

Supplementary Online Content

Segev DL, Muzaale AD, Caffo BS, et al. Perioperative Mortality and Long-term Survival Following Live Kidney Donation. *JAMA*. 2010;303(10):959-966.

eTable. Exclusion Criteria for Matched Cohort Drawn From the NHANES III Participants
eMethods. Supplementary Online Content

This supplementary material has been provided by the authors to give readers additional information about their work.

eTable. Exclusion Criteria for Matched Cohort Drawn From the NHANES III Participants

Comorbidities (excluded if any of the following conditions were listed):
Diabetes
Kidney disease
Heart disease
Hypertension
Patient survey questions (excluded if answered "yes" to any of the following):
No health insurance because of poor health, illness, age
Doctor told you that you had congestive heart failure
Doctor ever told you that you had a stroke
Doctor ever told you that you had lupus
Doctor ever told you that you had cancer other than skin cancer
Doctor ever told you that you had a heart attack
Ever been told you have sugar/diabetes
Get chest pain if walk at ordinary pace
Get leg pain while walking at an ordinary pace
Difficulty walking 10 steps without rest
Difficulty lifting or carrying 10 pounds
Difficulty doing chores around the house
Difficulty preparing your own meals
Difficulty managing your money
Difficulty walking room to room, 1 level
Difficulty standing from an armless chair
Difficulty getting in or out of bed
Difficulty eating
Difficulty dressing yourself
Do you need help with personal care needs
Do you need help in handling routine needs
Do you use a device to help get around: cane, etc
Do you use any special eating utensils
Do you use aids or devices to help you dress
Have you ever had kidney stones

eMethods. Supplementary Online Content

Creating a Matched Cohort. The eTable indicates the questions from the NHANES III survey to which a "Yes" response would exclude the patient from the potential matched cohort. The 9,364 eligible NHANES III participants *per se* did not represent an appropriate matched cohort for the 80,347 live donors because of differences in distribution of demographics. For example, the live donor cohort was younger, more educated, had a higher proportion of women and Caucasians, and had a lower proportion of smokers ($p<0.001$ for all comparisons). As such, directly comparing the NHANES III participants with the live donors would have resulted in a bias towards increased survival for live donors. To account for this, we created a matched cohort by matching each live donor to one NHANES III participant by age at donation, gender, race/ethnicity, educational background, history of cigarette smoking, pre-operative body mass index (BMI), and pre-operative systolic blood pressure (SBP). Because the population of live donors was larger than that of available NHANES III participants, matching was performed with replacement. Since NHANES III participants represent randomly sampled Americans, a "weighted resampling" of these patients accounting for the characteristics of the live donors represents the best possible comparison group, with only the limitation that standard error estimates are artificially lowered.

Matching Process. Age at donation and pre-operative characteristics (BMI, SBP) were matched to age and characteristics at the time of enrollment into NHANES III. Exact matches were required for gender, race/ethnicity, and history of cigarette smoking (with the assumption of a non-smoker if donor information was not available). Progressive radius matching was used for age, BMI, and SBP (for all donors) and for educational background (when donor information was available). In other words, matching with an ideal radius was attempted (age ± 1 ; BMI ± 2 ; SBP ± 5 ; education exact match); if a matched NHANES III participant could not be found using the ideal radius for a given characteristic, the acceptable radius was increased iteratively (one unit at a time) to a predetermined maximum permissible radius (age ± 5 ; BMI ± 5 ; SBP ± 15 ; education no match). If live donor BMI was not available, a match was selected from those with "healthy" BMI between 20-30. In other words, the live donor was "held to the standard" of an NHANES III participant with a BMI associated with best survival. Similarly, if live donor SBP was not available, a match was selected from those with "healthy" SBP between 100-140.