Outcomes of DCD liver transplantation using organs treated by hypothermic oxygenated perfusion before implantation

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Methods and results for supplementary material

We compare donor and recipient risk factors between all three transplant cohorts from Zurich and Birmingham in ***Supplementary Figure 1***. The overall risk, as described by the UK DCD Risk Score appeared significantly higher in the Zurich DCD cohort, which underwent HOPE treatment, when compared to the DCD cohort from Birmingham. This became evident by a significantly longer functional donor warm ischemia time.

Additionally, we analysed intraoperative parameters, including duration of transplantation, transfusion requirements in ***Supplementary Figure 2***. Despite the disadvantage of a higher overall donor-recipient risk, HOPE treatment improved the early liver function as also demonstrated by intraoperative parameters such as lower transfusion requirements when compared to untreated DCD livers.

All parameters are shown as median and interquartile range and compared using the Mann-Whitney-U-test.

Fig. S1. Risk factors in DCD liver transplantation: Donor age and BMI and functional donor warm ischemia appear as relevant donor risk factors in DCD liver transplantation (A-C). Of note, livers in Zurich experience significant longer donor warm ischemia time compared to untreated controls from Birmingham. Such elevated donor risk mainly drives the higher UK-DCD-Risk score in Zurich, when compared to Birmingham (C&D). Median and interquartile range were used to analyse continuous variables, comparisons were made using the Mann-Whitney U test.

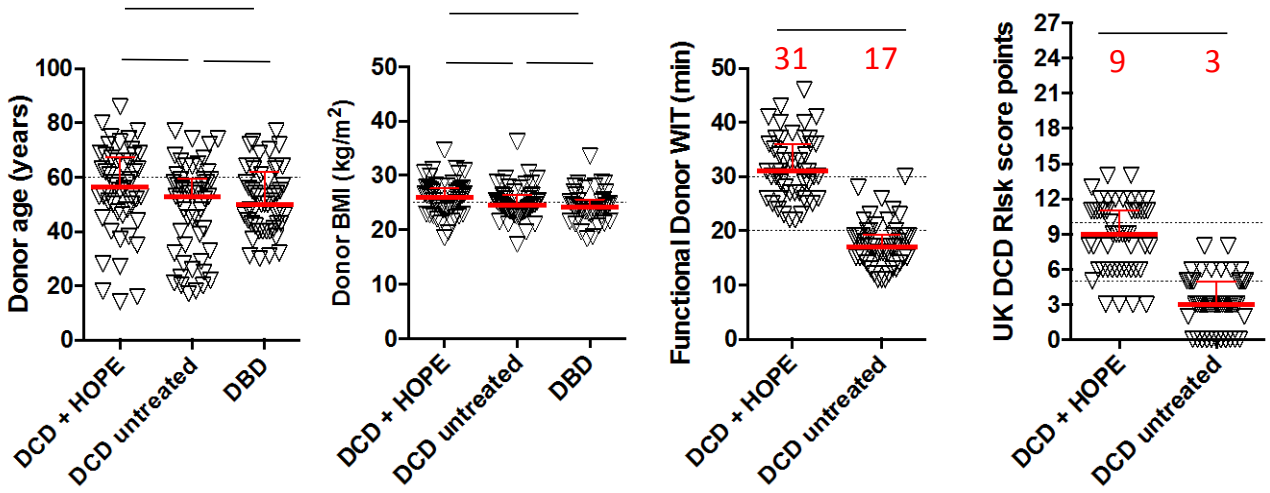

Fig. S2. Intraoperative Parameter: Human DCD livers require less transfusions and demonstrate better early function with more cardiovascular stability compared to untreated controls. Median and interquartile range were used to analyse continuous variables, comparisons were made using the Mann-Whitney U test.