SUPPLEMENTAL TABLE

Table S1. Potential donor demographics after propensity score matching

Variables	DCD without TA-NRP	DCD with NRP	P value
	(n=136)	(n=34)	
Age (years)	26.5 (19.5, 36.5)	27.5 (21, 34)	0.80
Gender F/M	20/ 116	5/29	1.00
	(14.7%/ 85.3%)	(14.7%/ 85.3%)	
Ethnicity (%)			
Caucasian/African	105/12/19	27/ 1/ 6	0.47
American/ others	(77.2/8.8/14.0)	(79.4/ 2.9/ 17.7)	
COD (%)			
Anoxia/ Stroke/ trauma	60/ 14/ 55	14/2/17	0.69
	(44.1/ 10.3/ 40.4)	(41.2/ 5.6/ 50.0)	
BMI (kg/cm ²)	26.5 (22.8, 31.0)	26.9 (24.5, 29.7)	0.66
DM	0	0	
HTN	25 (18.4%)	4 (11.8%)	0.36
AST (U/L)	56.5 (37, 94.5)	46.5 (25, 71)	0.98
ALT (U/L)	42 (27, 91)	38 (22, 66)	0.24
T-Bil (mg/dL)	0.6 (0.4, 0.9)	0.7 (0.4, 1.2)	0.15
Creatinine (mg/dL)	0.8 (0.5, 1.1)	0.7 (0.6, 1.0)	0.37

Values are presented as the n (%) or median (IQR).

Supplemental Figure legends

Figure S1. Study diagram of donor and transplant population. This flow chart represents the identification and breakdown of 19,503 deceased donors identified in the UNOS Standard Transplant Analysis and Research database. After splitting them into DBD and DCD, the DCD donors were separated into those with and without TA-NRP.

DBD, donation after brain death; DCD, donation after circulatory death; TA-NRP, thoracoabdominal-normothermic regional perfusion; UNOS, United Network for Organ Sharing

Figure S2. After propensity score matching, utilization rates of livers (A), kidneys (B), and pancreas (C) between DCD with and without TA-NRP were evaluated. The utilization rate of liver grafts in the matched cohort was significantly higher in DCD with TA-NRP compared with that of DCD without TA-NRP (P < 0.001; 70.6% vs 34.6%). The utilization rate of kidney and pancreas grafts in the matched cohort was also higher in DCD with TA-NRP but did not reach to statistical significance (P = 0.71 and P = 0.06; 94.1% vs 95.6% and 8.8% vs 2.2%, respectively).

DCD, donation after circulatory death; TA-NRP, thoracoabdominal-normothermic regional perfusion







