

Supplemental Digital Content

Supplementary File 1. SONG-Tx Workshop Investigators

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Michael Germain	Baystate Health	United States
Mirjam Tielen	Erasmus MC University Hospital	Netherlands
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NB. Only investigators who gave permission to be named are listed; *Patient or caregiver

Supplementary File 2. Facilitator question guide and prompts for break out discussions

Opening and introduction

For the next 40 minutes, we would like to hear your feedback on the results of SONG-Tx, and to discuss strategies and action plans for establishing and implementing core outcomes.

We'll quickly go around the group and in 30 seconds, please say your name and in 1 sentence, your interest in kidney transplant recipient outcomes – who would like to go first?

Feedback on results

- What are your initial thoughts and reflections on the core outcomes identified in SONG-Tx?
(graft loss, graft function, acute graft rejection, chronic graft rejection, cardiovascular disease, infection, cancer)
- Are there any outcomes that you would like to discuss or clarify on?
- What do you think needs to be considered in establishing the core outcome set for research (trials) in kidney transplantation?
- The top 8 outcomes are clearly separated from the rest. Is it feasible/appropriate to include 8 outcome domains in a core set?
- 4 outcomes are graft-related. Should they be combined? *(pragmatic implications for trials vs. variations of same outcome and may inadvertently push other “important” outcomes lower)*
Death, cancer, infection, CVD are also in the top 8.
- Should we include a quality of life outcome domain? Or is this implicit in graft-related outcomes?
- Are there tools or measures that have been developed or need to be developed for these outcomes?

Implementation

- How can these core outcomes be shared, disseminated or publicised for use in kidney transplantation trials and other forms of research? (healthcare providers, patients/patient groups, researchers, policy makers and funders, industry)
- How do we encourage triallists and stakeholders in kidney transplantation trials to potentially switch from what they usually do to using these core outcomes?
- What would successful implementation of core outcomes look like? How could it be measured?
- Do you have other comments? (risks, opportunities, useful networks, experts)

Supplementary File 3. Groups that contributed to each theme

Themes	Groups which contributed to the theme (ID)
Reinforcing the paramount importance of graft outcomes	
Prevailing dread of dialysis	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11
Distilling the meaning of graft function	2, 4, 5, 6, 8, 9
Terrifying and ambiguous terminology of rejection	1, 2, 4, 5, 6, 7, 8, 9, 11
Reflecting critical trade-offs	1, 2, 4, 7, 8, 10, 11
Contextualizing mortality	
Inevitability of death	1, 8, 11
Preventing premature death	1, 10, 11
Ensuring safety and quality	1, 8, 11
Imperative to capture patient-reported outcomes	
Making patient priorities explicit	2, 4, 5, 6, 8, 9
External mandates	4, 5, 7, 8, 10
Life participation	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11
Specificity to transplantation	1, 4, 5, 6, 8, 10, 11
Feasibility and pragmatism	
Achievability of long-term impacts	2, 5, 6, 7, 8, 9, 10
Responsiveness to interventions	2, 4, 5, 6, 7,
Recognizing gradients of severity	6, 7, 11