SUPPLEMENTAL APPENDIX

Table S1. Survey questions, type of response format and response options.

Survey Questions	Response Format	Response Options
What is your role at your transplant center?	Select all that apply	• Transplant Surgeon • Transplant Nephrologist • Coordinator • Social Worker • Administrator • Pharmacist • Other
What is your transplant center's UNOS code?	Free response	UNOS code
What is the average waiting time (years) for a KDPI < 85% kidney in your Donation Service Area (DSA) for an unsensitized blood type O transplant candidate? Please slide the bar to indicate the time (up to 1 decimal).	Waiting time scale	0 to 10 years
Does your center accept organs from HCV Ab+/NAT- donors for HCV uninfected recipients?	Select one from options	• No • Yes, but only as part of an IRB-approved study and under clinical trial protocol • Yes, under a clinical protocol • Yes, as standard of care under no specific clinical protocol • Unsure
Does your center accept organs from HCV Ab+/NAT+ (viremic) donors for HCV uninfected recipients?	Select one from options	• No • Yes, but only as part of an IRB-approved study and under clinical trial protocol • Yes, under a clinical protocol • Yes, as standard of care under no specific clinical protocol • Unsure

What do you tell potential recipients without HCV infection about the risk of HCV transmission from non-viremic (Ab+/ NAT-) donors?	Select one from options	• Less than 5% • 5% to 25% • 26% to 50% • More than 50% • We don't discuss this with recipients since HCV Ab+/NAT- is consistent with cure from prior HCV infection.
What do you tell HCV uninfected recipients about the risk of chronic HCV infection after transplantation from HCV Ab+/NAT+ donors without direct acting antiviral (DAA) treatment?	Select one from options	• Less than 10% • 10% to 25% • 26% to 50% • 51% to 75% • 76% to 85% • 86% to 100% • We don't discuss this possible risk
In your view, what is the risk of chronic HCV infection due to treatment failure for HCV uninfected recipients after transplantation from HCV Ab+/NAT+ donors and appropriate DAA therapy?	Select one from options	• Less than 1% • 1% to 5% • 6% to 10% • More than 10%
How much reduction in waiting time (months) do you think is necessary to justify accepting a kidney from a HCV Ab+/NAT+ (viremic) donor for a HCV uninfected recipient, rather than waiting for another deceased donor organ from a HCV uninfected donor?	Waiting time scale	0 to 60 months

In your view, which of the following are recipient criteria for excluding HCV uninfected patients from receiving kidney transplants from HCV Ab+/NAT+ donors?	Select all that apply	• AB blood type • Age < 18 years • Previous HCV infection successfully treated with viral eradication • History of prior transplant • High panel reactive antibody (PRA) value • History of liver disease (such as nonalcoholic steatohepatitis) • Evidence of cirrhosis • Need for simultaneous liver-kidney transplant • Need for multi-organ transplant not involving liver (e.g., simultaneous pancreas-kidney transplant) • None • Other
In your view, which of the following patient concerns are barriers to the practice of HCV Ab+/NAT+ donor to HCV uninfected recipient kidney transplantation?	Select all that apply	• Fear of infection • Risk of treatment failure • Risk of future liver disease • Risk of household HCV transmission • High out of pocket costs for DAA medications • None • Other
In your view, which of the following provider concerns are barriers to the practice of HCV Ab+/NAT+ donor to HCV uninfected recipient kidney transplantation?	Select all that apply	• Fear of harming recipients over and above the transplant itself • Inferior recipient outcomes • Unfamiliarity with the post-transplant management protocol • Lack of knowledge of current guidelines for transplantation from HCV Ab+/NAT+ donors to HCV uninfected recipients • Lack of experience for transplantation from HCV Ab+/NAT+ donors to HCV uninfected recipients • Risk of transmitting treatment-resistant HCV infection to recipient • Difficulty monitoring DAA therapy • Adverse events related to DAA treatment

		• Drug-drug interactions after transplantation • High cost of DAA treatment to the program • Uncertain insurance coverage for DAA treatment in light of intentional transmission • Fear of litigation or malpractice action resulting from HCV transmission • None • Other
If you accept kidneys from HCV Ab+/NAT+ donors for HCV uninfected recipients, when do you typically start DAA therapy?	Select one from options	• Before transplant (on admission or en route to operating room) • After transplant, but before discharge • After discharge but within 4 weeks, without regard to the development of HCV viremia • After discharge but only if there is a documentation of HCV viremia in the recipient • We do not transplant kidneys from HCV Ab+/NAT+ donors to HCV uninfected recipients • Other
If you accept kidneys from HCV Ab+/NAT+ donors for HCV uninfected recipients, how long do you believe it is safe to wait to start DAA therapy?	Select one from options	• Must be started at time of transplant • After transplant, but before discharge • After discharge but within 2 weeks, without regard to the development of HCV viremia • After discharge but within 4 weeks, without regard to the development of HCV viremia • After discharge but only if there is a documentation of HCV viremia in the recipient • We do not transplant kidneys from HCV Ab+/NAT+ donors to HCV uninfected recipients • Other

How often would you test a recipient (initially HCV uninfected) of a HCV Ab+/NAT+ donor kidney for HCV RNA after transplantation and appropriate 12 weeks of DAA therapy? If routine posttreatment testing not specified, indicates no need for testing after DAA treatment unless unexplained hepatic dysfunction develops.	Select one from options	• Day 0, posttransplant day 1, and at treatment weeks 1, 2, 3, 4, 8, and 12. After treatment, continue testing at weeks 2, 4, 8 and 12. • Day 0, posttransplant day 1, and at treatment weeks 1, 2, 3, 4, 8, and 12. • Posttransplant day 1 and then weekly during treatment, until completion of 12 weeks. • Treatment week 4, 8 and 12. • Treatment week 4 and 12. • Posttransplant day 1 and at the end of 12 weeks of treatment. • We do not transplant kidneys from HCV Ab+/NAT+ donors to HCV uninfected recipients • Unsure • Other
If your program performs a transplant from a HCV Ab+/NAT+ donor into a HCV uninfected recipient and the patient's insurance declines DAA therapy, do you have an institutional plan in place to provide a complete course of medication?	Select one from options	• No • Yes, from the transplant hospital • Yes, through a pharmaceutical company (e.g., grant, research) • Yes, through organ procurement organization (OPO) • Yes, through the Department of Surgery or Department of Medicine • We do not transplant kidneys from HCV Ab+/NAT+ donors to HCV uninfected recipients • Unsure • Other

Figure S1. Flowchart of representative survey response selection.