

Figure S1. Comparison of donor scarcity by UNOS region and the impact of HCV+ donor utilization on regional transplant volume. The impact of HCV+ donor utilization on transplant volume is expressed as the percentage increase in the number of transplants under the primary intervention (i.e. all patients accept HCV+ hearts) compared to the control scenario (none accept HCV+ hearts) within our analytic cohort (patients listed for transplant between July 2014 and June 2019). Donor scarcity is expressed as the ratio of newly listed transplant candidates to potential donor hearts over the same five-year period. Both metrics were calculated for each of the 11 UNOS regions (abbreviated as 1, 2, etc.) and plotted above. The diameter of points is proportional to the prevalence of HCV-viremia among donors in each region in the above five-year period. A map of UNOS regions is shown overlaying the figure.

Impact by region is correlated with organ scarcity ($\rho = 0.71$) and donor HCV prevalence ($\rho = 0.78$). Of note, impact in regions 7 and 9 (2.3% and 4.3%, respectively) is significantly higher the prevalence of HCV in the donor pool of each region (1.1% and 2.4%, respectively). This is possible because donor organs are not confined by regional borders; regions 7 and 9 neighbor (and thus can draw organs from) a region with higher HCV prevalence (regions 10 and 1, respectively).

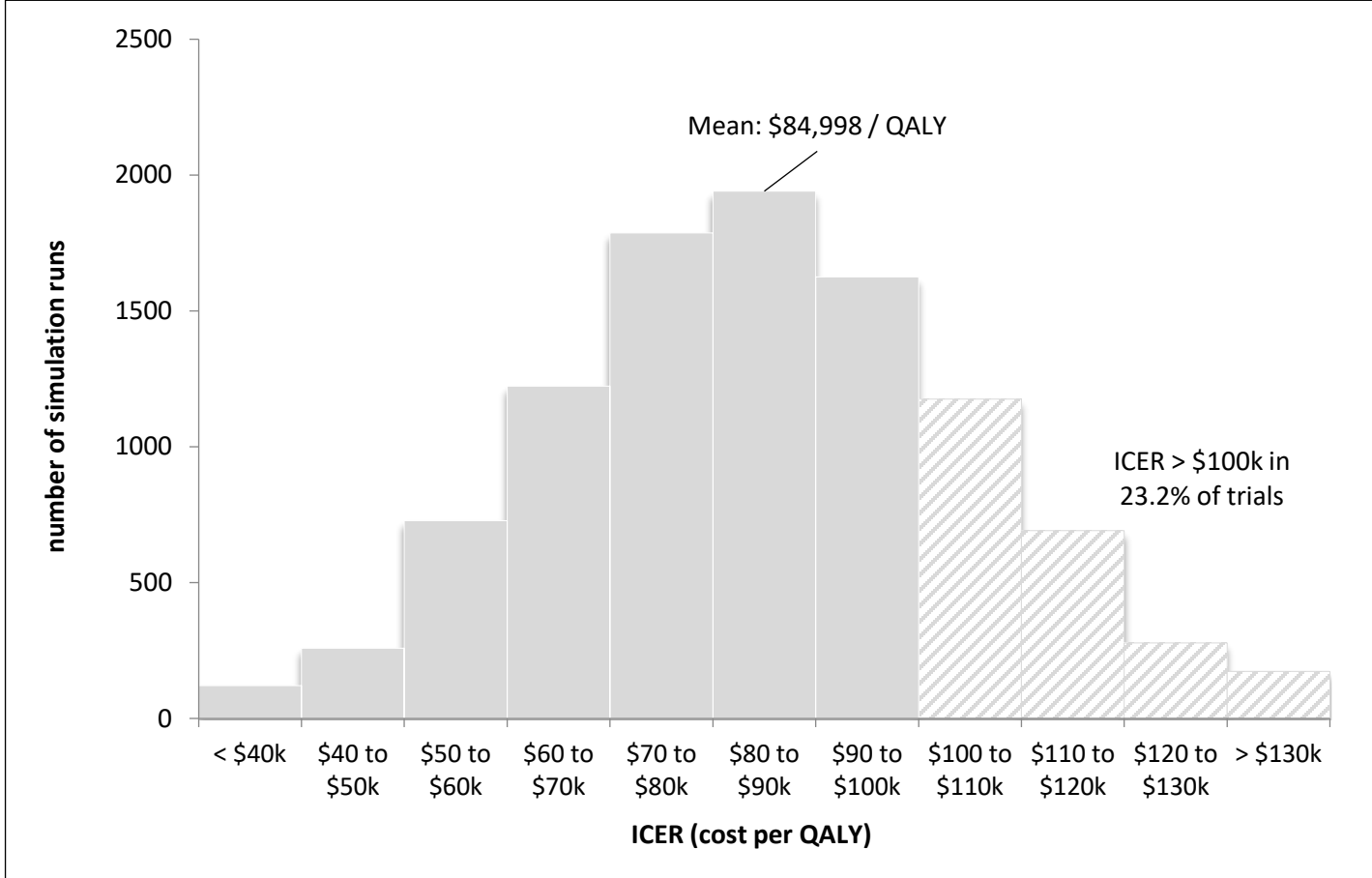


Figure S2. Probabilistic sensitivity analysis results. Shown is the distribution of incremental cost-effectiveness ratio (ICER) of the primary intervention (all accept HCV+ donors) across 10,000 simulation runs.

HCV: Hepatitis C; ICER: incremental cost-effectiveness ratio; UNOS: United Network for Organ Sharing; QALY: quality-adjusted life year