Supplemental Online Content

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This supplemental material has been provided by the authors to give readers additional information about their work.

eTable 1. Characteristics of all deceased donors receiving vs. not receiving dialysis with kidney procured

Donor characteristics ^a		Donors receiving dialysis (N=805)	Donors not receiving dialysis (N=56,871)	Standardized mean difference	
Age, year		35.2 (12.2)	41.5 (14.7)	0.46	
Female sex		306 (38%)	22816 (40.1%)	-0.043	
Black race ^c		133 (16.5%)	8337 (14.7%)	0.051	
BMI, kg/m ²		29.8 (7.1)	28.4 (6.8)	0.21	
Admission eGFR, ml/min/	1.73m²	63.6 (31.1)	85.8 (25.6)	-0.78	
	Admission	1.4 (1, 2)	1 (0.8, 1.3)	0.71	
Serum creatinine, mg/dL,	Peak	4.7 (2.6, 6.7)	1.4 (1, 1.8)	1.5	
median (IQR)	Terminal			1.07	
		2.7 (1.5, 4.3)	1 (0.7, 1.4)		
Dialysis indication	AKI	663 (82.4%)	0	NA	
	Intoxication	83 (10.3%)	0		
	Other ^b	59 (7.3%)	0		
Dialysis modality	Hemodialysis	313 (38.9%)	0	NA	
	CRRT	456 (56.6%)	0		
	Both	25 (3.1%)	0		
	Unknown	11 (1.4%)	0		
Duration of dialysis	≤3 days	578 (71.8%)	0	NA	
	4-7 days	147 (18.3%)	0		
	> 7 days	46 (5.7%)	0		
	Unknown	34 (4.2%)	0		
Number of vasopressors a	and inotropes,			0.21	
median (IQR)		1 (0, 1)	0 (0, 1)		
Hypertension		206 (25.6%)	19125 (33.6%)	0.18	
Diabetes		85 (10.6%)	5921 (10.4%)	-0.0048	
Donation after cardiac dea	<u>ith</u>	56 (7%)	8357 (14.7%)	-0.25	
Stroke as cause of death		91 (11.3%)	17820 (31.3%)	-0.5	
Hepatitis C status		21 (2.6%)	2967 (5.2%)	-0.13	
KDPI		43.7 (23.7)	48.6 (28.4)	0.19	
Number of kidney biopsies, median (IQR)		2 (2, 2)	2 (0, 2)	<0.001	
Number of kidneys			8438 (14.8%)	0.48	
transplanted per donor 1		282 (35%) 77 (9.6%)	5377 (9.5%)	0.0038	
	2	446 (55.4%)	43056 (75.7%)	-0.44	
	2010-2014	200 (24.8%)	27211 (47.8%)	-0.49	
Year of transplant	2015-2016	240 (29.8%)	13855 (24.4%)	0.12	
•	2017-2018	365 (45.3%)	15795 (27.8%)	0.37	

Abbreviation: BMI, body mass index; eGFR, estimated glomerular filtration rate; KDPI, kidney donor profile index.

a. Descriptive variables are presented as mean (standard deviation), median (IQR), and N (proportion).

b. Other includes dialysis for severe hyperkalemia, acidosis, hypervolemia, hyperammonemia, and other electrolyte abnormalities without laboratory evidence of stage 2-3 AKI.

c. Race as reported by donor family and electronic health records

eTable 2. Characteristics of deceased donors receiving dialysis with vs. without kidney transplanted

Donor characteristics	a	Donors receiving dialysis with at least one kidney transplanted (N=523)	Donors receiving dialysis without kidney transplanted (N=282)	Standardized mean difference
Age, year		32.9 (10.8)	39.6 (13.3)	-0.56
Female sex		207 (39.6%)	99 (35.1%)	0.093
Black race ^c		78 (14.9%)	55 (19.5%)	-0.12
BMI, kg/m ²		29.5 (7.1)	30.5 (7.1)	-0.15
Admission eGFR, ml/	min/1.73m ²	65.9 (31)	59.3 (30.8)	0.21
7 (4111)	Admission	1.4 (1, 2)	1.4 (1.1, 2.2)	-0.19
Serum creatinine,	Peak	4.2 (2.1, 6.3)	5.3 (3.7, 7.1)	-0.39
mg/dL, median	Terminal	(2.1, 0.0)	3.0 (0.11, 1.11)	-0.27
(IQR)				J.2.
,		2.3 (1.2, 4)	3.1 (2, 4.6)	
Dialysis indication	AKI	400 (76.5%)	263 (93.3%)	-0.48
-	Intoxication	72 (13.8%)	11 (3.9%)	0.35
	Other ^b	51 (9.8%)	8 (2.8%)	0.29
Dialysis modality	Hemodialysis	205 (39.2%)	108 (38.3%)	0.018
	CRRT	294 (56.2%)	162 (57.4%)	-0.025
	Both	15 (2.9%)	10 (3.5%)	-0.038
	Unknown	9 (1.7%)	2 (0.7%)	0.092
Duration of dialysis	≤3 days	376 (71.9%)	202 (71.6%)	0.0058
•	4-7 days	104 (19.9%)	43 (15.2%)	0.12
	> 7 days	22 (4.2%)	24 (8.5%)	-0.18
	Unknown	21 (4%)	13 (4.6%)	-0.029
Number of vasopress	ors and	, ,	,	-0.25
inotropes used, medi		0 (0, 1)	1 (0, 1)	
Number of kidneys pl	aced on pump,	·		0.45
median (IQR)		0 (0, 1)	0 (0, 0)	
Hypertension		100 (19.1%)	106 (37.6%)	-0.42
Diabetes		39 (7.5%)	46 (16.3%)	-0.28
Donation after cardiac death		39 (7.5%)	17 (6%)	0.057
Stroke as cause of death		37 (7.1%)	54 (19.1%)	-0.36
Hepatitis C status		11 (2.1%)	10 (3.5%)	-0.087
	2010-2014	145 (27.7%)	55 (19.5%)	0.19
Year of transplant	2015-2016	148 (28.3%)	92 (32.6%)	-0.094
Abbrasistian DML bady mass	2017-2018	230 (44%)	135 (47.9%)	-0.078

Abbreviation: BMI, body mass index; CRRT, continuous renal replacement therapy; eGFR, estimated glomerular filtration rate. a. Descriptive variables are presented as mean (standard deviation), median (IQR), and N (proportion).

b. Other includes dialysis for severe hyperkalemia, acidosis, hypervolemia, hyperammonemia, and other electrolyte abnormalities without laboratory evidence of stage 2-3 AKI.

c. Race as reported by donor family and electronic health records

eTable 3. Recipient kidney function at 6 and 12 months after kidney transplant from matched donors receiving vs. not receiving dialysis

Recipient eGFR ^a , ml/min/1.73m ²	Recipients of matched donors receiving dialysis, mean (SD), N	Recipients of matched donors not receiving dialysis, mean (SD), N	Adjusted coefficient for % difference ^b (95% CI)
			-0.33%
6 months	63.3 (21.4), N= 912	64.4 (21.8), N= 879	(-4.02%, 3.51%)
			0.51%
12 months	64.7 (21), N=888	65.1 (22.2), N=853	(-3.26%, 4.42%)

a. For recipients who developed graft failure before the 6- and 12-month timepoint, eGFR was imputed as 10 ml/min/1.73m². For recipients who died before the 6- and 12-month timepoint, their last eGFR was carried forward. A total of 153 (7.8%) and 203 (10.4%) recipients had missing 6- and 12-month eGFR and did not have graft failure, thus were not included in this analysis. b. Multiple linear regression models adjusted for cold ischemic time, recipient age, BMI, diabetes as the cause of recipient ESKD, preemptive transplant status, previous kidney transplant, HLA mismatch level, panel reactive antibody categories (0%, 1-20%, 21-80%, and >80%), donor admission eGFR. Sandwich estimators are used to account for pairs of donor kidneys. In these models, eGFR was log2 transformed, and coefficients were converted to percentage difference for interpretation.

eTable 4. Recipient kidney function at 6 and 12 months after kidney transplant from matched donors receiving vs. not receiving dialysis using alternative imputation approaches

eGFR imputation methods to account for recipient deaths	No imputation (i.e. For recipients that died, no eGFR was carried forward)							
Recipient eGFR ^a , ml/min/1.73m ²	Recipients of matched donors receiving dialysis, mean (SD), N	Recipients of matched donors not receiving dialysis, mean (SD), N	Adjusted coefficient for % difference ^b (95% CI)					
6 months	63.3 (21.4), N= 912	64.3 (21.8), N= 877	-0.24% (-3.93%, 3.6%)					
12 months	64.7 (21), N=887	65.3 (22), N=845	0.2% (-3.55%, 4.08%)					
eGFR imputation methods to account for recipient deaths	lm	puted as 1ml/min/1.73m ²						
Recipient eGFR ^c , ml/min/1.73m ²	Recipients of matched donors receiving dialysis, mean (SD), N	Recipients of matched donors not receiving dialysis, mean (SD), N	Adjusted coefficient for % difference ^b (95% CI)					
6 months	63.3 (21.4), N= 912	64.2 (22), N= 879	0.67% (-3.22%, 4.71%)					
12 months	64.6 (21.1), N=888	64.7 (22.8), N=853	3.82% (-0.97%, 8.83%)					

a. For recipients who developed graft failure before the 6- and 12-month timepoint, eGFR was imputed as 10 ml/min/1.73m². Recipients who died before the 6- and 12-month timepoint were not included even if they had eGFR measured or developed graft failure and died at these timepoints.

b. Multiple linear regression models adjusted for cold ischemic time, recipient age, BMI, diabetes as the cause of recipient ESKD, preemptive transplant status, previous kidney transplant, HLA mismatch level, panel reactive antibody categories (0%, 1-20%, 21-80%, and >80%), donor admission eGFR. Sandwich estimators are used to account for pairs of donor kidneys. In these models, eGFR was log2 transformed, and coefficients were converted to percentage difference for interpretation.

c. For recipients who developed graft failure before the 6- and 12-month timepoint, eGFR was imputed as 10 ml/min/1.73m². For recipients who died before the 6- and 12-month timepoint, eGFR was imputed as 1 ml/min/1.73m².

eTable 5. Recipient kidney function decline after kidney transplantation from matched donors receiving vs. not receiving dialysis

		Median (IQR) number of	Median (IQR) duration from	Annı	ual eGFR decline ^{a,b}
		eGFR measurements per person	transplant to last eGFR measurements (year)	% change per year	Difference between group (95% CI)
Recipients of matched donors not receiving dialysis (N=917) ^c		3 (2, 5)	2 (1, 4)	-4.48%	Reference
Recipients of donors receiving dialysis (n=944) ^c		4 (2, 5)	2.4 (1.1, 4)	-3.2%	1.28% (-0.66%, 3.25%)
Stratified by	AKI (N=720)	3.5 (2, 5)	2.2 (1.1, 3.9)	-2.5%	1.97% (-5.8%, 4.12%)
dialysis	Intoxication (N=133)	5 (3, 6)	3.2 (2, 5)	-6.48%	-2.01% (-0.13%, 1.43%)
indication	Other (N=91)	3 (2, 4)	2 (1, 2.9)	-2.02%	2.45% (-5.33%, 7.86%)
Otros tiff and have	HD (N=376)	4 (3, 5)	2.8 (1.6, 4)	-4.78%	-0.31% (-6.79%, 2.17%)
Stratified by dialysis	CRRT (N=529)	3 (2, 5)	2 (1, 3.8)	-1.93%	2.54% (-2.61%, 4.97%)
modality	Both (N=24)	4 (2.75, 5.25)	3 (1.3, 4.1)	-3.1%	1.37% (-6.64%, 10.07%)
modulity	Unknown (N=15)	6 (4.5, 9)	5.7 (3.4, 8.7)	-0.54%	3.94% (-4.55%, 13.18%)
Stratified by	≤3 days (N=689)	4 (2, 5)	2.6 (1.1, 4)	-3.48%	1.01% (-1.08%, 3.13%)
	4-7 days (N=181)	3 (2, 5)	2 (1, 3.9)	-0.5%	3.99% (0.39%, 7.72%)
dialysis duration	>7 days (N=39)	4 (2.5, 5.5)	2.9 (1.1, 4.1)	-6.91%	-2.42% (-8.55%, 4.12%)
uuration	Unknown (N=35)	4 (3, 6)	3.1 (1.4, 5)	-5.15%	-0.66% (-6.98%, 6.09%)

a. Linear mixed-effects models are used to estimate kidney function decline over time, interaction terms between donor dialysis status and time are used to determine the difference in the rate of kidney function decline between recipients from donors receiving dialysis vs. matched donors not receiving dialysis. The fixed-effects coefficients of time factor in linear mixed -effects models represent % change per year in recipients of matched donors not receiving dialysis, and the linear combination of the fixed-effects coefficients of time and time-dialysis interactions represent % change per year in recipients of donors receiving dialysis.

b. For recipients who developed graft failure, eGFR was imputed as 10 ml/min/1.73m² at the time of graft failure; for recipients who developed primary nonfunctioning, eGFR was imputed as 10 ml/min/1.73m² at the time of transplant.

c. In the UNOS Kidney-Pancreas Individual Follow-up data released in July 2023, 73 (7.4%) recipients of matched donors not receiving dialysis and 10 (1.0%) recipients of matched donors receiving dialysis had no follow up creatinine, did not develop graft failure and did not die before last follow-up, thus, were excluded from the longitudinal analysis.

eTable 6. Recipient outcomes after kidney transplantation from matched donors receiving vs. not receiving dialysis stratified by donor dialysis modality and duration

		Recipients								
		from	St	ratified by di	alysis mod	ality ^a	Stra	atified by dia	alysis dura	ntion ^a
		matched donors not receiving dialysis	HD	CRRT	Both	Unknown	≤ 3 days	4-7 days	>7 days	Unknown
Recipien	nt outcomes	(N=990)	(N=379)	(N=534)	(N=25)	(N=16)	(N=698)	(N=181)	(N=40)	(N=35)
•	N (%)	244 (24.6%)	195 (51.5%)	344 (64.4%)	17 (68%)	9 (56.2%)	393 (56.3%)	132 (72.9%)	22 (55%)	18 (51.4%)
DGF	aOR⁵ (95% CI)	Reference	3.01 (2.21, 4.09)	5.24 (3.98, 6.9)	7.56 (2.84, 20.11)	3.5 (1.01, 12.14)	3.8 (2.95, 4.9)	6.91 (4.59, 10.38)	3.87 (1.69, 8.9)	2.91 (1.13, 7.55)
DOI	N (%)	153 (15.5%)	61 (16.1%)	69 (12.9%)	5 (20%)	3 (18.8%)	109 (15.6%)	15 (8.3%)	6 (15%)	8 (22.9%)
	Incidence, per 1000 py	46.9	45.8	41.2	56.5	28.3	46.1	27	43	56.8
All-cause graft failure	aHR [♭] (95% CI)	Reference	0.98 (0.71, 1.36)	0.85 (0.62, 1.15)	0.94 (0.34, 2.61)	0.64 (0.23, 1.8)	0.98 (0.75, 1.27)	0.49 (0.27, 0.88)	0.88 (0.35, 2.2)	1.27 (0.6, 2.7)
	N (%)	67 (6.8%)	34 (9%)	35 (6.6%)	2 (8%)	1 (6.2%)	55 (7.9%)	10 (5.5%)	3 (7.5%)	4 (11.4%)
Death-	Incidence, per 1000 py	20.6	25.5	20.9	22.6	9.4	23.3	18	21.5	28.4
censored graft failure	aHR [♭] (95% CI)	Reference	1.34 (0.87, 2.06)	1.1 (0.72, 1.68)	1.35 (0.37, 4.92)	0.45 (0.06, 3.56)	1.23 (0.85, 1.79)	0.9 (0.45, 1.81)	1.04 (0.34, 3.19)	1.51 (0.51, 4.48)
	N (%)	102 (10.3%)	33 (8.7%)	41 (7.7%)	4 (16%)	3 (18.8%)	66 (9.5%)	7 (3.9%)	3 (7.5%)	5 (14.3%)
	Incidence, per 1000 py	30.8	24	23.8	42.9	28.3	27	12.3	21.1	34.9
Mortality	aHR ^ь (95% CI)	Reference	0.76 (0.5, 1.15)	0.73 (0.49, 1.09)	0.82 (0.26, 2.55)	1.11 (0.39, 3.2)	0.85 (0.62, 1.18)	0.3 (0.12, 0.73)	0.68 (0.22, 2.09)	1.18 (0.51, 2.71)

a. Outcomes in subgroups of recipients of kidneys from matched donors receiving different modalities or durations of dialysis were compared with recipients from matched donors not receiving dialysis.

b. Logistic and Cox proportional hazard regression models are adjusted for: cold ischemic time, recipient age, BMI, diabetes as the cause of recipient ESKD, preemptive transplant status, previous kidney transplant, HLA mismatch level, panel reactive antibody categories (0%, 1-20%, 21-80%, and >80%), and donor admission eGFR. Sandwich estimators are used to account for pairs of donor kidneys.

eTable 7. Recipient outcomes after kidney transplantation from all donors receiving and not receiving dialysis

Recipient Groups		Recipient Outcomes								
			DGF		All-cause graft failure		Death-censored graft failure		Death	
		N (%)	aOR (95% CI) ^a	per 1,000 py	aHR (95% CI) ^a	per 1,000 py	aHR (95% CI) ^a	per 1,000 py	aHR (95% CI) ^a	
Recipients of al		23465					Reference		Reference	
receiving dialys	<u> </u>	(25.6%)	Reference	55.2		27.6	1101010100	34.9		
Recipients of al receiving dialys		577 (59.5%)	4.87 (4.16, 5.71)	42.9	0.88 (0.74, 1.05)	22.5	1 (0.79, 1.26)	24.3	0.76 (0.61, 0.96)	
O	AKI (N=737)	504 (68.4%)	7.19 (5.99, 8.63)	42.9	0.87 (0.7, 1.08)	20.9	0.95 (0.72, 1.26)	24.4	0.76 (0.58, 0.99)	
Stratified by dialysis	Intoxication (N=138)	30 (21.7%)	0.93 (0.56, 1.53)	42.2	0.83 (0.53, 1.31)	24.6	1.03 (0.57, 1.85)	20.3	0.68 (0.37, 1.24)	
indication ^c	Other (N=94)	43 (45.7%)	2.62 (1.59, 4.32)	40.4	1.04 (0.67, 1.6)	33	1.29 (0.74, 2.27)	31.5	0.92 (0.51, 1.67)	
	HD (N=387)	200 (51.7%)	3.44 (2.67, 4.44)	45	0.93 (0.71, 1.22)	25.1	1.1 (0.78, 1.55)	23.6	0.75 (0.53, 1.06)	
Stratified by	CRRT (N=541)	351 (64.9%)	6.19 (5.04, 7.61)	41.5	0.85 (0.67, 1.09)	21.3	0.95 (0.69, 1.33)	23.5	0.75 (0.54, 1.04)	
dialysis modality ^c	Both (N=25)	17 (68%)	9.25 (3.35, 25.52)	56.5	0.93 (0.39, 2.22)	22.6	1.1 (0.38, 3.23)	42.9	0.89 (0.33, 2.4)	
	Unknown (N=16)	9 (56.2%)	4.58 (1.41, 14.85)	28.3	0.6 (0.22, 1.61)	9.4	0.37 (0.05, 2.57)	28.3	1.1 (0.4, 3.05)	
	≤ 3 days (N=701)	396 (56.5%)	4.45 (3.69, 5.37)	46	0.96 (0.78, 1.17)	23.2	1.04 (0.79, 1.36)	27	0.87 (0.68, 1.12)	
Stratified by	4-7 days (N=188)	138 (73.4%)	7.82 (5.55, 11.03)	28.2	0.52 (0.31, 0.87)	19.4	0.81 (0.45, 1.48)	11.9	0.3 (0.13, 0.71)	
dialysis duration ^c	>7 days (N=42)	24 (57.1%)	4.71 (2.28, 9.73)	41.5	0.92 (0.36, 2.37)	20.8	0.96 (0.3, 3.01)	20.4	0.72 (0.23, 2.2)	
	Unknown (N=38)	19 (50%)	3.25 (1.34, 7.88)	51.7	1.06 (0.51, 2.2)	25.9	1.09 (0.4, 2.95)	31.8	1.02 (0.45, 2.3)	

a. Logistic and Cox proportional hazard regression models are adjusted for: donor age, sex, Black race, admission eGFR, BMI, hypertension, diabetes, dcd status, stroke as cause of death, Hepatitis C serostatus, year of transplant (before or after 2015), cold ischemic time, recipient age, BMI, diabetes as the cause of recipient ESKD, preemptive transplant status, previous kidney transplant, HLA mismatch level, panel reactive antibody categories (0%, 1-20%, 21-80%, and >80%). Sandwich estimators are used to account for pairs of donor kidneys.

b. Among recipients of donors receiving dialysis, 3 recipients received kidney transplantation from 2 unmatched donors receiving dialysis and not included in the primary matched analysis.

c. Outcomes in subgroups of recipients of kidneys from matched donors receiving dialysis for different indications, different modalities or durations were compared with recipients from matched donors not receiving dialysis.

eTable 8. Recipient kidney function decline after kidney transplantation from all donors receiving vs. not receiving dialysis

Recipient Gr	pient Groups Median (IQR)		Median (IQR) duration from	Annual	l eGFR decline ^{a, b}
·	·	eGFR measurements per person	transplant to last eGFR measurements (year)	% change per year	Difference between group (95% CI)
•	of all donors not alysis ^c (N=85,850)	4 (3, 6)	3.1 (1.8, 5.4) -5.53%		Reference
Recipients of dialysis ^c (n=	f all donors receiving 959)	4 (2, 5)			2.52% (1.18%, 3.87%)
Stratified	AKI (N=734)	3 (2, 5)	2.2 (1.1, 3.9)	-2.3%	3.23% (-5.64%, 4.8%)
by dialysis	Intoxication (N=134)	5 (3, 6)	3.1 (2, 4.9)	-6.3%	-0.78% (1.68%, 2.31%)
indication	Other (N=91)	3 (2, 4)	2 (1, 2.9)	-1.96%	3.57% (-3.77%, 8.8%)
04 4161 1	HD (N=384)	4 (3, 5)	2.8 (1.6, 4)	-4.5%	1.03% (-7.36%, 3.03%)
Stratified by dialysis	CRRT (N=536)	3 (2, 5)	2 (1, 3.7)	-1.86%	3.67% (-0.81%, 5.59%)
modality	Both (N=23)	4 (2.75, 5.25)	3 (1.3, 4.1)	-2.73%	2.79% (-5.05%, 11.28%)
inodunty	Unknown (N=15)	6 (4.5, 9)	5.7 (3.4, 8.7)	-0.11%	5.42% (-2.67%, 14.17%)
Stratified	≤3 days (N=692)	4 (2, 5)	2.5 (1.1, 4)	-3.19%	2.34% (0.79%, 3.91%)
	4-7 days (N=188)	3 (2, 5)	2 (1, 3.8)	-0.63%	4.9% (1.61%, 8.29%)
by dialysis	>7 days (N=41)	4 (3, 5)	2.5 (1.1, 4)	-6.58%	-1.06% (-6.93%, 5.19%)
duration	Unknown (N=38)	4 (3, 6)	3.1 (1.5, 5)	-5.1%	0.43% (-5.39%, 6.61%)

a. Linear mixed-effects models are used to estimate kidney function decline over time, interaction terms between donor dialysis status and time are used to determine the difference in the rate of kidney function decline between recipients from donors receiving dialysis vs. matched donors not receiving dialysis. The fixed-effects coefficient of time factor in linear mixed effects models represents % change per year in recipients of matched donors not receiving dialysis, and the linear combination of the fixed-effects coefficients of time and time-dialysis interactions represent % change per year in recipients of donors receiving dialysis.

b. For recipients who developed graft failure, eGFR was imputed as 10 ml/min/1.73m² at the time of graft failure; for recipients who developed primary nonfunctioning, eGFR was imputed as 10 ml/min/1.73m² at the time of transplant.

c. In the UNOS Kidney-Pancreas Individual Follow-up data released in July 2023, 5,637 (6.2%) recipients of donors not receiving dialysis and 10 (1.0%) recipients of donors receiving dialysis had no follow up creatinine and did not develop graft failure before 1/31/2020, thus, were excluded from the longitudinal analysis