

Supplemental Table. Hazard ratios from survival analysis with and without death as a competing risk (sensitivity analysis). Hazard ratios showing the association between race and access to transplant among patients preemptively referred for kidney transplantation, 2005-2015

	Model 1: Unadjusted	Model 2: Adjusting for Model 1 + Age ^a , Sex	Model 3: Adjusting for Model 2 + patient insurance and neighborhood poverty	Model 4: Adjusting for Model 3 + patient comorbidities ^b
	HR for African American vs white (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)
Sensitivity Analysis: Death as a Competing Risk for placement on the Deceased Donor Waitlist ^c	1.05 (0.90, 1.22)	1.05 (0.90, 1.22)	1.10 (0.95, 1.29)	0.95 (0.87, 1.03)
Sensitivity Analysis: Death as a Competing Risk for receipt of Living Donor Kidney Transplantation ^c	0.52 (0.44, 0.63)	0.49 (0.41, 0.60)	0.40 (0.40, 0.59)	0.46 (0.38, 0.57)
<p>Abbreviations: CI, confidence interval; HR, hazard ratio.</p> <p>^aAge was treated as a continuous variable for Cox regression analysis</p> <p>^bComorbid conditions include: attributed cause of end stage renal disease, body mass index, hypertension, diabetes, chronic obstructive pulmonary disease, tobacco, cancer and congestive heart failure</p> <p>^cSensitivity analysis determined the association between patient characteristics and the outcome while account for death as a competing risk.</p> <p>Multiple imputation handled missing data within Model 4 for missing body mass index data (2.36%). Observations with missing values were excluded from the descriptive statistics for each variable.</p>				