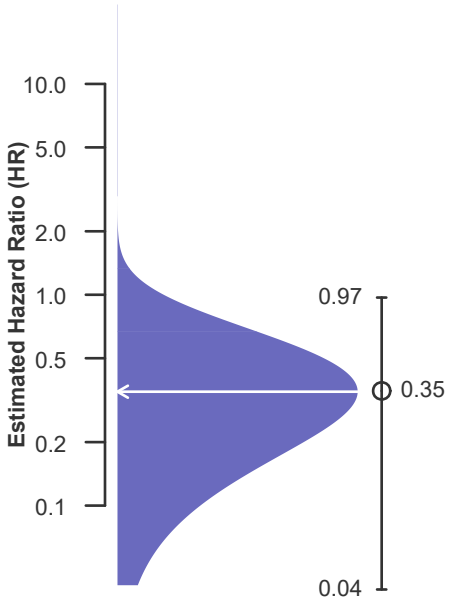
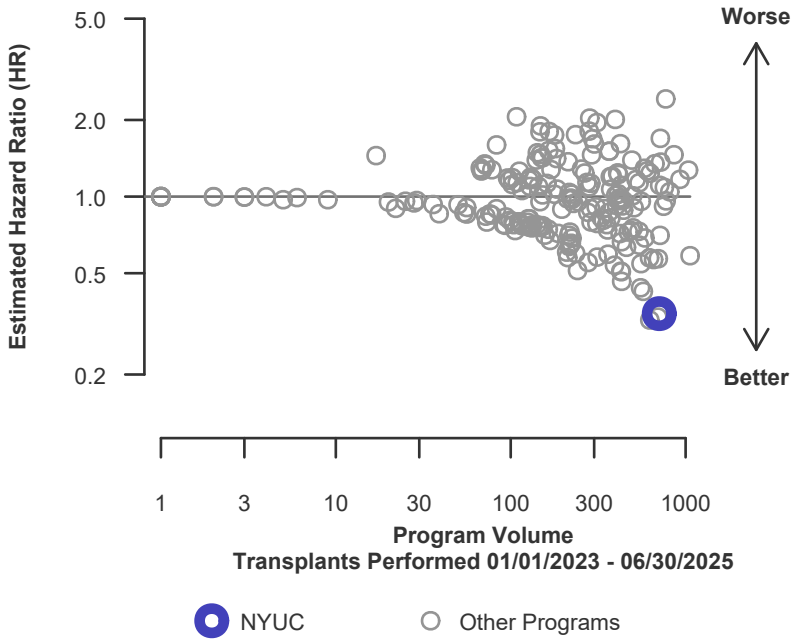


Figure C22. Adult (18+) 1-month patient death HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	516	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)	99.33%	--
Number of observed deaths during the first month after transplant	0	271
Number of expected deaths during the first month after transplant	3.46	--
Estimated hazard ratio*	0.37	--
95% credible interval for the hazard ratio**	[0.04, 1.02]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.04, 1.02], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 63% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 96% reduced risk up to 2% increased risk.

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

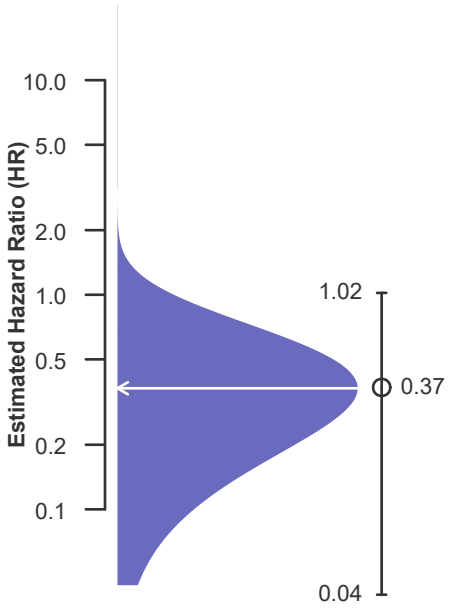
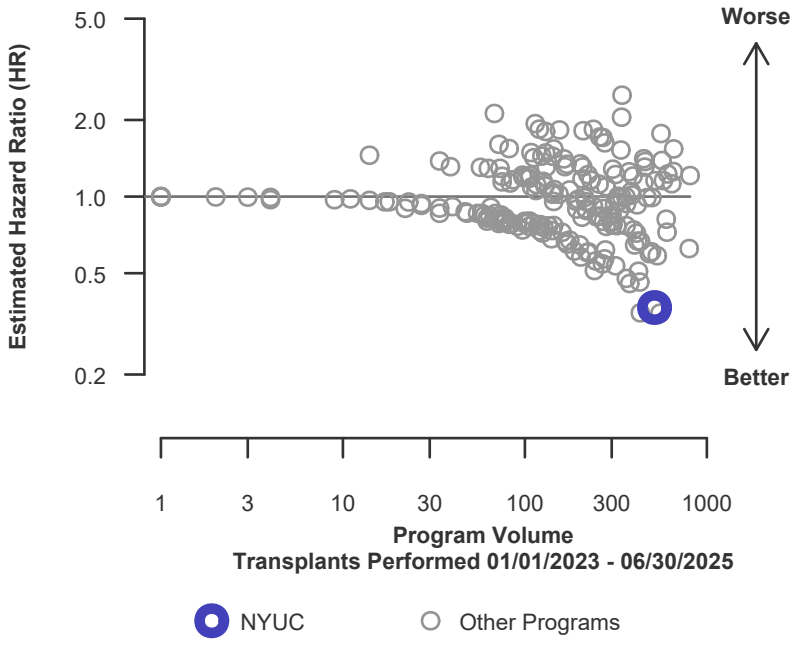


Figure C22D. Adult (18+) 1-month patient death HR program comparison (deceased donor grafts)



C. Transplant Information

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

	NYUC	U.S.
Number of transplants evaluated	191	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)	99.84%	--
Number of observed deaths during the first month after transplant	0	23
Number of expected deaths during the first month after transplant	0.31	--
Estimated hazard ratio*	0.87	--
95% credible interval for the hazard ratio**	[0.10, 2.41]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.10, 2.41], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 13% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 90% reduced risk up to 141% increased risk.

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

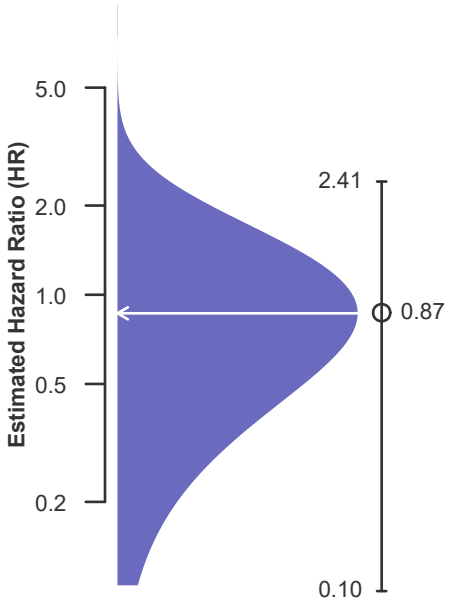
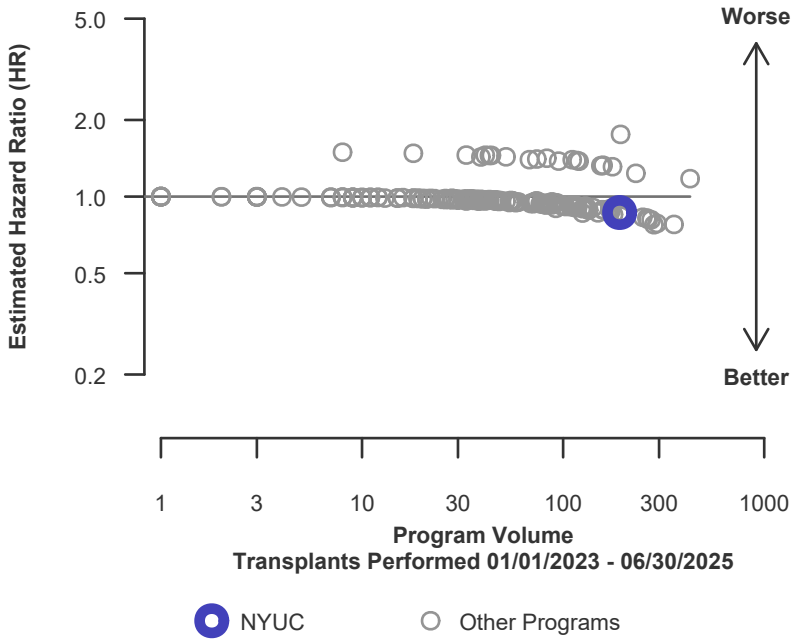


Figure C22L. Adult (18+) 1-month patient death HR program comparison (living donor grafts)



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

	NYUC	U.S.
Number of transplants evaluated	707	57,250
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	99.01% [98.23%-99.81%]	97.31% [97.17%-97.44%]
Expected probability of surviving at 1 year (adjusted for patient and donor characteristics)	97.19%	--
Number of observed deaths during the first year after transplant	6	1,422
Number of expected deaths during the first year after transplant	18.46	--
Estimated hazard ratio*	0.39	--
95% credible interval for the hazard ratio**	[0.17, 0.70]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.17, 0.70], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 61% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 83% reduced risk up to 30% reduced risk.

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

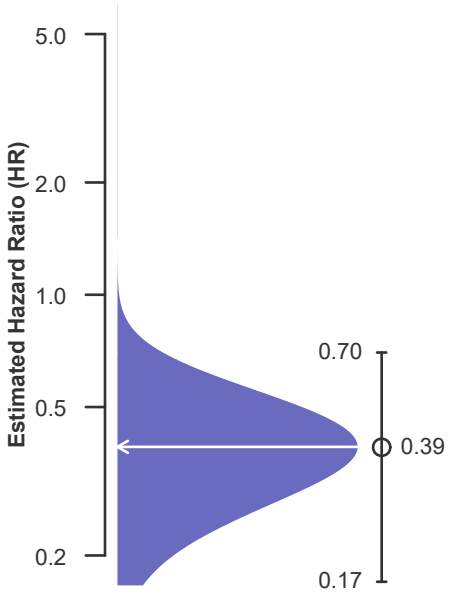
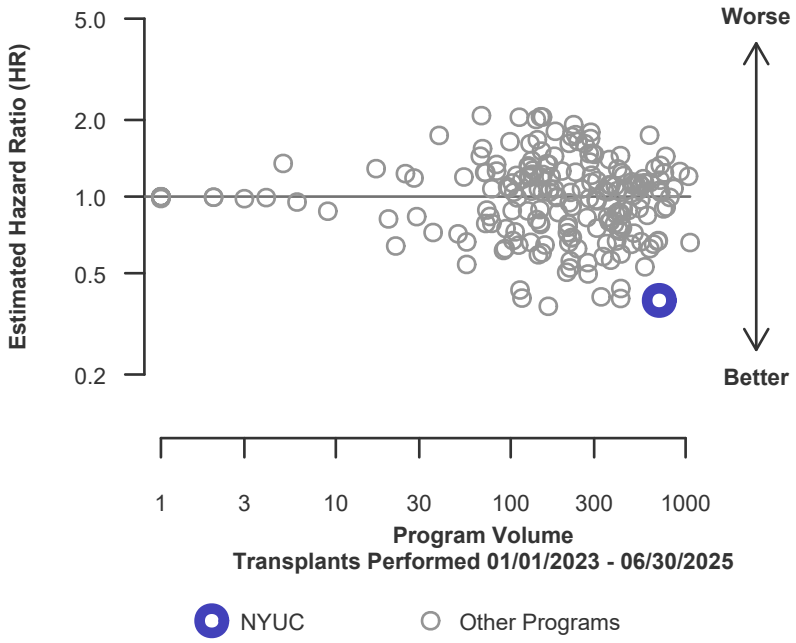


Figure C24. Adult (18+) 1-year patient death HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	516	43,464
Estimated probability of surviving at 1 year & [95% CI] (unadjusted for patient and donor characteristics)	98.64% [97.55%-99.73%]	96.79% [96.62%-96.96%]
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	6	1,289
Number of expected deaths during the first year after transplant	16.61	--
Estimated hazard ratio*	0.43	--
95% credible interval for the hazard ratio**	[0.19, 0.77]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.19, 0.77], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 57% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 81% reduced risk up to 23% reduced risk.

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

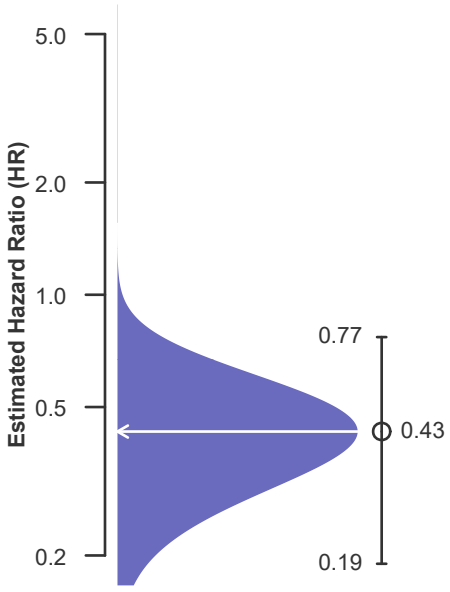
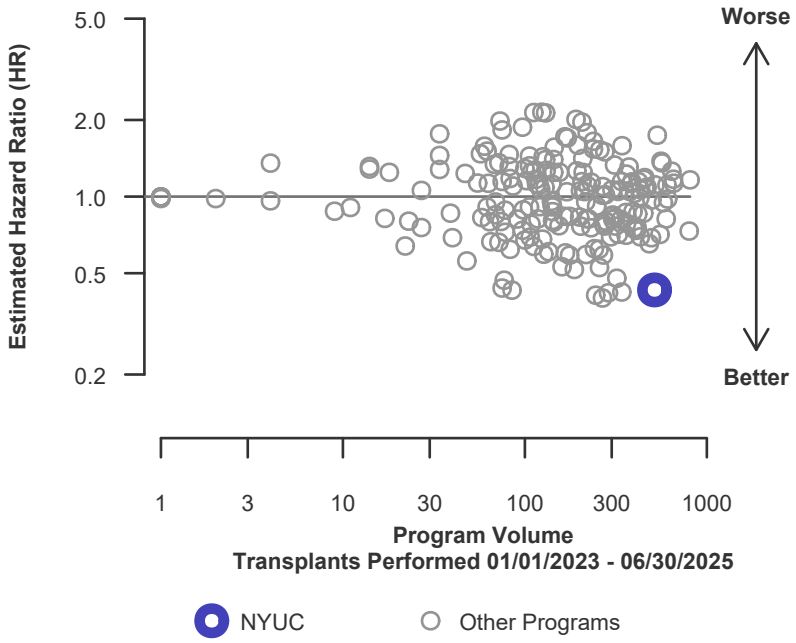


Figure C24D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

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

	NYUC	U.S.
Number of transplants evaluated	191	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)	98.96%	--
Number of observed deaths during the first year after transplant	0	133
Number of expected deaths during the first year after transplant	1.85	--
Estimated hazard ratio*	0.52	--
95% credible interval for the hazard ratio**	[0.06, 1.45]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.06, 1.45], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 48% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 94% reduced risk up to 45% increased risk.

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

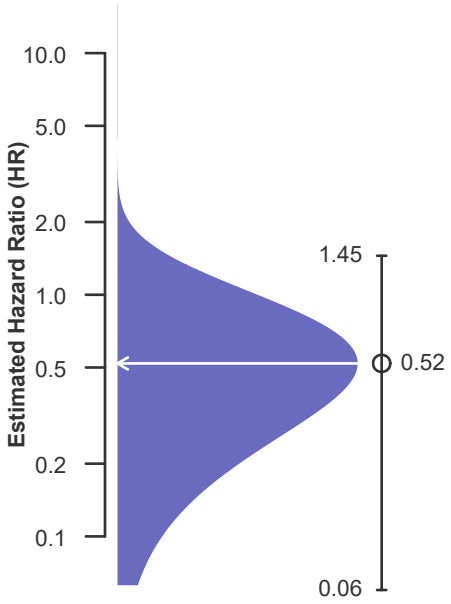
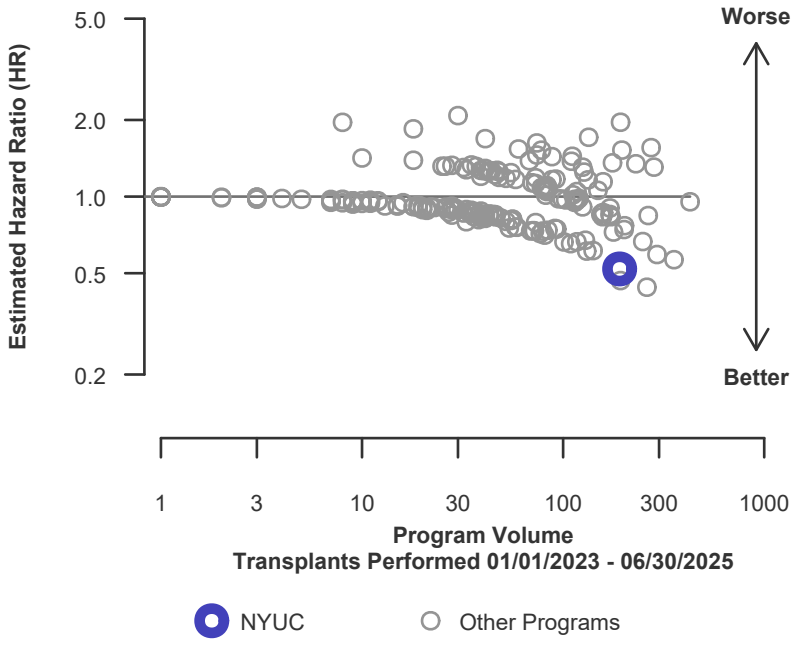


Figure C24L. Adult (18+) 1-year patient death HR program comparison (living donor grafts)



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

	NYUC	U.S.
Number of transplants evaluated	653	51,321
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	92.80% [90.84%-94.81%]	92.03% [91.80%-92.27%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	91.65%	--
Number of observed deaths during the first 3 years after transplant	47	4,088
Number of expected deaths during the first 3 years after transplant	55.23	--
Estimated hazard ratio*	0.86	--
95% credible interval for the hazard ratio**	[0.63, 1.11]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.63, 1.11], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 14% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 37% reduced risk up to 11% increased risk.

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

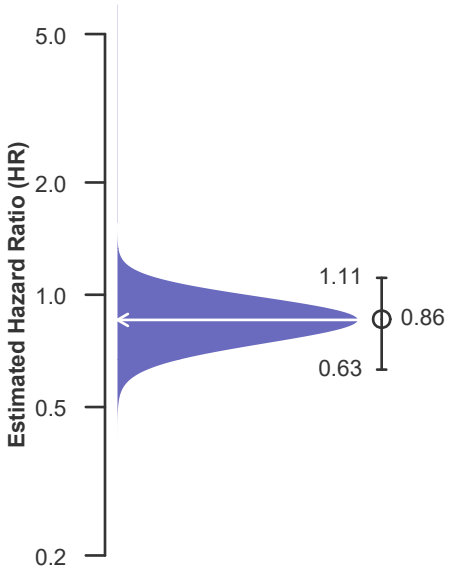
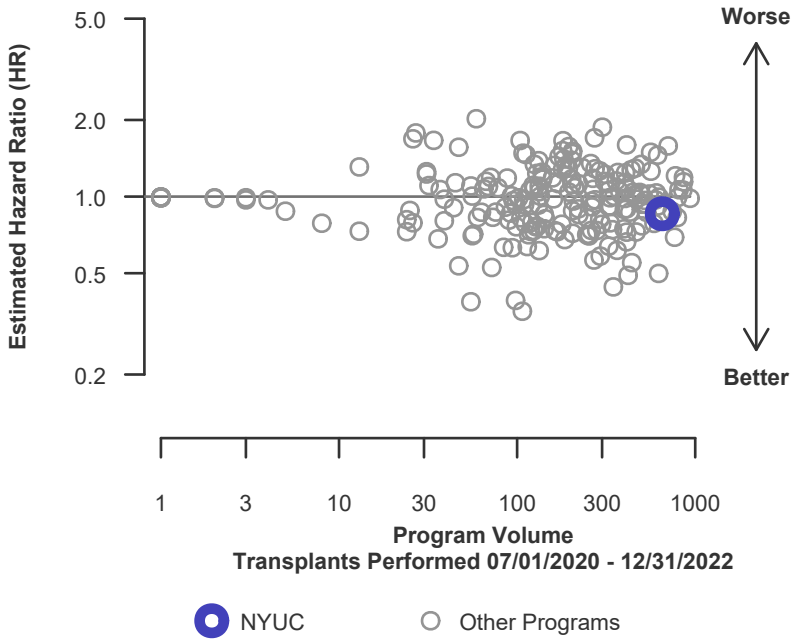


Figure C26. Adult (18+) 3-year patient death HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	492	38,427
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	90.85% [88.34%-93.44%]	90.64% [90.35%-90.93%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	90.19%	--
Number of observed deaths during the first 3 years after transplant	45	3,596
Number of expected deaths during the first 3 years after transplant	48.79	--
Estimated hazard ratio*	0.93	--
95% credible interval for the hazard ratio**	[0.68, 1.21]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.68, 1.21], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 7% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 32% reduced risk up to 21% increased risk.

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

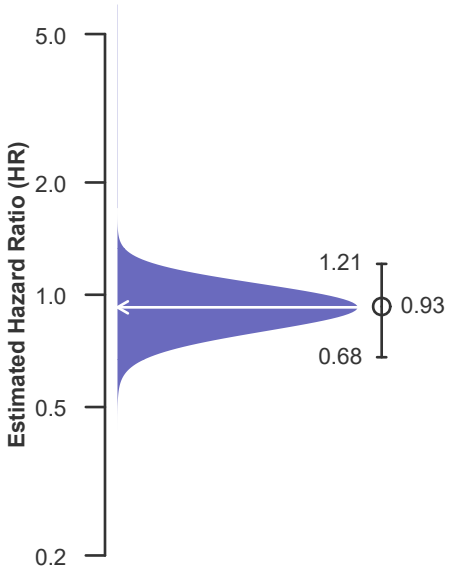
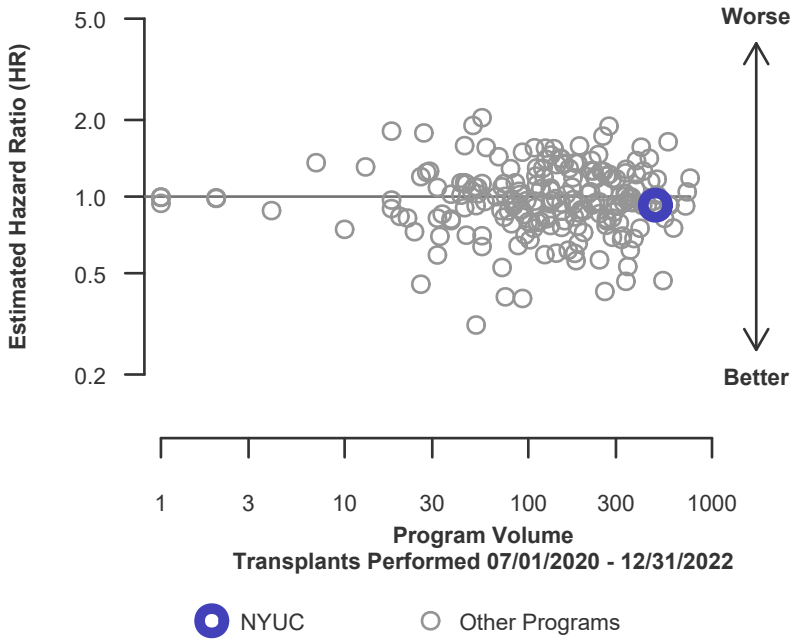


Figure C26D. Adult (18+) 3-year patient death HR program comparison (deceased donor grafts)



C. Transplant Information

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

	NYUC	U.S.
Number of transplants evaluated	161	12,894
Estimated probability of surviving at 3 years & [95% CI] (unadjusted for patient and donor characteristics)	98.76% [97.06%-100.00%]	96.18% [95.85%-96.52%]
Expected probability of surviving at 3 years (adjusted for patient and donor characteristics)	96.13%	--
Number of observed deaths during the first 3 years after transplant	2	492
Number of expected deaths during the first 3 years after transplant	6.44	--
Estimated hazard ratio*	0.47	--
95% credible interval for the hazard ratio**	[0.13, 1.04]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.13, 1.04], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 53% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 87% reduced risk up to 4% increased risk.

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

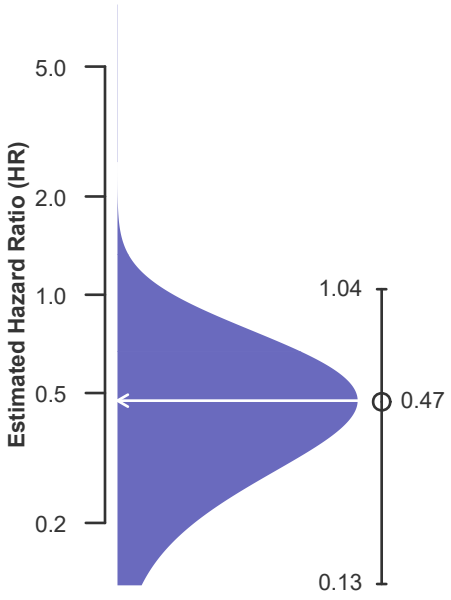
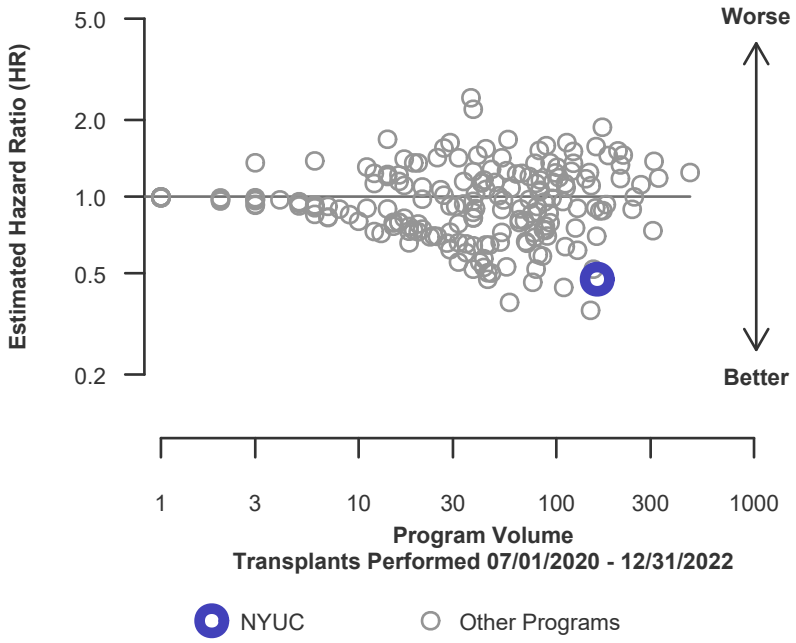


Figure C26L. Adult (18+) 3-year patient death HR program comparison (living donor grafts)



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

	NYUC	U.S.
Number of transplants evaluated	15	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 NYU Langone Health'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 NYUC'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 NYUC's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 179% increased risk.

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

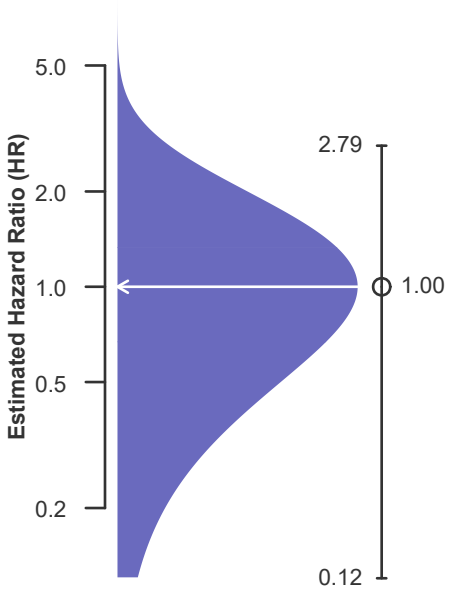
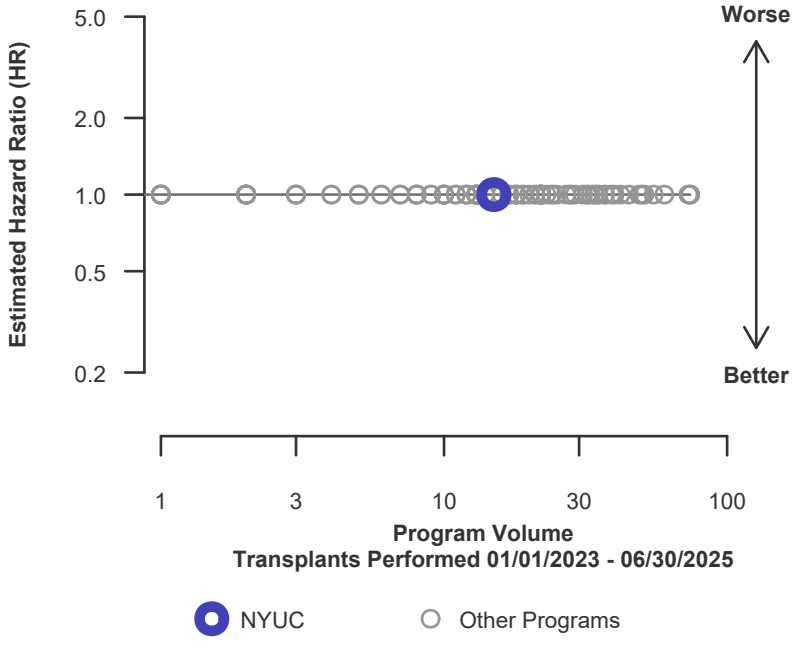


Figure C28. Pediatric (<18) 1-month patient death HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	9	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 NYU Langone Health'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 NYUC'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 NYUC's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but NYUC'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)

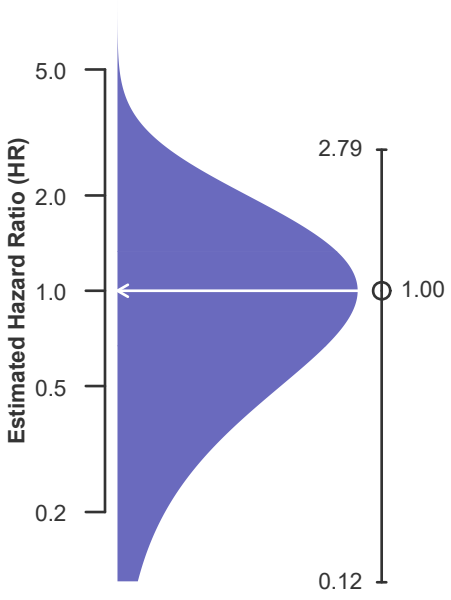
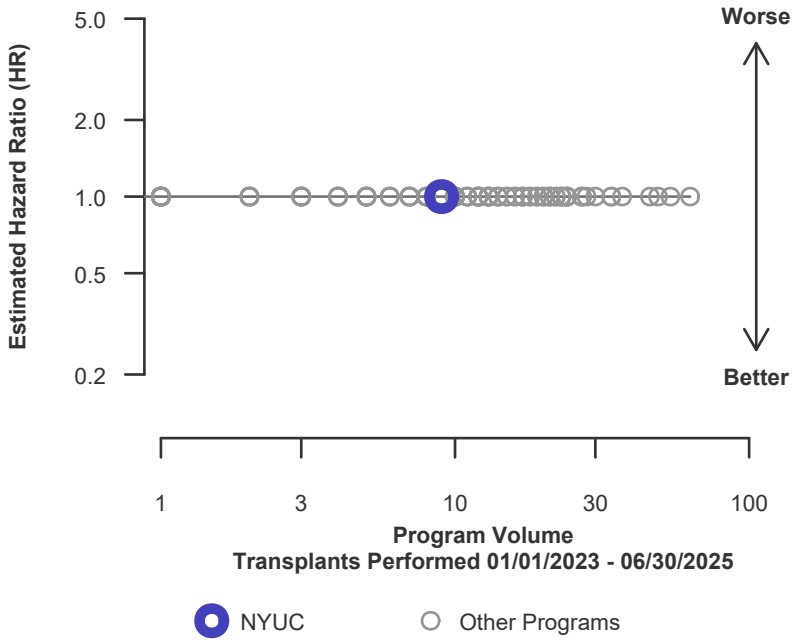


Figure C28D. Pediatric (<18) 1-month patient death HR program comparison (deceased donor grafts)



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

	NYUC	U.S.
Number of transplants evaluated	6	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 NYU Langone Health'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 NYUC'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 NYUC's true hazard ratio with 95% probability. The best estimate is 0% lower risk of patient death compared to an average program, but NYUC'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)

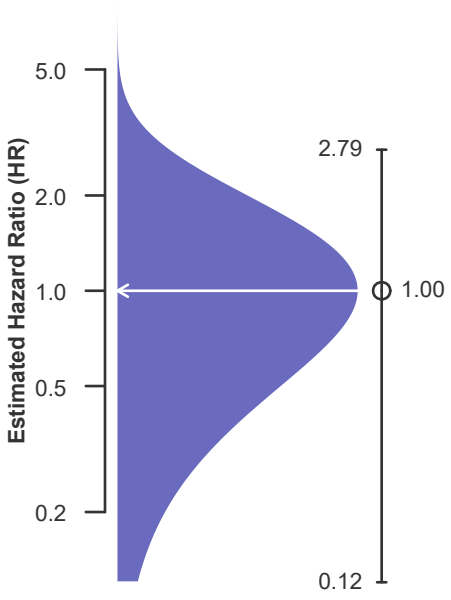
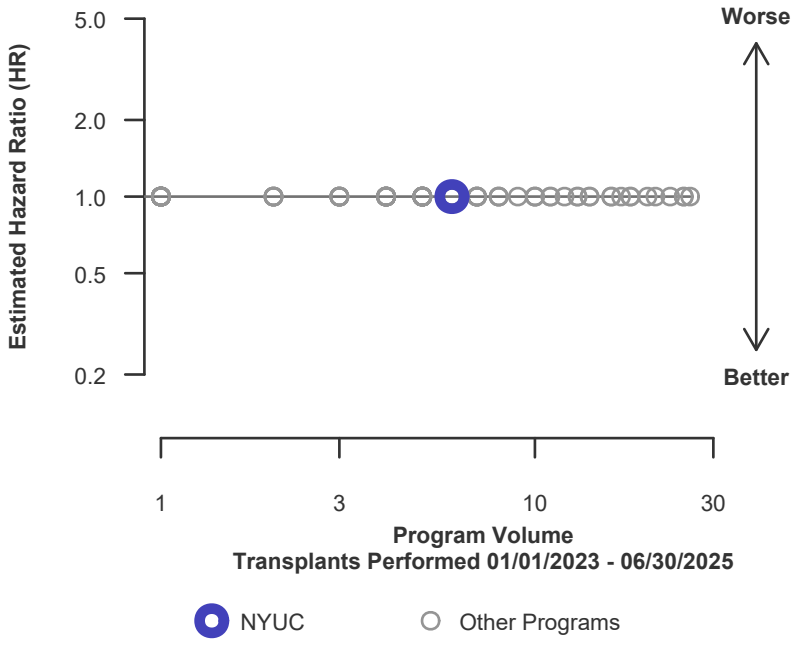


Figure C28L. Pediatric (<18) 1-month patient death HR program comparison (living donor grafts)



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

	NYUC	U.S.
Number of transplants evaluated	15	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)	99.45%	--
Number of observed deaths during the first year after transplant	0	10
Number of expected deaths during the first year after transplant	0.07	--
Estimated hazard ratio*	0.97	--
95% credible interval for the hazard ratio**	[0.12, 2.69]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.69], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 3% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 169% increased risk.

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

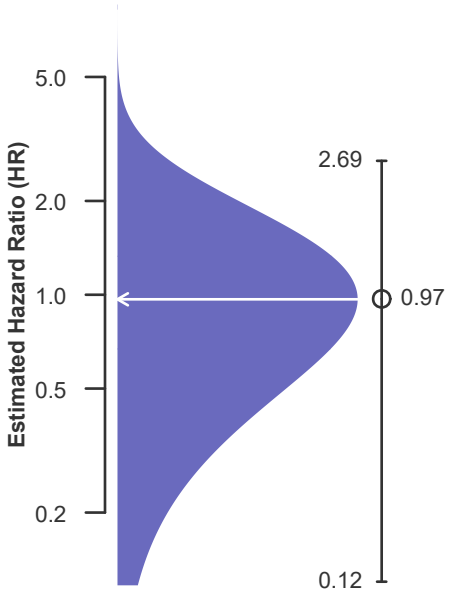
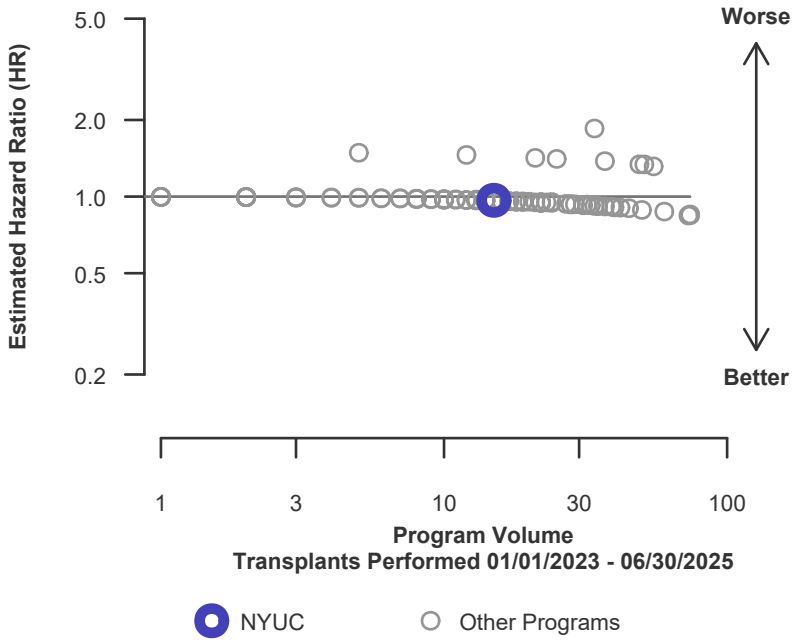


Figure C30. Pediatric (<18) 1-year patient death HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	9	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	0.04	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.73]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death 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 NYUC's true hazard ratio with 95% probability. The best estimate is 2% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 173% increased risk.

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

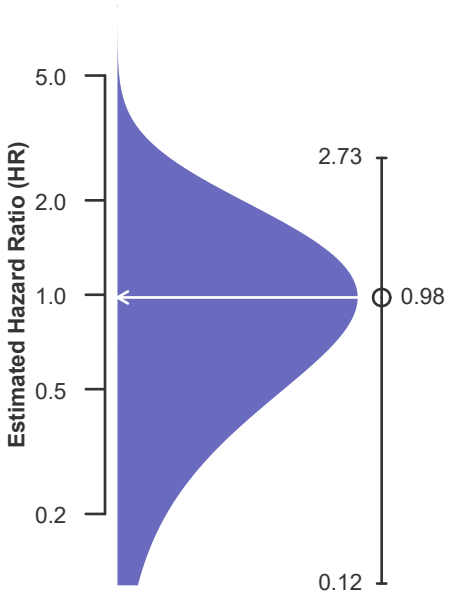
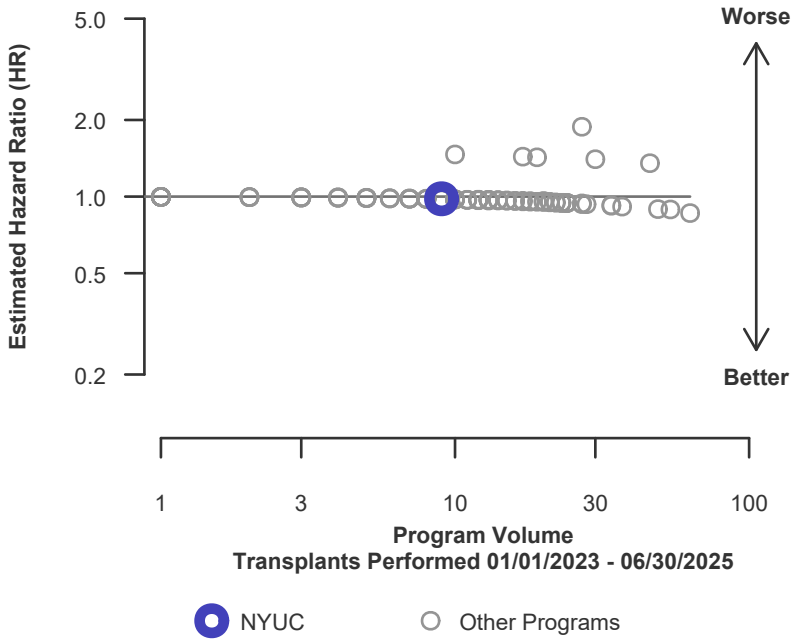


Figure C30D. Pediatric (<18) 1-year patient death HR program comparison (deceased donor grafts)



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

	NYUC	U.S.
Number of transplants evaluated	6	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 NYU Langone Health'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 NYUC'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 NYUC's true hazard ratio with 95% probability. The best estimate is 1% lower risk of patient death compared to an average program, but NYUC'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)

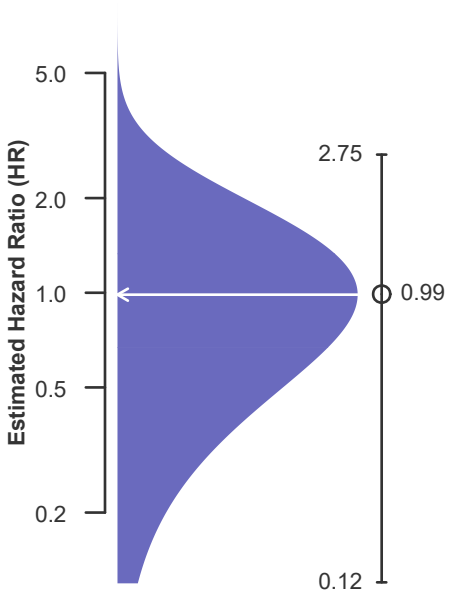
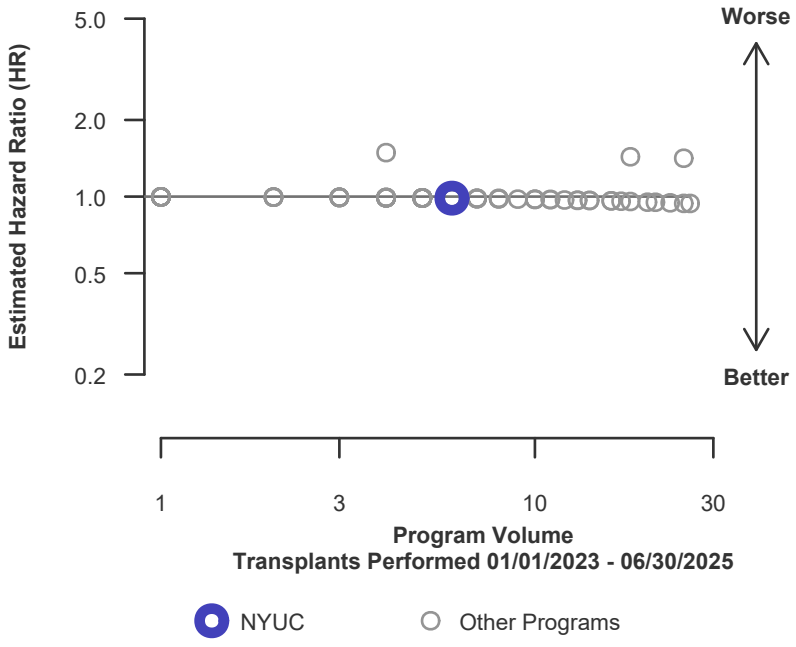


Figure C30L. Pediatric (<18) 1-year patient death HR program comparison (living donor grafts)



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

	NYUC	U.S.
Number of transplants evaluated	8	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)	99.07%	--
Number of observed deaths during the first 3 years after transplant	0	22
Number of expected deaths during the first 3 years after transplant	0.07	--
Estimated hazard ratio*	0.96	--
95% credible interval for the hazard ratio**	[0.12, 2.69]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death rate were precisely the expected rate, the estimated hazard ratio would be 1.0.
** The 95% credible interval, [0.12, 2.69], indicates the location of NYUC's true hazard ratio with 95% probability. The best estimate is 4% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 169% increased risk.

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

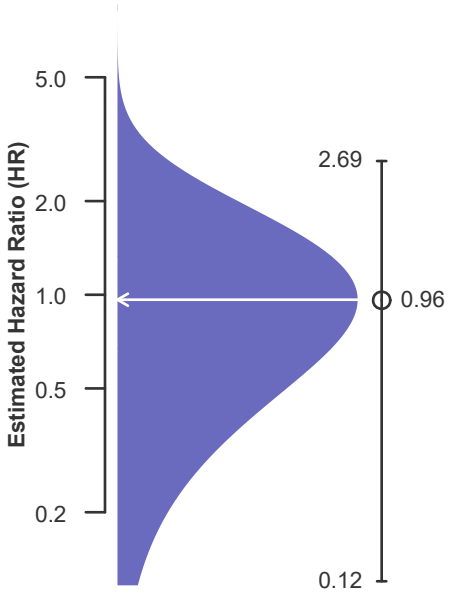
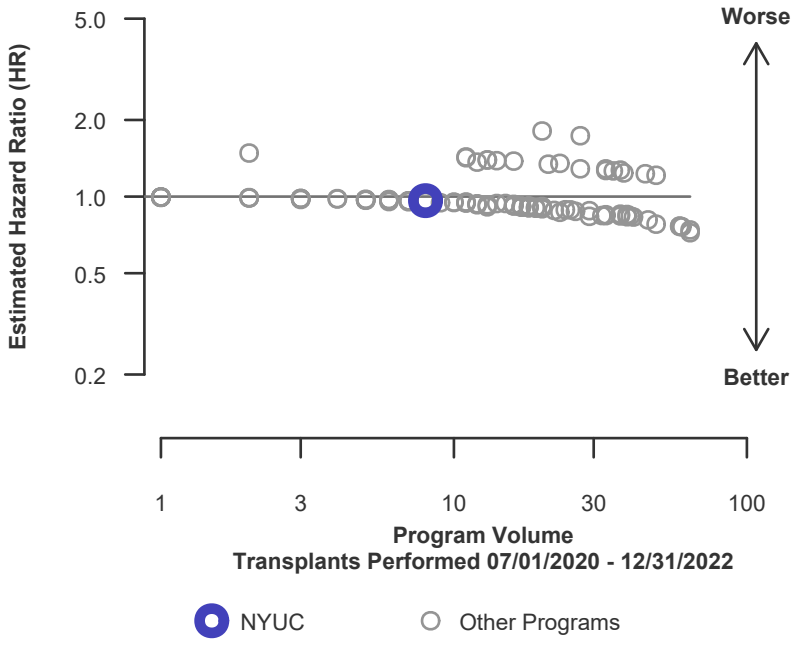


Figure C32. Pediatric (<18) 3-year patient death HR program comparison



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

	NYUC	U.S.
Number of transplants evaluated	4	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)	98.80%	--
Number of observed deaths during the first 3 years after transplant	0	18
Number of expected deaths during the first 3 years after transplant	0.05	--
Estimated hazard ratio*	0.98	--
95% credible interval for the hazard ratio**	[0.12, 2.72]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC's patient death 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 NYUC's true hazard ratio with 95% probability. The best estimate is 2% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 172% increased risk.

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

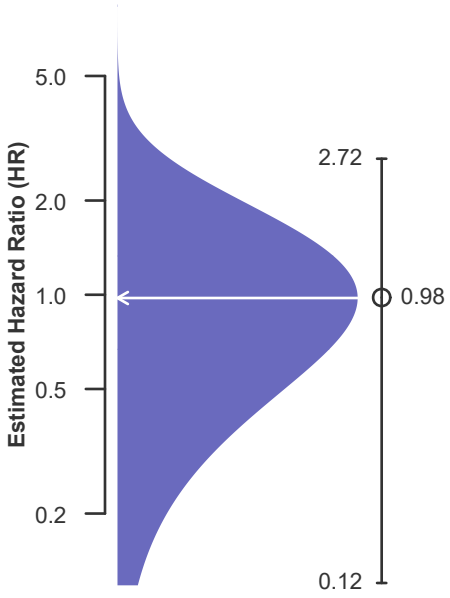
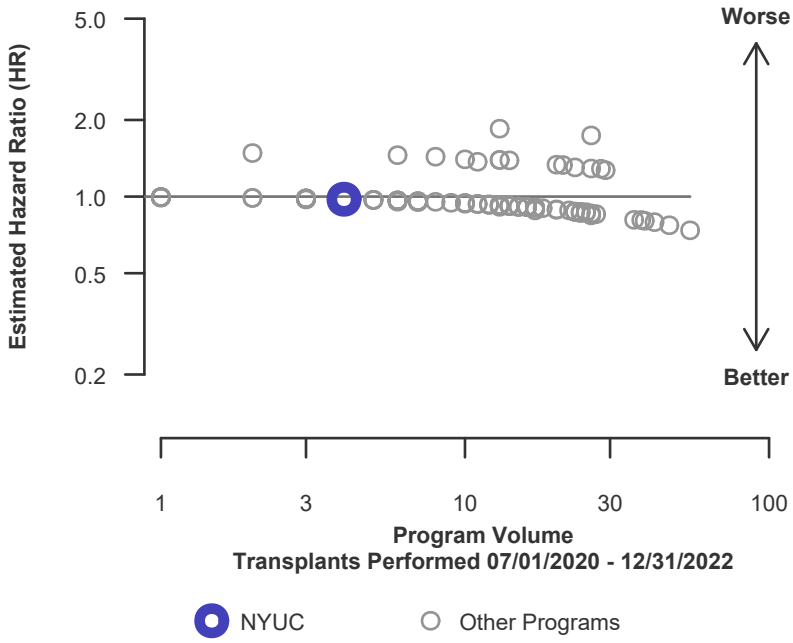


Figure C32D. Pediatric (<18) 3-year patient death HR program comparison (deceased donor grafts)



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

	NYUC	U.S.
Number of transplants evaluated	4	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	0.03	--
Estimated hazard ratio*	0.99	--
95% credible interval for the hazard ratio**	[0.12, 2.75]	--

* The hazard ratio provides an estimate of how NYU Langone Health'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 NYUC'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 NYUC's true hazard ratio with 95% probability. The best estimate is 1% lower risk of patient death compared to an average program, but NYUC's performance could plausibly range from 88% reduced risk up to 175% increased risk.

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

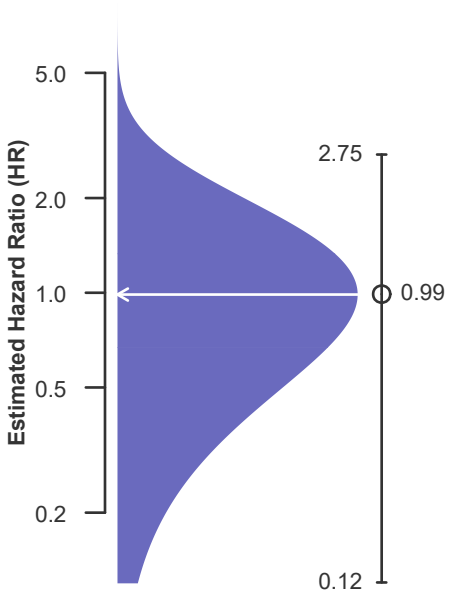
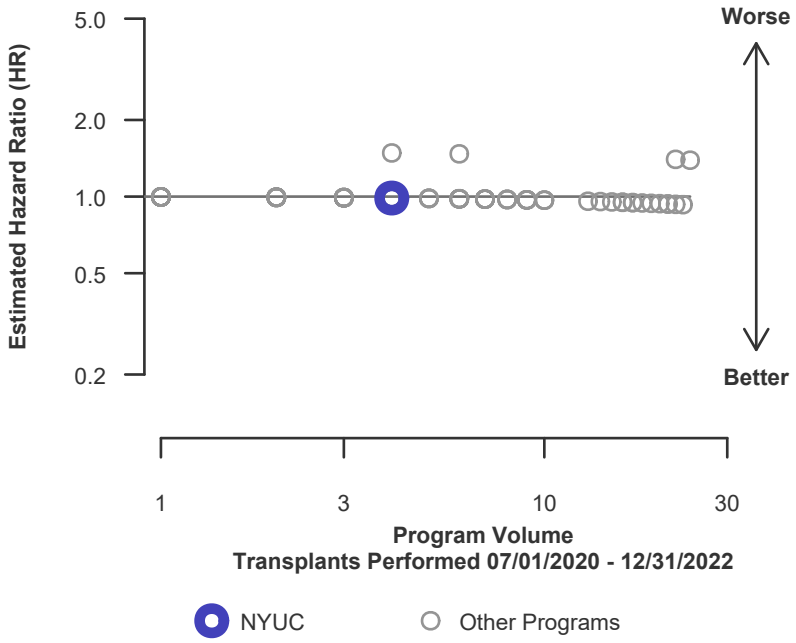


Figure C32L. Pediatric (<18) 3-year patient death HR program comparison (living donor grafts)



C. Transplant Information

Table C21. Multi-organ transplant graft survival: 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	
	NYUC-TX1	USA	NYUC-TX1	USA	NYUC-TX1	USA
Kidney-Heart-Lung	1	3	0	0	100.0%	100.0%
Kidney-Heart	29	973	7	153	75.9%	84.3%
Kidney-Liver	23	1,983	1	235	95.7%	88.1%
Kidney Lung	3	40	1	13	66.7%	67.5%
Kidney-Pancreas	4	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	
	NYUC-TX1	USA	NYUC-TX1	USA	NYUC-TX1	USA
Kidney-Heart-Lung	1	3	0	0	100.0%	100.0%
Kidney-Heart	29	973	7	107	75.9%	89.0%
Kidney-Liver	23	1,983	1	175	95.7%	91.2%
Kidney Lung	3	40	1	10	66.7%	75.0%
Kidney-Pancreas	4	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	81	86	39	6,289	6,419	3,109
6-Month Follow-Up						
Donors due for follow-up	81	86	39	6,287	6,414	3,107
Timely clinical data	48 59.3%	31 36.0%	11 28.2%	5,229 83.2%	5,328 83.1%	2,577 82.9%
Timely lab data	42 51.9%	29 33.7%	10 25.6%	5,090 81.0%	5,213 81.3%	2,534 81.6%
12-Month Follow-Up						
Donors due for follow-up	81	86		6,285	6,413	
Timely clinical data	20 24.7%	27 31.4%		4,990 79.4%	5,029 78.4%	
Timely lab data	16 19.8%	21 24.4%		4,771 75.9%	4,886 76.2%	
24-Month Follow-Up						
Donors due for follow-up	81			6,283		
Timely clinical data	21 25.9%			4,677 74.4%		
Timely lab data	17 21.0%			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